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ABSTRACT

This Kids Count Data Book provides state and regional trends in the well-being of Connecticut's children. The statistical portrait is based on 19 indicators of well-being: (1) children in families receiving welfare; (2) children receiving free or reduced-price meals; (3) high school employment; (4) births to teen mothers; (5) low birth weight; (6) infant mortality; (7) late or no prenatal care; (8) adequacy of prenatal care; (9) physical fitness tests; (10) preschool experience; (11) meeting Connecticut Mastery Test Goal; (12) below Connecticut Mastery Test Basic Level; (13) meeting Connecticut Academic Performance Test goal; (14) below Connecticut Academic Performance Test Basic Level; (15) high school dropouts; (16) child abuse or neglect; (17) child deaths; (18) preventable teen deaths; and (19) juvenile violent crime arrests. The report begins with an overview noting the importance of economic stability in children's welfare and highlights three special topics of concern: oral health, high school dropout rates, and child care. The next four sections describe the 27 regional assignments, for reporting purposes, of towns, school districts, and geographic areas. Following demographic data, the report presents regional trends in the child well-being indicators in chapters addressing security, health, education, and safety. The report ends with regional profiles of population estimates by town, and charts of child well-being indicators by region and in comparison to the state as a whole. (SD)

An Odyssey of Connecticut's Children



Data Book 2001

CAHS

The Connecticut Association for Human Services

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The Connecticut Association for Human Services, Inc. (CAHS) is a not-for-profit organization that promotes public policy solutions and brings resources to bear to strengthen needy children, families, and communities through education, outreach, advocacy, research, and evaluation.

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An Odyssey of Connecticut's Children

2001 KIDS COUNT Data Book

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Foreword

The 2001 KIDS COUNT data book, *An Odyssey of Connecticut's Children*, has been produced in a new format with more graphics. We did this to make it easier for you, the reader, to use the tables and graphs for your own presentations if you desire. Similarly, the book will be made available on our organizational website at *www.CAHS.org*.

We expect that this will be the last year we produce a KIDS COUNT data book based on 1990 Census data. We look forward to using the 2000 Census data when it becomes fully available.

Acknowledgments

The Connecticut Association for Human Service's (CAHS) staff would like to thank the Annie E. Casey Foundation for its continued investment in our nation's children. CAHS greatly appreciates the generous support it has received from the Annie E. Casey Foundation in order to implement the 2001 KIDS COUNT initiative in Connecticut (CT).

In particular, CAHS would like to thank the national Casey staff-- Francine Brown, Tony Cipollone, Debbie Morgan, Bill O'Hare, and Megan Reynolds--for their assistance, direction, support, and their ongoing commitment to improving the lives of children and families.

CAHS would also like to thank the Annie E. Casey Foundation for its continued support of innovative family- and community-strengthening initiatives, including its *Making Connections* project currently underway in 22 cities nationwide. Hartford, Connecticut, is a *Making Connections* project site.

CAHS would like to extend its sincerest appreciation to Dr. Elizabeth Triche for providing her technical expertise to the production of the 2001 data book in its new format. Dr. Triche provided a substantial amount of her time and effort to the production of the 2001 data book, and her contributions were exceptional.

CAHS would also like to thank the families and staff from the Capitol Child Development Center in Hartford for allowing us to photograph their children for inclusion in this book. Donna Osuch, who is a CAHS Casey KIDS COUNT project staff member and the CAHS Child Care and Early Education Director, took all photographs included in the 2001 Connecticut KIDS COUNT data book.

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An Odyssey of Connecticut's Children*

* A long journey marked by many changes of fortune

A Healthy Beginning

Children live in families, and families live in communities. Healthy communities strengthen healthy families, and healthy families create healthy children. As Connecticut's children begin their odyssey into the new millennium, we must embrace a family and community-strengthening agenda.

Child health and well-being in Connecticut will improve if all families and communities are afforded access to quality opportunities through access to information, resources and services. To improve child indicators in every area of the state, quality economic opportunities must be created, adequate supports must be provided, and responsive services must be available to all Connecticut residents regardless of community location or population composition.

Clouds on the Horizon

State-wide net income data using averages lead many to believe that full-time wage earners in Connecticut have the financial means to meet their family's needs. While many employees with advanced skills prospered in Connecticut during the past decade, others in lower-paying manufacturing, service, or health care jobs did not. Many lower-income working families lost "real" income during the last decade, and child poverty in Connecticut increased 36% between 1990 and 1998.

The economic stability of many working families is fragile, and policy changes can significantly impact the lives and the health of families. For many Connecticut families, even the income from two full-time salaries is not enough to meet their living costs. During gloomy economic times there is potential for programmatic, policy and public will changes that can threaten the economic viability of many working families.

Connecticut is likely heading for an economic slow-down. The effect of such economic changes on the lives of lower-income families needs to be carefully monitored. For families just able to make ends meet, a medical or other emergency can send them into extreme debt and crisis. It is important for Connecticut policymakers and program administrators to promote programs and services that provide working families with real economic support. Such programs include safe and affordable child and health care, transportation assistance, quality education and training programs, supplemental food and nutrition assistance, and the ability to earn a living wage through tax and/or rent credits.

Building Economic Security To Improve Child Outcomes

Child health outcomes will improve if families are given access to quality job opportunities and the resources necessary to obtain and maintain gainful employment. Healthy parents earning enough to provide for their families have healthier children than parents who are constantly struggling to make ends meet.

For those persons lacking in the formal education or skills needed to compete in Connecticut's current economy, education and employment training opportunities need to be made more available. While providing wage earners with enhanced skills may help them obtain employment, additional supports may still be needed to ensure that employment opportunities will provide sustained and adequate support. Again, childcare, health care, and transportation are huge factors that impact the ability to maintain gainful employment. In addition, in order for many workers to remain marketable over time, they need ongoing education or training. Connecticut policy leaders need to support programs that offer educational assistance to working persons.

Families in general will fare better if they have opportunities to invest in their future. It is not enough just to move families to work; all working families need opportunities to establish security for themselves. Long-term financial self-sufficiency is more likely if families are both self-sufficient and are able to acquire assets. Having assets such as a checking or savings account, credit, retirement income or pension, or ownership of a vehicle or home, could help insulate a family from financial ruin and loss of self-sufficiency in the event of a sudden economic downturn. Not having the resources to open up a checking account or having to depend solely on public transportation, would be a shock to many middle and upper-income Connecticut residents. However, it is a reality for many working families in Connecticut. Support must be given to programs and policies that provide families the ability to maintain economic self-sufficiency and to acquire assets.

Investing In Community Assets

Families live in communities, and the strength of a community can impact the likelihood of success for its families. The strength of a community may be reflected in the beliefs of its most vested members, who are often families with children. If families see their neighborhoods and communities as vibrant places with long-term viability and growth potential, the community has an increased likelihood of prospering. Education, human service, health, business and law enforcement institutions in all communities warrant the support and resources they need to provide services in a manner that will instill confidence in all community members.

In all communities, even in those perceived as troubled, there are positive strengths that can be identified and built upon. Strengths may include having access to safe and affordable housing, transportation, services and goods, child and medical care, recreational, preventative, and crisis-response services. Strengths may also include the presence of established social, faith-based, or community programs and/or networks, or be reflected in consumer confidence in the community's infrastructure, governing bodies, service providers, and businesses.

Traditionally, child health and well-being is determined by the examination and enumeration of "negative" indicators (e.g. crime, high school drop-out, infant death rates, etc.). It is time to begin to evaluate child indicators on a community-by-community level and to identify strengths, assets and opportunities that pre-exist in different communities.

Information from both non-traditional (e.g. community-run data collection efforts) and traditional sources (e.g. state administrative programmatic data) could be used to inform interested parties. Those interested in seeing the community prosper who may have use of community-based asset data might include grassroots community-based organizations, civic groups, local government,

cultural clubs, hospitals, universities, schools, law enforcement, nonprofit institutions, neighborhood and political leaders, public and private sector leadership, employers, banks, large and small businesses and faith-based organizations. This type of information may not only strengthen support for a family and community-strengthening agenda, but may result in an increase in community-based investment.

Neighborhoods can be transformed into child and family-supportive environments by engaging the support of key community stakeholders and by providing quality opportunities, programs, activities, and policies. When both community members and the public and private entities that influence neighborhoods work together to embrace a family and community-strengthening agenda, the long-term economic viability of the community improves.

Conclusion

All Connecticut children should be able to grow and flourish in a home where families have access to the opportunities needed to raise emotionally and physically healthy children. All families should have access to good schools, gainful employment, safe and affordable health and child care, and be connected to quality social, educational and business networks. While all working families need the opportunity to acquire assets, some may require programmatic and/or social supports in order to achieve a sustainable financial self-sufficiency. A family-strengthening agenda is worth embracing, because when families are strong, communities get stronger. And when both families and communities are strong, children have improved health and well-being. Everyone prospers.

-- Amy Sampson, Ph.D.

Oral Health

The Problem

There has been much attention brought to the epidemic numbers of low-income children and families in Connecticut who are not able to receive preventive or basic oral health care. Although the public tends to think of oral health as merely a cosmetic issue, it is a serious medical issue that has largely been ignored. Although the oral health of children overall has improved significantly over the past few decades, children living in poverty, some racial/ethnic minority populations, disabled children, and children with HIV infection have not shared in this improvement (1). Children of low-income families do not have the same access to services as do their affluent peers, which has led to the current oral health epidemic. It is important to note that nationally and in Connecticut:

- Tooth decay is five times more common than asthma and seven times more common than hay fever in children (2).
- More than half of children aged 5 to 9 have had at least one cavity or filling, and 78% of 17-year-olds have experienced tooth decay (1).
- Each year, 8,000 babies are born with cleft lip and/or cleft palates, which interfere with normal appearance, eating and speech (1).
- More than 51 million school hours are lost each year because of dental-related illness (1).

Some doctors feel that the health status of the mouth, including oral, dental and craniofacial tissues, reflects the general health and well being of an individual(1). Studies prepared by the United States Surgeon General show that in pregnant women, periodontal disease can lead to systemic infections and cause poor birth outcomes, such as low birth weight babies and babies that fail to thrive. In the general population, oral diseases have been linked to systemic diseases such as cancer and diabetes.

Barriers to Care

The barriers to receiving dental service in Connecticut are complex and involve both limitations in the overall dental infrastructure in the state, and the needs of isolated or hard-to-reach populations. There are few facilities and providers that serve Medicaid patients and these services are unevenly distributed throughout the state (3). Medicaid providers are poorly reimbursed, leaving little incentive for dentists to enter the system. Medicaid reimburses 63% of the cost of procedures performed on children and only 33% of those performed on adults (3). Because of the high overhead of expensive equipment and the expense of treating Medicaid patients who often present with advanced oral disease, many dentists feel they cannot afford to serve the Medicaid population. Other issues that often limit access to treatment is the difficult paperwork that Medicaid patients and providers need to submit for treatment or payment. Often, dentists will see a certain number of pro bono clients instead of enduring the costs and time required to receive the low reimbursements provided by Medicaid.

There is a high rate of appointment cancellations and “no shows” which increases the difficulty of providing care to already hard-to-serve populations. Many of the families that have the greatest need for dental services, such as families with young children, need transportation, childcare and culture-specific providers that speak their language.

Solutions

What needs to be done to address and eradicate this “silent disease?” One of the most important steps that child advocates, health providers and communities can take to address the problem of access to oral health, especially for low-income families, is to educate the public—families, health providers, legislators and policy makers—about the importance of receiving good oral health care. Outreach, which is the mainstay in many other public health services, may be needed to track and retain patients for regular check-ups.

The Surgeon General suggests that the public, policymakers and health providers must perceive oral health and disease prevention as components of general health (1). The public must be educated on the importance of maintaining good oral health habits and seeking oral health prevention and treatment early in life. Schools, businesses, public and private health providers and public health departments are excellent sources for disseminating public health information and education. In order to expand the current infrastructure and delivery system, law- and policy-makers must be made aware of the neglected state of oral health and be willing to appropriate funds for increasing access to care and Medicaid reimbursements. Insurance companies must be persuaded to include dental health insurance to policyholders. Health providers, especially primary care physicians or pediatricians, should include oral screenings and referrals for treatment in their policy guidelines. The numbers of dentists in Connecticut must also be increased, and ethnic minorities should be recruited for dental schools and research studies. The dental profession must be embraced and supported by general medicinal associations, societies and councils. The burden of oral health responsibility lies not only in our medicine cabinet but also in our state health network and all of its players.

-- Erin Bongard

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High School Dropout

Introduction

Over the past fifty years, the value of a high school education has changed dramatically. In the 1950s, a high school degree almost guaranteed entry into the labor market, advancement into many promising career opportunities, and the ability to earn a respectable living. In recent years, however, technological advances have created a demand for a highly skilled workforce, and a high school degree is often only a minimum requirement (1).

On average, in 1999, more than 14% of students have dropped out of Connecticut's high schools. The economic consequences of leaving high school without a diploma can be severe. People who drop out of school are significantly more likely to earn lower wages, have a higher unemployment rate, become pregnant early and be a single parent. Dropouts are also more likely to receive public assistance and are disproportionately represented among the nation's prison and death row inmates (2). Real wages for high school dropouts have declined by almost 24% since 1979 (3).

Measuring High School Dropout

The *annual dropout rate* (Table 1) measures the number of high school students who leave school prior to graduation in any one school year, and is expressed as a percentage of the total high school enrollment. Students who leave school before the ninth grade are not

Table 1. Annual Dropout Rates by ERG*

	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99
ERG A	0.6	0.7	0.5	0.7	0.6	0.5	0.5	0.6
ERG B	2.0	1.6	1.4	1.5	1.7	1.5	1.5	1.2
ERG C	1.8	1.8	2.4	2.3	2.1	1.8	1.5	1.7
ERG D	2.8	2.9	3.5	3.6	3.0	2.4	2.6	2.1
ERG E	2.6	2.3	2.4	3.1	2.6	2.9	2.2	1.9
ERG F	3.7	3.6	3.9	4.8	4.1	3.7	3.5	3.3
ERG G	5.4	5.0	4.0	4.1	4.2	4.5	3.9	3.7
ERG H	5.6	5.8	5.8	5.7	5.5	4.7	4.0	4.1
ERG I	13.0	12.7	11.8	12.6	13.5	10.7	9.3	8.7
VT Schools	3.6	2.4	2.2	1.9	1.7	1.8	0.9	1.0
Statewide	4.7	4.6	4.6	4.8	4.6	3.9	3.5	3.3

Source: Connecticut State Department of Education, Division of Evaluation and Research. *Data Bulletin*, July 2000.

The current classification of districts by Education Reference Group (ERG) is based on the 1990 Census. There are nine ERGs and the State Regional Vocational-Technical (VT) schools in Connecticut.

counted. The *cumulative dropout rate* (Table 2) measures the proportion of *all* high school students who have left school prior to graduation (meaning the number of students who drop out each year is added together). Cumulative rates are higher than annual rates because they include all of the students in a given age range who have dropped out of school, regardless of when they last attended school (4).

Table 2. Cumulative Dropout Rates by ERG*

	Class of 1995	Class of 1996	Class of 1997	Class of 1998	Class of 1999
ERG A	2.6	2.3	2.2	2.6	2.1
ERG B	5.8	5.9	6.5	6.0	6.0
ERG C	7.4	8.9	8.5	6.3	6.9
ERGD	11.8	12.8	11.8	10.9	9.8
ERGE	11.9	10.8	9.8	7.7	8.6
ERGF	15.7	14.3	15.3	15.1	13.9
ERGG	17.0	14.1	16.1	14.0	14.1
ERGH	21.0	21.6	18.5	16.8	15.2
ERGI	39.5	36.5	33.6	36.2	34.5
VT Schools	10.9	5.4	5.6	5.6	5.0
Statewide	17.4	16.4	15.7	15.1	14.3

Source: Connecticut State Department of Education, Division of Evaluation and Research. *Data Bulletin*, July 2000.

There are benefits to using both sets of numbers. Connecticut's annual dropout rate provides important information about educators' effectiveness in keeping high school students enrolled in school each year. Connecticut's cumulative rates, however, reveal the extent of the dropout problem in the high school population, and so they can be used to estimate the need for further education and training programs to help students who have dropped out of high school (5). In the future, keeping track of dropout data for students before the ninth grade would be beneficial as well.

Connecticut High School Dropout Trends

On the positive side, Connecticut's dropout rates have tended to decrease throughout the 1990's. The annual dropout rate is 3.3%, down from 4.7% in 1991. Connecticut's cumulative dropout rate is 14.3%, down from 17.4% in 1995 (6). National dropout rates have also declined. Not surprisingly, Connecticut's cumulative dropout rate mirrors poverty statistics. High school students in Connecticut's wealthier communities had an average cumulative dropout rate of 2% in 1999 (ERG A). For example, Avon's cumulative dropout rate was 1.4%, Darien's was 0.5%, and Weston's was 0.0%. Conversely, high school students in Connecticut's larger and poorer cities had an average cumulative dropout rate of 35% in 1999 (ERG I). Hartford's cumulative dropout rate was 45.6%, Waterbury's was 37.6%, and Bridgeport's was 29.2%.

While policymakers and educators should be proud of the downward trend in high school dropout rates, they should be deeply concerned about the large proportion of youth who continue to drop out of high school in Connecticut's largest and poorest cities. The future of Connecticut's economy rests on a highly skilled and educated population. The state will have a difficult time meeting future challenges if the trends in the cities continue.

Solutions

- Support community agencies that link with the schools to address students' personal or family difficulties.
- Support alternative education programs and students' requests for transfers.
- Provide mentoring and tutoring programs.

-- Donna Osuch, M.S.W.

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4. Hollinger, D. Consumer guide: High school dropout rates. *National Institute on the Education of At-Risk Students*. Number 16. March 1996. Office of Educational Research and Improvement: Washington, DC.
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Child Care in Connecticut

The Importance of High-Quality Child Care

It is imperative that Connecticut take action to ensure that all children have access to safe, affordable and high-quality child care. Since approximately 73% of mothers with children under the age of six are in the workforce, the majority of Connecticut's youngest children spend at least part of their week in some form of child care (1). The benefits of high quality child care can be felt on many levels. Studies have shown that a parent's ability to find and maintain employment is directly related to dependable, high-quality child care, which helps to ensure self-sufficiency (2). Neurological research also shows that a nurturing and stimulating environment in the first three years of life is crucial to healthy brain development, and that the type of care received in these early years can have a lifelong impact (3).

Scope of the Problem

The child care profession is among the fastest growing service industries in Connecticut (4). Many professions have been able to plan and set up a system for growth, but the child care business has not. For example, when the public schools project that in five years they will have a teacher shortage, they set policies (i.e. the Alternate Route to Certification and deferred retirement) to help recruit and retain qualified teachers. The child care profession's inability to plan ahead for growth and change may be partly due to the fragmented nature of its "system" - a patchwork of public and private, regulated and unregulated, relative, family and center-based care - which is more difficult to examine, evaluate and discuss in a comprehensive, uniform way.

Women are entering the workforce for a variety of reasons, including financial necessity. Whether women share expenses with a partner or not, their income is often needed to support their families. In addition, welfare reform has required single parenting women to enter the workforce, some for the first time, forcing them to turn to others for help in caring for their children.

This increasing demand for child care comes at a time when there are too few qualified early childhood teachers to meet the current need. Connecticut's State Department of Education reports that an additional 8,000 early childhood teachers will be needed in the next two years to meet the growing demand for care of three- and four-year-old children (5). However, the following statistics paint a grim picture about where the future of child care is headed: the average early childhood educator earns \$18,000 (6), and early childhood teacher turnover is between 25% and 50% per year (7). One of the best indicators of a high quality program is the quality of the staff (8), but a high quality staff is difficult to achieve and maintain with such low salaries and high turnover.

Child Care Cost and Availability

Working parents of young children are faced with the difficult task of finding reliable, safe and affordable child care. Too many parents resort to unlicensed child care that may jeopardize their child's health and safety (9). Even if they locate licensed providers, the high cost of quality care may force many low-income families to choose unlicensed (informal

or “kith and kin”) care. There are many reasons parents choose unlicensed child care. Licensed child care simply may not be available. Parents may be unable to afford the cost of a high-quality program. They may prefer that a relative care for their child. Parents may work evenings and weekends, when most licensed programs are closed. There may be long waiting lists especially for their infant, toddler or school-age child. For whatever reason parents choose unlicensed child care, the fact is nobody is monitoring this care, and as a result we do not know enough about its quality.

It is unclear exactly how many Connecticut children are currently in need of child care, but conservative estimates place the number of children under age five at approximately 130,000 (10). However, because this number does not take into account the thousands of school-age children who also spend at least part of their week in child care, it is difficult to determine the accurate demand for child care.

In March 2001, the Department of Public Health (DPH) reported that licensed programs (centers, family day care homes, and group homes) could serve just over 111,000 children ages birth through thirteen. However, this does not accurately reflect the true number of licensed spaces available. For example, while family day care homes can care for up to two infants and toddlers, some choose to only care for three- and four-year old children. Also, for quality reasons, many child care providers choose to keep their group sizes smaller than what DPH allows, so while a center may be licensed to care for 30 children, it may choose to enroll only 24. Clearly, there are many more children in need of care than there are licensed spaces.

Licensed Child Care Capacity

The Connecticut Department of Public Health provides data on the licensed capacity of child care centers, group day care homes and family day care homes. Licensed programs must meet specific health and safety standards (such as having working smoke alarms, following appropriate staff-to-child ratios, and requiring certain staff to be certified in First Aid). Brief definitions of licensed programs follow:

- A child day care center is a program for more than twelve children outside their own homes for one or more days of the week (11).
- A group day care home is a program for more than six and less than thirteen related or unrelated children for one or more days of the week (12).
- A family day care home is a program in a private family home caring for not more than six children, including the provider's own children not in school full time. During the regular school year, three additional children who are in school full time, including the provider's own children, are also permitted. There are also limitations on the number of infants and toddlers providers can care for (13).

Brief definitions of child care programs that are exempt from Department of Public Health licensing regulations follow:

- Informal child care includes care by a child's relative or in the child's own home (14).
- An exempt setting includes school and church based programs, recreation programs such as camps, and drop-in programs where parents remain on the premises (15).

It is interesting to note the range of licensed child care options that communities have (Table 3). Many communities, including most of the larger cities, have approximately two to three family day care homes for every child day care center; the exceptions include Connecticut's small, wealthier communities. In small rural communities, the disparity between the two becomes even greater with far more family day care homes than child day care centers. Noticeably few communities have group day care homes, which are found in the larger cities and small, rural towns.

Table 3. Child Care Facilities

Region	Center Facilities		Group Family Homes		Family Homes	
	#	Capacity	#	Capacity	#	Capacity
Northwest	103	4,483	5	60	154	921
Housatonic Valley	63	3,973	1	12	128	768
Stamford	53	3,470	2	24	72	431
Southwest I	72	3,916	4	44	32	188
Southwest II	65	4,419	6	70	97	578
Bridgeport	44	3,401	1	12	120	708
Southwest III	60	2,823	5	60	146	872
Southwest IV	61	3,082	1	12	91	542
Waterbury	33	2,026	0	0	100	600
Naugatuck Valley	58	2,866	3	36	103	618
South Central I	68	3,231	6	72	162	970
New Haven	40	1,983	4	46	103	607
South Central II	50	2,732	0	0	155	919
South Central III	53	2,960	4	48	122	718
South Central IV	50	2,209	3	36	104	624
South Central V	94	4,766	1	12	216	1,288
Central I	52	2,960	0	0	149	894
Central II	42	2,585	1	12	109	654
Hartford	60	3,709	1	12	143	828
Capitol I	44	2,244	2	24	169	1,012
Capitol II	76	4,498	1	12	118	708
Capitol III	83	4,953	4	48	256	1,534
Capitol IV	84	4,871	2	20	172	1,032
Capitol V	69	2,741	5	60	249	1,487
Northeast	41	1,660	3	36	149	886
Southeast	71	2,870	3	36	188	1,118
Southeast Shore	51	2,707	5	56	104	614
CONNECTICUT	1,640	88,138	73	860	3,711	22,119

The Department of Public Health provides data on the number of children in child day care centers and group day care homes who are under the age of three. They also provide data on the number of school-age children who are cared for in family day care homes. There are a large number of programs that care for three- and four-year-old children, and so most parents of preschoolers have options available to them. However, parents of infants, toddlers and school-age children have fewer choices when they seek licensed child care programs, and this data provides useful information about where these programs are.

Child Care Assistance Program

The Child Care Assistance Program (CCAP) is a federally funded program administered by the Connecticut Department of Social Services (DSS). Connecticut currently runs different programs for low-income families to assist with child care costs, based on two sets of regulations. These guidelines and criteria treat families differently depending on whether or not the family receives cash assistance from Temporary Family Assistance (TFA). The Child Care Assistance Program will soon be combined into one program under the Uniform Child Care Regulations. A brief description of these programs follows:

- **Child Care Assistance for Families Receiving or Transitioning off TFA** - Parents who receive TFA and have a job or participate in an approved education or training program for more than five days are entitled to a child care subsidy of up to \$75 per week per child for a maximum of \$325 per month (16). Transitional Child Care (TCC) is available to parents whose TFA benefit has ended and who are employed or become employed within six months of leaving TFA. Employed parents may continue to receive TCC until their income reaches 75% of the state median income. Parents receiving TCC benefits pay a sliding fee for child care based on their income and family size (17).
- **Child Care Certificate Program (CCC)** - The Child Care Certificate Program (CCC) is Connecticut's child care subsidy program for working parents who do not receive TFA. Families receiving CCC pay some portion of their child care costs, determined by income. Currently, families who earn up to 50% of the state median income are eligible to apply for CCC (18).

National child care experts believe that child care costs should absorb only 10% of family earnings (19). However, low-income families may spend as much as 25% or more of their income on child care fees. While government child care subsidies certainly help thousands of families to purchase child care, in order to be truly effective, these subsidies must be high enough to provide low-income families with real options, not force them to settle on care that costs the least. However, because Connecticut currently bases its level of child care subsidies on the 1991-1992 market rate survey (20), many families eligible for a subsidy still must pay hundreds of dollars each month to purchase child care. For families whose income is barely sufficient to meet basic needs such as food, housing, and clothing, it is not feasible to pay more for child care.

While Federal law requires states to conduct market rate surveys, it has not required them to pay a subsidy amount based on the market rate of care. Connecticut's 2000-2001 budget included an increase for child care subsidies, to reflect a more recent market rate survey, which was due to take effect in January, 2001. However, it was rescinded in the fall of 2000 due to budget cap restrictions, and Connecticut continues to pay subsidies based on 1991-1992 market rates. DSS has included rate increases for child care subsidies, due to take effect in January, 2002, into their 2001-2002 budget, and parents and child care providers are hopeful that these rates will go into effect as planned.

Not surprisingly, the majority of parents who receive child care subsidies live in Connecticut's largest and poorest cities. In addition, the vast majority of parents who received child care subsidies between October and December, 2000, purchased unlicensed

child care (71%), compared to 18.3% who chose center-based care, 8.1% who chose family day care, 1.6% who chose exempt child care, and 1% who chose group day care (21).

Solutions

- Create a comprehensive plan for a child care system in Connecticut, engaging policymakers, child care providers, the business community and parents.
- Provide financial incentives for child care teachers to increase their education and remain in the field. Also make health insurance available to those providers who need it.
- Increase the child care subsidy reimbursement rates for low-income families to reflect the true cost of child care.
- Provide increased tax credits for working families who have child care expenses.

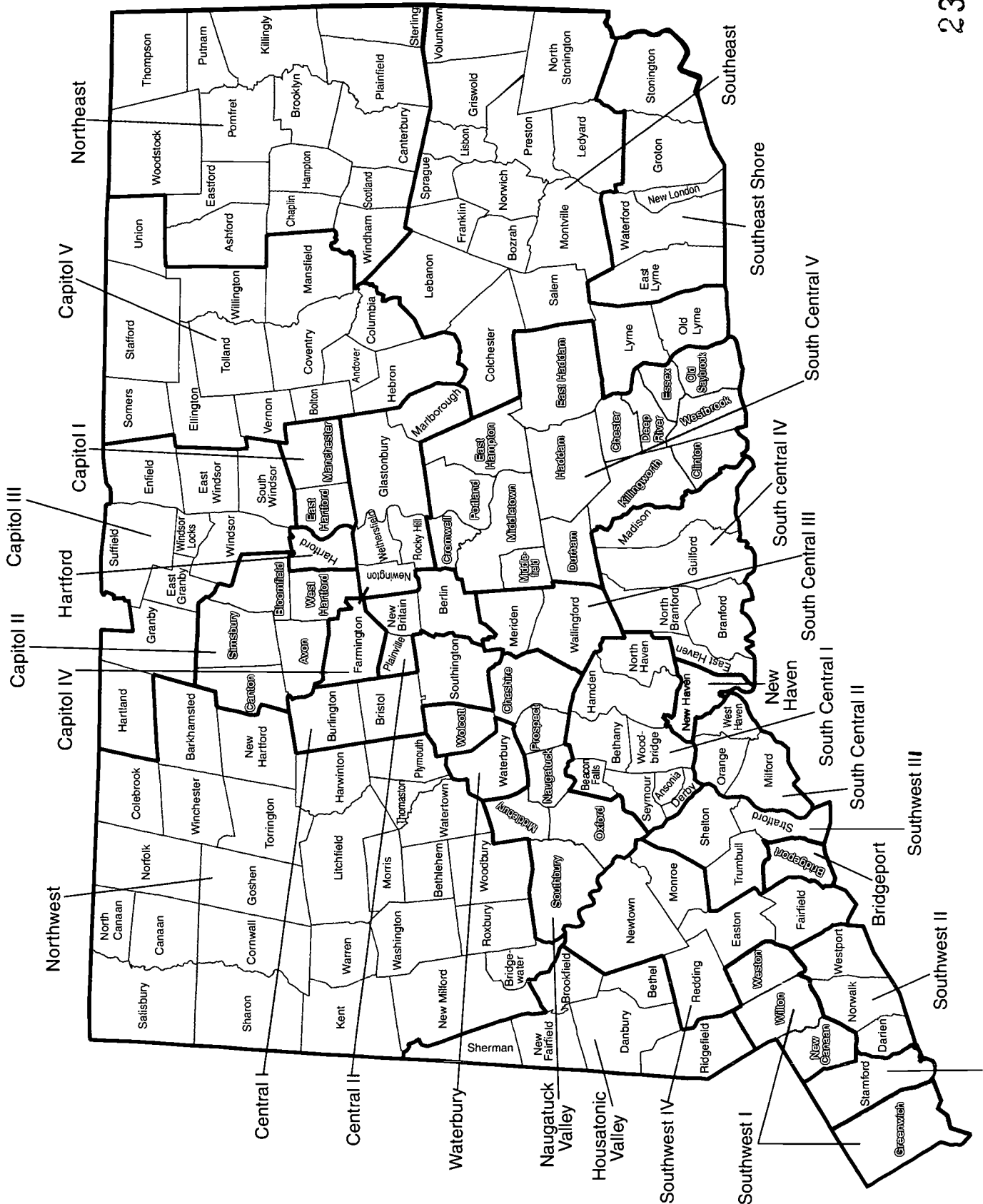
— Donna Osuch, M.S.W.

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12. Connecticut General Statutes. Sec. 19a-77 (a) (2).
13. Connecticut General Statutes. Sec. 19a-77 (a) (3).
14. Connecticut General Statutes. Sec. 19a-77 (b) (4).
15. Connecticut General Statutes. Sec. 19a-77 (b).
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17. *Mapping Change* (November 1999). Connecticut Alliance for Basic Human Needs.
18. *Mapping Change* (November 1999). Connecticut Alliance for Basic Human Needs.
19. Blank, H. (1997). *Helping Parents Work and Children Succeed: A Guide to Child Care and the 1996 Welfare Act*. Washington: Children's Defense Fund.
20. Market rate is defined as a 75th percentile of providers' fees according to the age of the child (infant, toddler, pre-school, or school-age), the type of care given (family day care home, group day care home, or center), and geographic region of the state.
21. Connecticut Department of Social Services, unpublished data, 2000.

Town Index

Andover.....	Capitol V	Griswold.....	Southeast	Preston.....	South Central V
Ansonia.....	South Central I	Groton.....	Southeast Shore	Prospect.....	Naugatuck Valley
Ashford.....	Northeast	Guilford.....	South Central IV	Putnam.....	Northeast
Avon.....	Capitol II	Haddam.....	South Central V	Redding.....	Southwest IV
Barkhamsted.....	Northwest	Hamden.....	South Central I	Ridgefield.....	Housatonic Valley
Beacon Falls.....	South Central I	Hampton.....	Northeast	Rocky Hill.....	Capitol IV
Berlin.....	Central II	Hartford.....	Hartford	Roxbury.....	Northwest
Bethany.....	South Central I	Hartland.....	Capitol III	Salem.....	Southeast
Bethel.....	Housatonic Valley	Harwinton.....	Northwest	Salisbury.....	Northwest
Bethlehem.....	Northwest	Hebron.....	Capitol V	Scotland.....	Northeast
Bloomfield.....	Capitol II	Kent.....	Northwest	Seymour.....	South Central I
Bolton.....	Capitol V	Killingly.....	Northeast	Sharon.....	Northwest
Bozrah.....	Southeast	Killingworth.....	South Central V	Shelton.....	Southwest III
Branford.....	South Central IV	Lebanon.....	Southeast	Sherman.....	Housatonic Valley
Bridgeport.....	Bridgeport	Ledyard.....	Southeast	Simsbury.....	Capitol II
Bridgewater.....	Northwest	Lisbon.....	Southeast	Somers.....	Capitol V
Bristol.....	Central I	Litchfield.....	Northwest	South Windsor.....	Capitol III
Brookfield.....	Housatonic Valley	Lyme.....	Southeast	Southbury.....	Naugatuck Valley
Brooklyn.....	Northeast	Madison.....	South Central IV	Southington.....	Central I
Burlington.....	Central I	Manchester.....	Capitol I	Sprague.....	Southeast
Canaan.....	Northwest	Mansfield.....	Capitol V	Stafford.....	Capitol V
Canterbury.....	Northeast	Marlborough.....	Capitol IV	Stamford.....	Stamford
Canton.....	Capitol II	Meriden.....	South Central III	Sterling.....	Northeast
Chaplin.....	Northeast	Middlebury.....	Naugatuck Valley	Stonington.....	Southeast Shore
Cheshire.....	Naugatuck Valley	Middlefield.....	South Central V	Stratford.....	Southwest III
Chester.....	South Central V	Middletown.....	South Central V	Suffield.....	Capitol III
Clinton.....	South Central V	Milford.....	South Central II	Thomaston.....	Northwest
Colchester.....	Southeast	Monroe.....	Southwest IV	Thompson.....	Northeast
Colebrook.....	Northwest	Montville.....	Southeast	Tolland.....	Capitol V
Columbia.....	Capitol V	Morris.....	Northwest	Torrington.....	Northwest
Cornwall.....	Northwest	Naugatuck.....	Naugatuck Valley	Trumbull.....	Southwest III
Coventry.....	Capitol V	New Britain.....	Central II	Union.....	Capitol V
Cromwell.....	South Central V	New Canaan.....	Southwest I	Vernon.....	Capitol V
Danbury.....	Housatonic Valley	New Fairfield.....	Housatonic Valley	Voluntown.....	Southeast
Darien.....	Southwest II	New Hartford.....	Northwest	Wallingford.....	South Central III
Deep River.....	South Central V	New Haven.....	New Haven	Warren.....	Northwest
Derby.....	South Central I	New London.....	Southeast Shore	Washington.....	Northwest
Durham.....	South Central V	New Milford.....	Northwest	Waterbury.....	Waterbury
East Granby.....	Capitol III	Newington.....	Capitol IV	Waterford.....	Southeast Shore
East Haddam.....	South Central V	Newtown.....	Southwest IV	Watertown.....	Northwest
East Hampton.....	South Central V	Norfolk.....	Northwest	West Hartford.....	Capitol II
East Hartford.....	Capitol I	North Branford.....	South Central IV	West Haven.....	South Central II
East Haven.....	South Central IV	North Canaan.....	Northwest	Westbrook.....	South Central V
East Lyme.....	Southeast Shore	North Haven.....	South Central I	Weston.....	Southwest I
East Windsor.....	Capitol III	North Stonington.....	Southeast	Westport.....	Southwest II
Eastford.....	Northeast	Norwalk.....	Southwest II	Wethersfield.....	Capitol IV
Easton.....	Southwest IV	Norwich.....	Southeast	Willington.....	Capitol V
Ellington.....	Capitol V	Old Lyme.....	Southeast	Wilton.....	Southwest I
Enfield.....	Capitol III	Old Saybrook.....	South Central V	Winchester.....	Northwest
Essex.....	South Central V	Orange.....	South Central II	Windham.....	Northeast
Fairfield.....	Southwest IV	Oxford.....	Naugatuck Valley	Windsor.....	Capitol III
Farmington.....	Capitol IV	Plainfield.....	Northeast	Windsor Locks.....	Capitol III
Franklin.....	Southeast	Plainville.....	Central II	Wolcott.....	Naugatuck Valley
Glastonbury.....	Capitol IV	Plymouth.....	Northwest	Woodbridge.....	South Central I
Goshen.....	Northwest	Pomfret.....	Northeast	Woodbury.....	Northwest
Granby.....	Capitol III	Portland.....	South Central V	Woodstock.....	Northeast
Greenwich.....	Southwest I				

Regional Map of Connecticut



Region Index

Bridgeport

Bridgeport



Capitol I

East Hartford
and Manchester



Capitol II

Avon, Bloomfield,
Canton, Simsbury
and West Hartford



Capitol III

East Granby,
East Windsor,
Enfield, Granby, Hartland,
South Windsor, Suffield,
Windsor and Windsor Locks



Capitol IV

Farmington,
Glastonbury,
Marlborough,
Newington, Rocky Hill and
Wethersfield



Capitol V

Andover, Bolton,
Columbia,
Coventry,
Ellington, Hebron, Mansfield,
Somers, Stafford, Tolland, Union,
Vernon and Willington



Central I

Bristol, Burlington
and Southington



Central II

Berlin,
New Britain
and Plainville



Hartford

Hartford



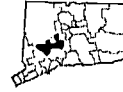
Housatonic Valley

Bethel, Brookfield,
Danbury, New
Fairfield, Ridgefield and Sherman



Naugatuck Valley

Cheshire,
Middlebury,
Naugatuck,
Oxford, Prospect, Southbury and
Wolcott



New Haven

New Haven



Northeast

Ashford, Brooklyn,
Canterbury,
Chaplin, Eastford,
Hampton, Killingly, Plainfield,
Pomfret, Putnam, Scotland,
Sterling, Thompson, Windham
and Woodstock



Northwest

Barkhamstead,
Bethlehem,
Bridgewater,
Canaan, Colebrook, Cornwall,
Goshen, Harwinton, Kent,
Litchfield, Morris, New Hartford,
New Milford, Norfolk, North
Canaan, Plymouth, Roxbury,
Salisbury, Sharon, Thomaston,
Torrington, Warren, Washington,
Watertown, Winchester and
Woodbury



South Central I

Ansonia, Beacon
Falls, Bethany,
Derby, Hamden,
North Haven, Seymour and
Woodbridge



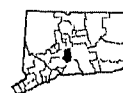
South Central II

Milford, Orange
and West Haven



South Central III

Meriden and
Wallingford



South Central IV

Branford, East
Haven, Guilford,
Madison and
North Branford



South Central V

Chester, Clinton,
Cromwell, Deep
River, Durham, East
Haddam, East Hampton, Essex,
Haddam, Killingworth, Middlefield,
Middletown, Old Saybrook,
Portland and Westbrook



Southeast

Bozrah, Colchester,
Franklin, Griswold,
Lebanon, Ledyard,
Lisbon, Lyme, Montville, North
Stonington, Norwich, Old Lyme,
Preston, Salem, Sprague and
Voluntown



Southeast Shore

East Lyme, Groton,
New London,
Stonington and
Waterford



Southwest I

Greenwich, New
Canaan, Weston and
Wilton



Southwest II

Darien, Norwalk
and Westport



Southwest III

Shelton, Stratford
and Trumbull



Southwest IV

Easton, Fairfield,
Monroe, Newtown
and Redding



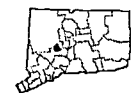
Stamford

Stamford



Waterbury

Waterbury



School District Exceptions

Region	Students from Other Towns	Region	Regional School Districts
Capitol V	includes Ashford students who attend Region 19	Capitol V	Region 8 Region 19
Capitol V	includes Marlborough students who attend Region 8	Central I	Region 10
Central I	includes Harwinton students who attend Region 10	Naugatuck Valley	Region 15 Region 16
Housatonic Valley	includes Sherman who attend Brookfield	Northeast	Region 11
Northeast	includes Columbia and Willington students who attend Windham	Northwest	Region 1 Region 6 Region 7 Region 12 Region 14
Naugatuck Valley	includes students from Beacon Falls who attend Naugatuck	South Central I	Region 5
Northwest	includes Hartland students who attend Gilbert	South Central V	Region 4 Region 13 Region 17
Northwest	includes Oxford students who attend Region 14	Southeast	Region 18
South Central I	includes Oxford and Prospect students who attend Seymour, and Orange students who attend Region 5	Southwest IV	Region 9
Southeast	includes Canterbury students who attend Norwich or Griswold		
Southeast Shore	includes salem students who attend East Lyme		
Region	Private/Public Schools	Region	Vocational-Technical Schools
Northwest	Gilbert School	Bridgeport	Bullard-Havens
Northeast	Woodstock Academy	Capitol I	Howell Cheney
Southeast	Norwich Free Academy	Central II	E.C. Goodwin
		Hartford	A.I. Prince
		Housatonic Valley	Henry Abbott
		Northeast	H.H. Ellis
		Northwest	Oliver Wolcott
		South Central I	Eli Whitney Emmett O'Brien
		South Central II	Platt
		South Central III	H.C. Wilcox
		South Central V	Vinal
		Southeast	Norwich
		Southeast Shore	E.T. Grasso
		Stamford	J.M. Wright
		Waterbury	W.F. Kaynor

Note: these exceptions only affect data for high school dropouts. They do not affect the data for the Connecticut Mastery Test or the Connecticut Academic Performance Tests. Charter and Magnet schools are not included in any region.

Regions: Connecticut has been divided into 27 regions (towns or groups of towns) based on the public use microdata areas (PUMA) established by the Census Bureau. The use of regions allows for the calculation of rates where the population would have been too small at the town level. Each region has a population of more than 100,000, and no town is split between two regions. The five largest cities--Bridgeport, Hartford, New Haven, Stamford, and Waterbury--are regions unto themselves. The raw data for the tables was collected originally for each town, then towns were grouped into regions. School district exceptions are shown above.

Connecticut's Children Demographic Profile

Region	1999 Population Estimates*		1990 Census Data**				
	Total	< 18	% < 18	% White	% Black	% All Other Races	% Hispanic*
Northwest	182,399	42,662	23.4	97.0	1.2	1.9	1.5
Housatonic Valley	138,583	32,944	23.8	90.1	4.1	5.9	5.5
Stamford	110,802	22,326	20.1	64.9	27.1	7.9	12.8
Southwest I	101,616	22,365	22.0	93.1	1.9	5.0	3.6
Southwest II	120,417	25,020	20.8	80.2	13.9	6.0	9.8
Bridgeport	137,040	35,779	26.1	45.0	34.1	20.9	38.2
Southwest III	120,982	26,227	21.7	91.0	5.8	3.2	4.0
Southwest IV	111,894	25,353	22.7	96.6	1.0	2.4	2.4
Waterbury	104,263	24,459	23.5	69.3	18.1	12.6	22.6
Naugatuck Valley	112,609	27,153	24.1	96.0	1.7	2.3	2.4
South Central I	138,008	28,893	20.9	89.7	7.0	3.2	2.9
New Haven	122,195	28,973	23.7	34.0	51.6	14.3	21.6
South Central II	114,013	24,534	21.5	87.7	8.9	3.4	3.9
South Central III	97,465	22,852	23.4	88.6	4.3	7.1	14.9
South Central IV	104,655	23,177	22.1	97.2	1.0	1.8	1.9
South Central V	151,461	33,213	21.9	90.8	6.4	2.8	3.4
Central I	106,013	24,485	23.1	95.5	2.2	2.3	3.2
Central II	104,144	22,197	21.3	76.6	8.3	15.0	22.3
Hartford	128,367	35,266	27.5	24.7	44.2	31.1	46.7
Capitol I	99,608	20,486	20.6	84.4	9.9	5.7	6.7
Capitol II	122,043	25,611	21.0	85.2	10.4	4.4	3.6
Capitol III	142,862	33,037	23.1	91.0	5.7	3.3	2.6
Capitol IV	126,634	25,823	20.4	94.7	1.8	3.5	2.7
Capitol V	132,668	29,901	22.5	95.4	1.7	2.9	2.1
Northeast	105,241	27,061	25.7	93.7	1.3	5.0	6.8
Southeast	129,715	32,596	25.1	93.6	3.4	3.1	2.8
Southeast Shore	116,334	25,419	21.8	83.5	9.5	6.9	7.8
CONNECTICUT	3,282,031	748,421	22.8	81.3	11.4	7.3	10.3

* Connecticut Department of Public Health, 1999

** U.S. Bureau of the Census, 1990

Family Setting of Connecticut's Children

Region	Two-Parent Families		Single-Parent Families		Children Living in Other Situations	
	#	%	#	%	#	%
Northwest	32,939	80.9	5,256	12.9	2,524	6.2
Housatonic Valley	26,103	82.0	3,915	12.3	1,808	5.7
Stamford	14,789	67.9	4,719	21.7	2,265	10.4
Southwest I	19,241	86.6	2,054	9.2	922	4.1
Southwest II	19,088	76.0	3,953	15.7	2,087	8.3
Bridgeport	17,381	47.0	14,569	39.4	5,042	13.6
Southwest III	20,705	81.8	2,867	11.3	1,753	6.9
Southwest IV	20,740	86.9	2,026	8.5	1,098	4.6
Waterbury	15,208	59.5	8,022	31.4	2,331	9.1
Naugatuck Valley	22,106	84.5	2,610	10.0	1,430	5.5
South Central I	22,814	79.4	4,042	14.1	1,865	6.5
New Haven	11,951	38.6	14,359	46.4	4,626	15.0
South Central II	18,957	75.4	4,259	16.9	1,915	7.6
South Central III	17,325	73.7	4,800	20.4	1,392	5.9
South Central IV	18,586	82.2	2,610	11.5	1,410	6.2
South Central V	24,233	77.2	4,704	15.0	2,464	7.8
Central I	19,676	80.2	3,581	14.6	1,267	5.2
Central II	15,167	64.9	6,350	27.2	1,858	7.9
Hartford	11,638	30.3	21,463	55.9	5,289	13.8
Capitol I	14,858	70.8	4,650	22.2	1,484	7.1
Capitol II	21,656	83.3	3,007	11.6	1,321	5.1
Capitol III	27,429	81.9	3,881	11.6	2,185	6.5
Capitol IV	21,550	84.2	2,911	11.4	1,122	4.4
Capitol V	23,784	82.0	3,731	12.9	1,491	5.1
Northeast	19,348	73.4	5,233	19.8	1,782	6.8
Southeast	25,569	77.6	5,263	16.0	2,108	6.4
Southeast Shore	20,353	75.2	4,867	18.0	1,846	6.8
CONNECTICUT	543,194	72.5	149,702	20.0	56,685	7.6

Source: U.S. Bureau of the Census, 1990

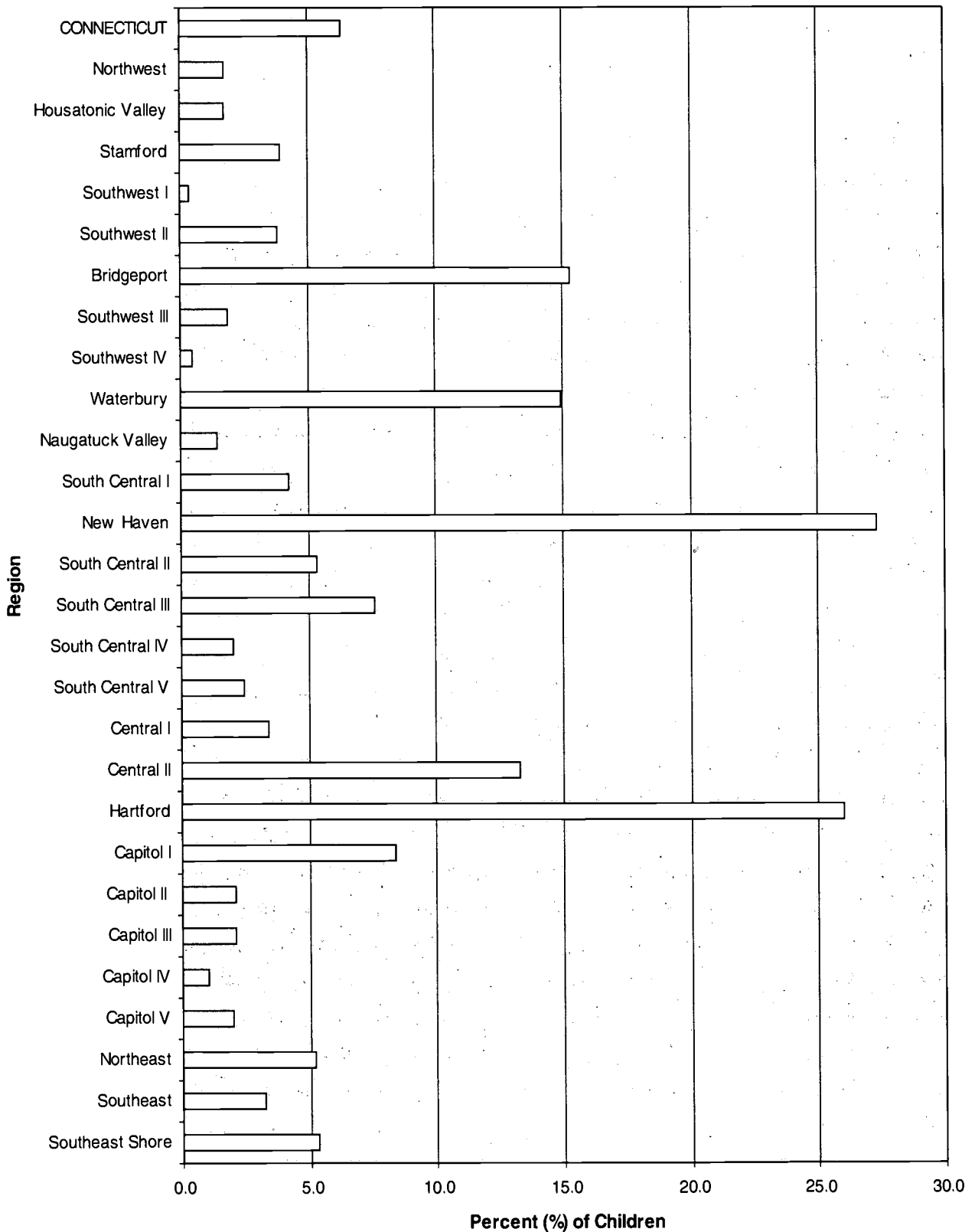
Security

- Children Receiving Welfare (TFA)
- Free or Reduced-Price Meals
- High School Employment
- Births to Teen Mothers



All working families should have the opportunity to acquire assets, but some may require programmatic and/or social supports in order to achieve a sustainable financial self-sufficiency.

Children Receiving Temporary Family Assistance (TFA) June 1999



Children Receiving TFA

Region	June 1997		June 1998		June 1999	
	#	%	#	%	#	%
Northwest	1,095	2.6	771	1.8	745	1.7
Housatonic Valley	1,108	3.4	693	2.1	580	1.8
Stamford	1,673	7.5	1,022	4.6	885	4.0
Southwest I	148	0.7	102	0.5	81	0.4
Southwest II	1,492	6.0	1,029	4.1	962	3.8
Bridgeport	9,754	27.1	6,490	18.1	5,470	15.3
Southwest III	808	3.1	567	2.2	482	1.8
Southwest IV	219	0.9	140	0.6	115	0.5
Waterbury	5,628	22.6	3,772	15.3	3,661	15.0
Naugatuck Valley	695	2.6	439	1.6	395	1.5
South Central I	1,839	6.4	1,416	4.9	1,221	4.2
New Haven	10,572	35.9	8,455	28.9	7,919	27.3
South Central II	2,244	9.1	1,533	6.2	1,310	5.3
South Central III	2,500	10.9	1,844	8.1	1,736	7.6
South Central IV	710	3.1	543	2.4	476	2.1
South Central V	1,182	3.6	846	2.6	804	2.4
Central I	1,084	4.5	840	3.4	827	3.4
Central II	4,060	18.2	3,242	14.6	2,940	13.2
Hartford	14,639	40.4	10,283	28.5	9,165	26.0
Capitol I	2,549	12.5	1,930	9.5	1,713	8.4
Capitol II	913	3.7	290	1.2	535	2.1
Capitol III	1,131	3.5	777	2.4	690	2.1
Capitol IV	492	1.9	317	1.2	265	1.0
Capitol V	892	3.0	642	2.2	588	2.0
Northeast	2,147	7.9	1,549	5.7	1,403	5.2
Southeast	1,633	4.9	1,192	3.6	1,058	3.2
Southeast Shore	2,034	7.8	1,494	5.9	1,359	5.3
CONNECTICUT	73,241	9.8	52,218	7.0	47,385	6.3

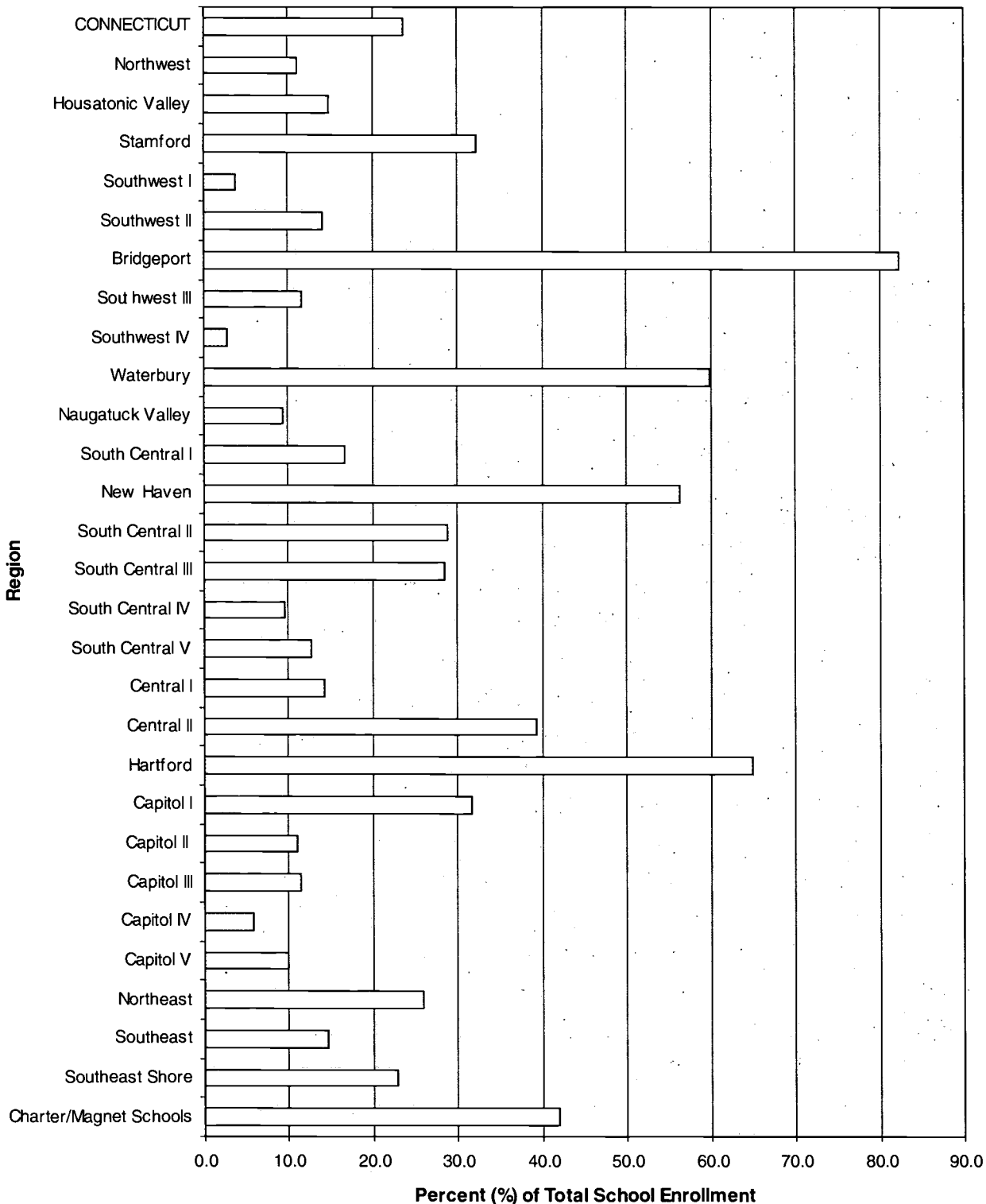
Definition: The total number of children receiving welfare benefits (TFA) in June of that year as a percentage of the total number of children in the region. The total number of children is an estimate based on applying the percentage of population under 18 from the 1990 Census to the Connecticut Department of Public Health estimate of the population for the years 1997, 1998 and 1999. The figures represent a snapshot in time; they do not reflect the total number of children who received TFA throughout that year.

The Temporary Family Assistance (TFA) program provides cash assistance to impoverished families with children who meet certain criteria. The program is designed to help families meet their basic needs while the recipients seek and obtain employment that will make the families self-sufficient. Currently there is a 21-month lifetime limit for receiving TFA benefits if there is an employable adult in the family. Not every child who is poor actually receives TFA benefits; hence, it is only a measure of program participation and cannot be used as a complete measure of child poverty. Other measures, such as the number of children eligible for free or reduced-price meals (see next page), may be more accurate measures of the economic security of school-age children.

Factors that most affect family income include education, race, age, and marital status. Children living in poverty are more likely to suffer from learning disabilities, emotional or behavioral problems, school failure, child abuse and neglect, and crime.

Source: Connecticut Department of Social Services, unpublished data, 1997, 1998, and 1999.

Free or Reduced-Price Meals 1999-00



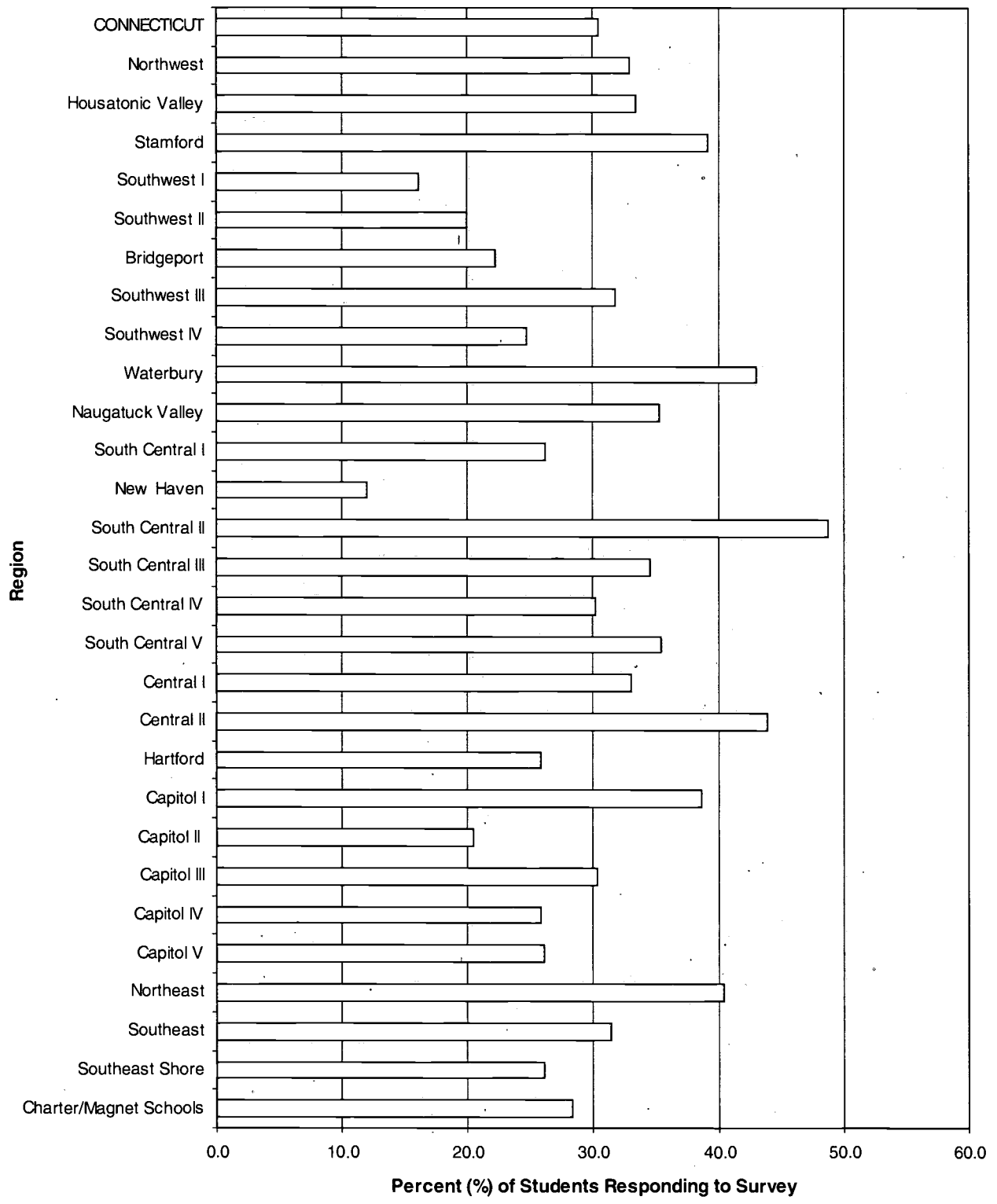
Free or Reduced-Price Meals

Region	1998-99		1999-00	
	#	%	#	%
Northwest	3,178	10.9	3,239	11.0
Housatonic Valley	3,610	15.4	3,548	14.7
Stamford	5,135	34.8	4,838	32.1
Southwest I	581	3.4	673	3.8
Southwest II	2,769	14.9	2,668	14.0
Bridgeport	21,706	94.1	19,109	82.4
Southwest III	2,364	13.1	2,130	11.5
Southwest IV	590	3.1	544	2.8
Waterbury	9,531	59.9	9,708	59.9
Naugatuck Valley	2,046	9.8	1,961	9.3
South Central I	3,526	15.9	3,567	16.7
New Haven	10,773	57.5	10,490	56.3
South Central II	4,625	27.7	4,818	28.8
South Central III	4,486	27.3	4,754	28.4
South Central IV	1,735	10.1	1,666	9.5
South Central V	3,012	13.2	2,931	12.7
Central I	2,245	12.8	2,539	14.2
Central II	6,326	38.4	6,629	39.4
Hartford	20,171	88.3	14,900	65.0
Capitol I	4,391	28.2	4,869	31.6
Capitol II	2,269	11.3	2,314	11.1
Capitol III	2,695	10.9	2,856	11.4
Capitol IV	1,188	5.9	1,194	5.7
Capitol V	2,546	11.7	2,215	10.0
Northeast	5,047	26.7	4,902	25.9
Southeast	3,519	15.1	3,586	14.6
Southeast Shore	4,046	22.7	4,114	22.9
Charter/Magnet Schools	1,596	47.0	1,727	41.9
CONNECTICUT	135,706	25.3	128,489	23.6

Definition: The total number of children eligible for free and reduced-price meals as a percentage of the total school enrollment. Children are eligible for free meals if their family income is 130% of the federal poverty level and for reduced-price meals if income is 185% of the federal poverty level. Because charter and magnet schools draw students from various regions, data for these schools has been included as a separate "region." Although not a true measure of child poverty, this measure provides an accurate estimate of the number of school-age children living in low-income families in Connecticut.

Source: Connecticut State Department of Education, unpublished data, 1998-99 and 1999-00.

High School Employment Fall 1999



High School Employment

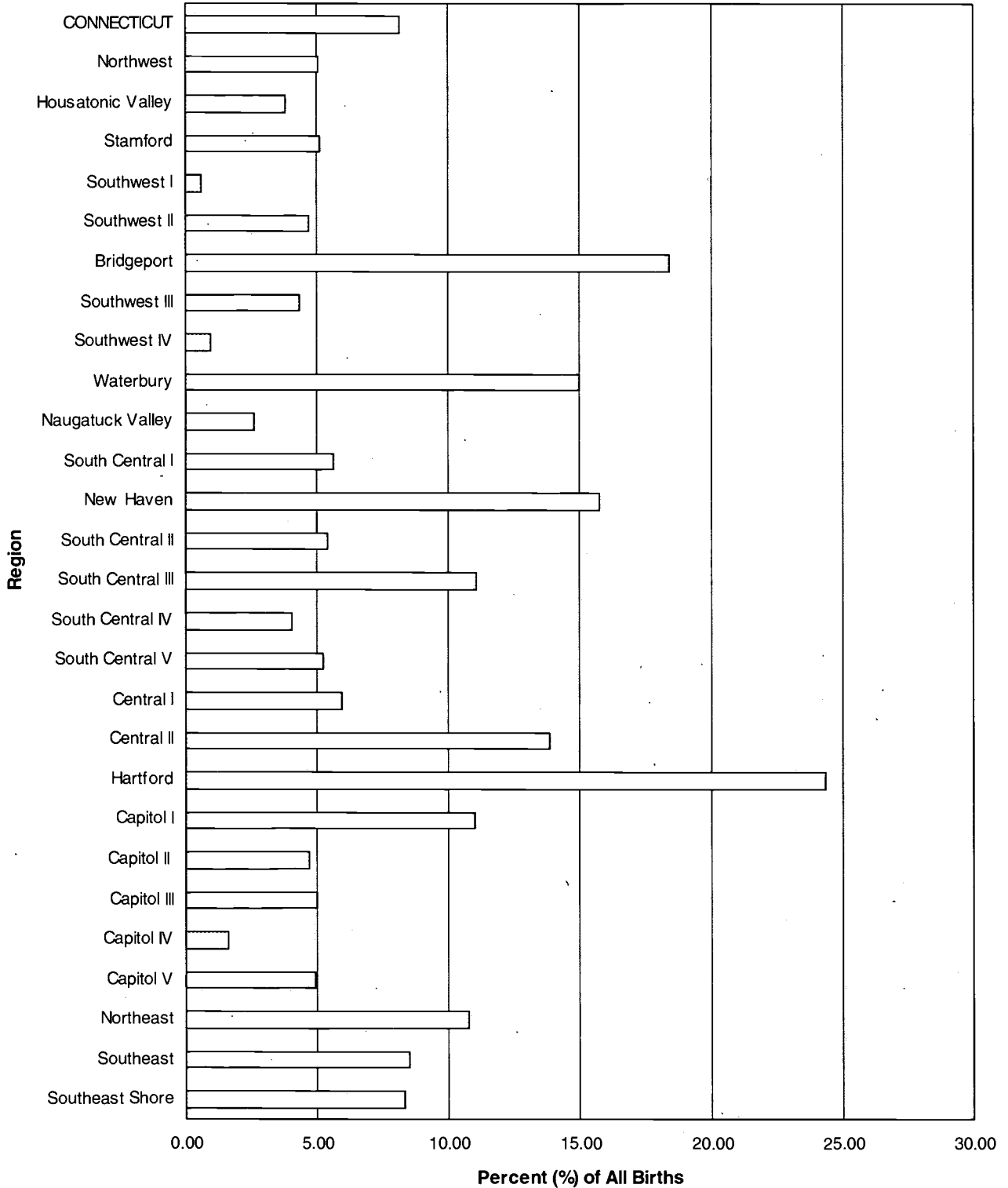
Region	Fall 1997		Fall 1998		Fall 1999	
	#	%	#	%	#	%
Northwest	1,236	36.1	1,248	34.1	1,207	33.0
Housatonic Valley	894	31.6	998	33.1	1,050	33.4
Stamford	507	30.3	604	36.0	524	39.1
Southwest I	350	18.6	301	16.3	299	16.1
Southwest II	434	23.0	447	24.4	390	20.0
Bridgeport	506	32.1	632	36.7	454	22.2
Southwest III	704	31.4	711	33.8	722	31.8
Southwest IV	618	29.2	554	26.3	537	24.7
Waterbury	315	23.6	400	30.9	533	43.1
Naugatuck Valley	648	30.9	638	27.7	786	35.3
South Central I	848	32.2	904	30.9	797	26.2
New Haven	129	13.2	305	15.6	196	11.9
South Central II	670	41.6	683	44.0	821	48.7
South Central III	552	34.5	678	35.5	663	34.5
South Central IV	712	34.0	732	32.6	638	30.2
South Central V	779	33.1	835	34.0	948	35.4
Central I	586	27.7	675	33.5	701	33.0
Central II	584	33.6	631	36.8	814	44.0
Hartford	365	21.2	374	35.3	399	25.8
Capitol I	632	36.1	671	35.1	753	38.6
Capitol II	487	21.6	538	22.4	524	20.5
Capitol III	882	30.0	944	30.1	982	30.3
Capitol IV	487	22.7	618	26.7	588	25.8
Capitol V	945	36.0	837	31.4	786	26.1
Northeast	797	36.5	882	40.3	933	40.4
Southeast	920	32.5	990	32.1	992	31.4
Southeast Shore	651	31.1	714	33.1	583	26.1
Charter/Magnet Schools	26	12.4	56	36.6	70	28.3
CONNECTICUT	17,264	30.4	18,600	31.3	18,690	30.4

Definition: The number of high school juniors and seniors working more than 16 hours during a typical week as a percentage of students who responded to the survey. Cooperative work experience during normal school hours and volunteer work were excluded.

Work experience can be a very positive introduction into the world of work. However, working excessive hours during high school can lead to a decline in school performance. Often students work excessive hours (defined here as more than 16 hours per week) because they need the income to help maintain their household, save for college or a car, or to spend on clothing and recreation.

Source: Connecticut State Department of Education, unpublished data, 1997-98, 1998-99, and 1999-00.

Births to Teen Mothers 1998



Births to Teen Mothers

Region	1988		1993		1997		1998	
	#	%	#	%	#	%	#	%
Northwest	109	4.7	118	5.3	119	6.2	99	5.1
Housatonic Valley	95	4.8	102	4.9	82	4.1	74	3.8
Stamford	123	7.3	99	5.3	110	6.2	92	5.1
Southwest I	18	1.7	12	0.9	16	1.2	8	0.6
Southwest II	105	6.1	67	3.3	85	4.3	96	4.7
Bridgeport	533	18.3	501	19.7	423	18.4	419	18.4
Southwest III	62	4.5	51	3.9	69	4.8	64	4.3
Southwest IV	21	1.7	20	1.5	16	1.1	15	1.0
Waterbury	314	16.1	268	14.1	265	16.2	254	15.0
Naugatuck Valley	67	4.7	49	3.7	45	3.6	34	2.6
South Central I	82	4.8	78	4.5	62	4.0	89	5.7
New Haven	465	18.7	354	16.8	335	18.7	290	15.7
South Central II	86	5.5	77	5.1	81	5.6	82	5.4
South Central III	124	7.8	118	7.8	138	9.9	151	11.1
South Central IV	37	2.8	38	2.9	38	3.0	49	4.0
South Central V	121	6.1	89	4.4	95	4.9	96	5.2
Central I	70	5.4	95	6.9	90	6.9	80	5.9
Central II	186	12.1	197	12.9	190	14.8	199	13.8
Hartford	675	21.7	650	23.3	518	23.0	558	24.4
Capitol I	84	5.9	106	7.4	130	10.0	148	11.0
Capitol II	39	2.9	39	2.7	53	3.8	64	4.7
Capitol III	75	3.4	78	4.1	97	5.5	86	5.0
Capitol IV	28	2.0	21	1.5	29	2.1	24	1.6
Capitol V	86	4.8	78	4.9	65	4.6	72	4.9
Northeast	156	10.3	147	10.5	152	12.1	140	10.8
Southeast	177	8.5	143	8.0	140	8.8	137	8.5
Southeast Shore	184	9.0	162	8.8	135	8.4	128	8.3
CONNECTICUT	4,122	8.6	3,757	8.1	3,578	8.3	3,548	8.1

Definition: The total number of babies born to women age 19 or younger, as a percentage of all live births. This is a measure of the risks to the generation of babies born today. The teen birth rate, which compares the number of teen births to the number of teenage girls, is not available at the local level.

Studies have suggested that as many as 85% of teen pregnancies are unintended. Children born to teen mothers are more likely to grow up in poverty and rely on public assistance. These children are also at increased risk of lower academic achievement, behavior problems, and early child bearing compared to children of older mothers.

Source: *Connecticut Department of Public Health*, unpublished data, and *Registration Reports*, 1988, 1993, 1997, and 1998.

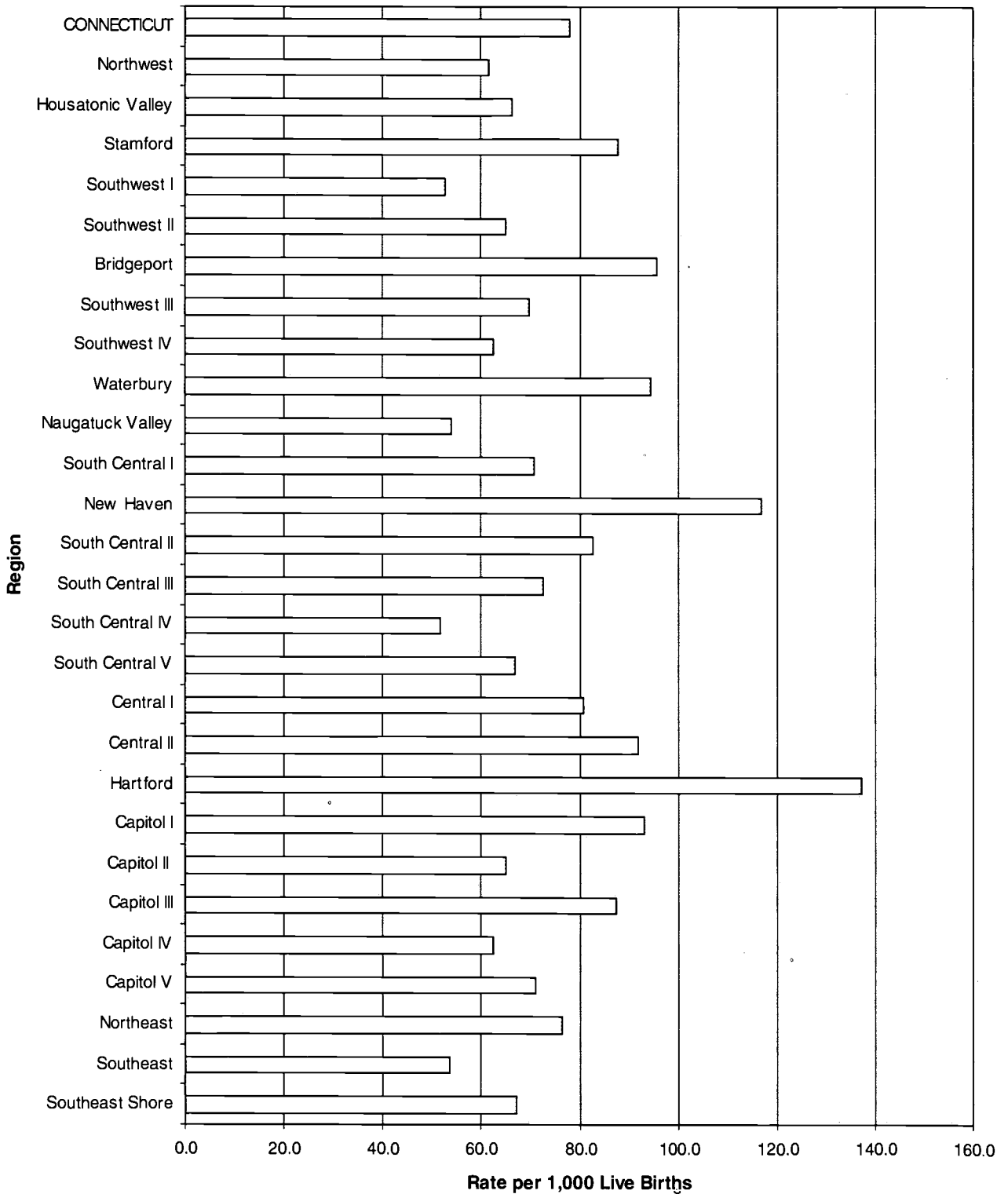
Health

- Low Birth Weight
- Infant Mortality
- Late or No Prenatal Care
- Adequacy of Prenatal Care
- Physical Fitness Tests



All children should be able to grow and flourish in homes where families have access to the opportunities needed to raise emotionally and physically healthy children.

Low Birthweight 1998



Low Birthweight

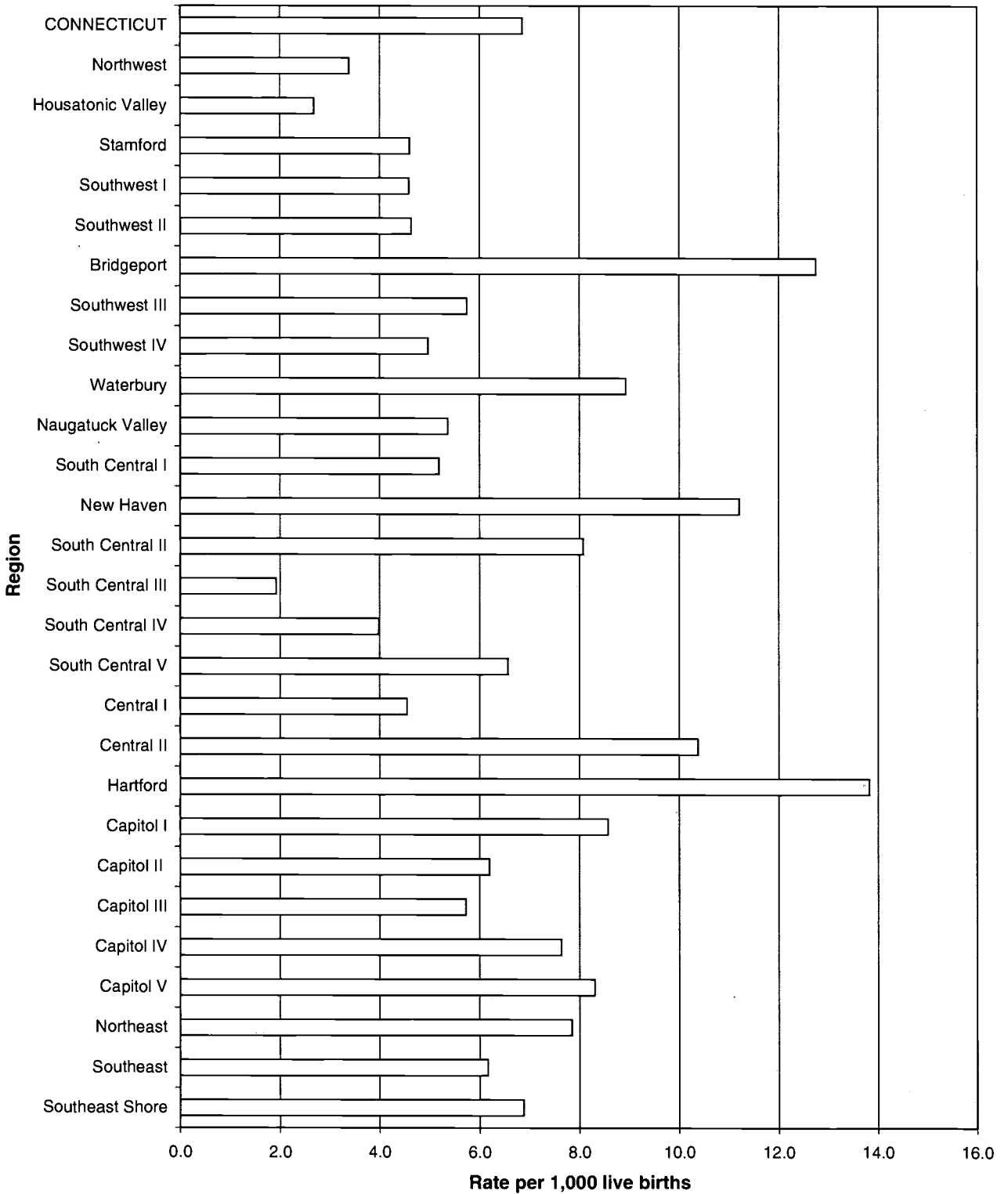
Region	1988		1993		1997		1998	
	#	Rate/1000	#	Rate/1000	#	Rate/1000	#	Rate/1000
Northwest	131	57.1	149	66.7	101	52.6	120	61.5
Housatonic Valley	126	64.6	121	59.0	132	67.2	128	66.3
Stamford	110	66.5	151	82.2	125	71.6	155	87.8
Southwest I	28	28.9	49	40.4	91	73.3	67	52.6
Southwest II	109	64.8	116	59.8	138	72.3	127	65.0
Bridgeport	265	91.1	241	94.8	223	97.1	217	95.6
Southwest III	79	57.8	80	60.6	79	55.4	103	69.7
Southwest IV	62	51.8	75	57.4	83	55.4	96	62.4
Waterbury	169	87.1	164	86.5	150	91.6	160	94.5
Naugatuck Valley	60	42.6	64	49.0	44	34.9	70	53.8
South Central I	94	54.6	93	53.4	93	59.5	111	70.6
New Haven	298	118.4	213	101.3	193	107.9	215	117.0
South Central II	88	56.0	99	65.9	105	72.9	125	82.6
South Central III	109	68.5	95	62.4	82	58.7	99	72.6
South Central IV	76	57.5	61	46.1	89	71.3	63	51.7
South Central V	126	64.0	123	60.3	140	72.6	122	66.7
Central I	72	55.5	69	50.0	81	62.5	109	80.7
Central II	108	70.5	112	73.3	118	91.8	132	91.7
Hartford	372	119.8	357	128.0	269	119.7	314	137.3
Capitol I	90	63.1	110	77.0	105	81.1	125	93.0
Capitol II	64	47.0	90	61.6	93	67.5	89	64.9
Capitol III	121	55.6	138	72.8	123	69.8	151	87.4
Capitol IV	61	44.2	74	54.4	82	59.4	93	62.3
Capitol V	85	47.4	79	49.6	93	66.5	104	70.9
Northeast	89	58.7	83	59.4	85	67.8	99	76.5
Southeast	116	55.8	90	50.3	118	74.6	86	53.4
Southeast Shore	125	61.1	95	51.7	101	63.1	103	67.2
CONNECTICUT	3,233	67.7	3,191	68.9	3,136	73.4	3,383	78.0

Definition: The rate of low birthweight infants per 1,000 live births. Low birthweight is defined as less than 2500 grams (approximately 5½ pounds). This rate is calculated by dividing the number of low birthweight infants by the total number of births, then multiplying by 1,000.

Major risk factors for low birthweight births include smoking during pregnancy, low maternal weight gain, poor diet, and poverty. Low birthweight births represent a significant burden to the health care system. Despite representing only a small proportion of all births, low birthweight births account for more than one-third of all health care dollars spent on infants. In the first year of life, costs for low birthweight infants are nearly six times greater than for normal birthweight infants.

Source: Connecticut Department of Public Health, unpublished table data, and *Registration Reports*, 1988, 1993, 1997, and 1998.

Infant Mortality 1996-98



Infant Mortality

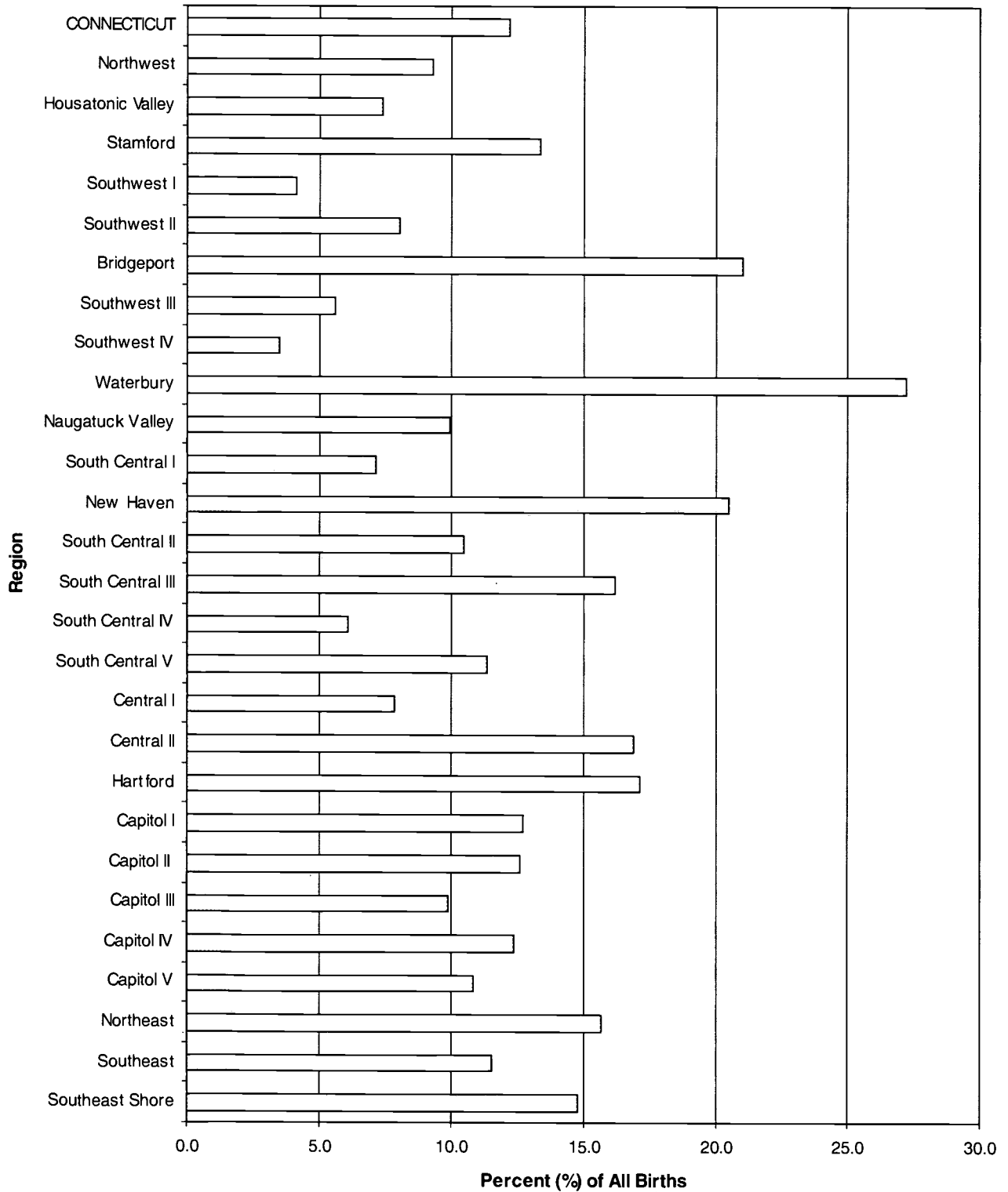
Region	1986-88		1991-93		1996-98	
	# deaths	rate/1000	# deaths	rate/1000	#deaths	rate/1000
Northwest	36	5.4	42	6.1	20	3.4
Housatonic Valley	36	6.3	38	6.1	16	2.7
Stamford	32	6.7	34	6.0	25	4.6
Southwest I	17	5.8	14	3.7	19	4.6
Southwest II	37	7.3	37	6.3	28	4.6
Bridgeport	94	11.0	99	11.9	87	12.8
Southwest III	25	6.2	29	7.0	25	5.7
Southwest IV	22	6.0	20	5.2	23	5.0
Waterbury	60	10.8	50	8.3	45	8.9
Naugatuck Valley	24	5.9	24	6.0	21	5.4
South Central I	34	6.4	31	5.8	25	5.2
New Haven	126	18.0	73	10.9	61	11.2
South Central II	38	7.8	34	7.2	36	8.1
South Central III	40	8.7	23	4.9	8	1.9
South Central IV	23	6.2	21	5.3	15	4.0
South Central V	37	6.5	34	5.6	37	6.6
Central I	38	8.8	18	4.2	18	4.5
Central II	47	10.0	37	7.9	43	10.4
Hartford	133	14.5	123	13.7	94	13.8
Capitol I	42	10.1	37	8.7	34	8.6
Capitol II	30	7.5	36	8.4	26	6.2
Capitol III	46	7.8	27	4.7	30	5.7
Capitol IV	30	7.6	22	5.3	33	7.6
Capitol V	39	7.5	36	7.4	37	8.3
Northeast	38	8.9	30	7.0	30	7.8
Southeast	57	9.5	29	5.2	31	6.2
Southeast Shore	61	10.3	46	8.1	33	6.9
CONNECTICUT	1,242	8.9	1,044	7.3	900	6.9

Definition: The annual average rate of infant deaths (under one year of age) per 1000 live births. The rate is calculated by summing the number of infant deaths over three years and dividing by the total number of live births over three years, then multiplying by 1,000 to obtain an infant mortality rate per 1,000 live births.

The infant mortality rate is one of the most commonly used indicators of Connecticut's overall maternal and infant child health status. Every infant death is a tragedy for the family members of the infant, and also represents a loss to society in terms of productivity and potential. Leading causes of infant mortality include birth defects, SIDS, premature birth, and respiratory distress syndrome. Teenage pregnancy, low maternal education, and maternal smoking during pregnancy are risk factors for infant mortality.

Source: *Connecticut Department of Public Health*, unpublished table data, and *Registration Reports*, 1986-88, 1991-93, and 1996-98.

Late or No Prenatal Care 1998



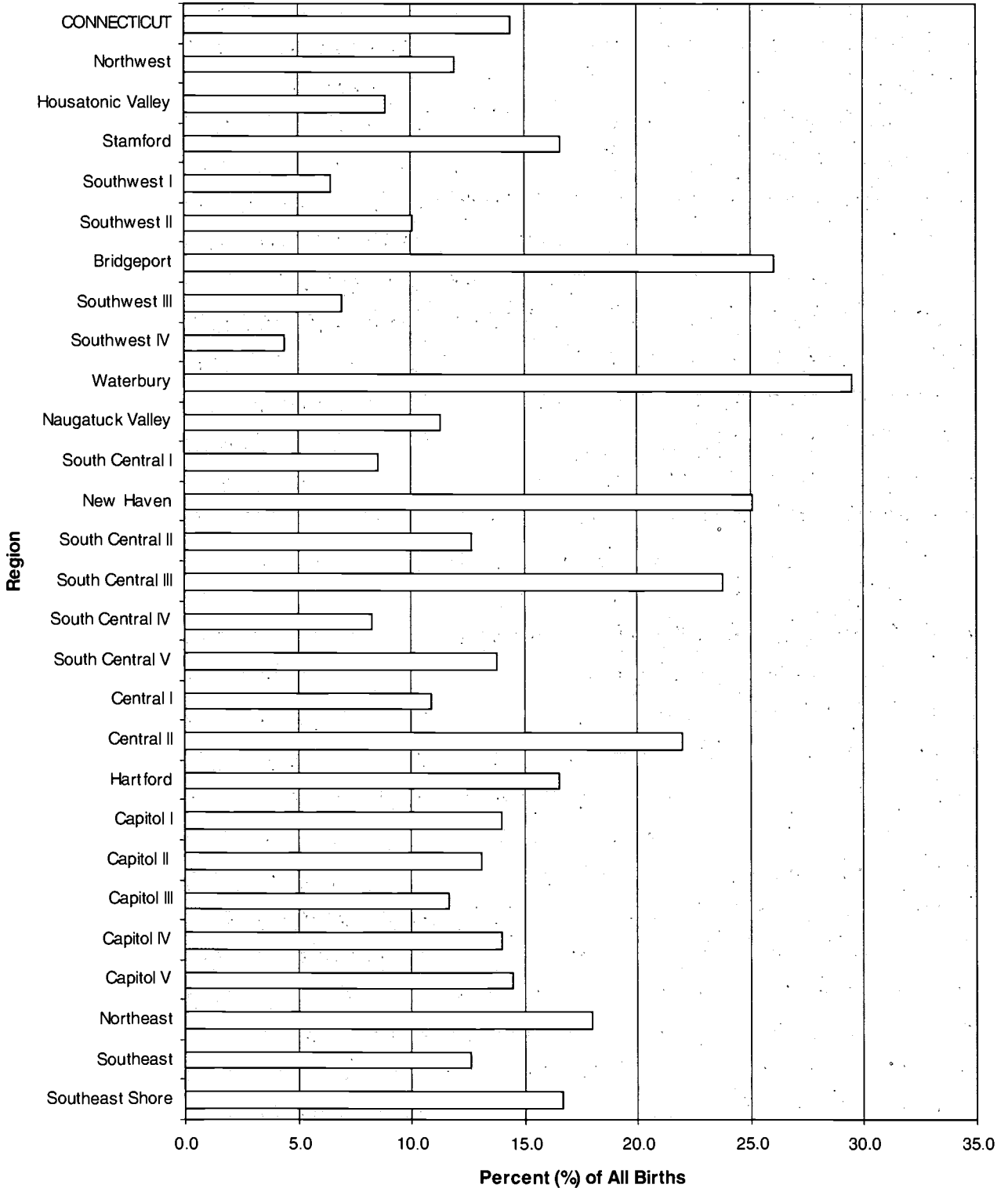
Late or No Prenatal Care

Region	1993		1997		1998	
	#	%	#	%	#	%
Northwest	241	11.2	143	7.8	177	9.3
Housatonic Valley	159	7.8	111	5.7	142	7.4
Stamford	393	22.1	279	16.8	230	13.4
Southwest I	48	4.3	58	5.0	52	4.1
Southwest II	264	14.8	152	8.4	153	8.1
Bridgeport	237	12.6	406	20.8	408	21.1
Southwest III	42	3.8	76	5.9	76	5.6
Southwest IV	44	3.9	43	3.1	51	3.5
Waterbury	632	36.3	340	23.2	436	27.2
Naugatuck Valley	176	14.0	87	7.3	126	9.9
South Central I	147	8.9	123	8.2	106	7.2
New Haven	498	26.6	338	21.8	334	20.5
South Central II	134	9.6	125	9.3	149	10.4
South Central III	197	13.2	240	17.5	215	16.2
South Central IV	85	6.6	69	5.8	70	6.1
South Central V	192	9.6	198	10.7	202	11.4
Central I	135	11.1	96	9.0	102	7.9
Central II	185	12.6	225	18.5	218	16.9
Hartford	447	18.0	211	10.9	336	17.1
Capitol I	107	7.9	113	9.4	158	12.7
Capitol II	59	4.2	70	5.5	162	12.6
Capitol III	118	6.4	106	6.4	165	9.9
Capitol IV	56	4.3	83	6.4	173	12.3
Capitol V	154	9.9	123	9.1	155	10.8
Northeast	167	12.1	152	12.8	200	15.6
Southeast	206	11.6	155	10.0	184	11.5
Southeast Shore	296	16.1	220	13.9	225	14.8
CONNECTICUT	5,419	12.5	4,342	10.9	5,005	12.2

Definition: The number of births receiving late or no prenatal care as a percentage of all births for which the status of prenatal care was known. Late prenatal care is defined as care beginning after the first trimester of pregnancy. Prenatal care has been shown to be a cost-effective method of reducing birth and infant health problems. Poverty, race, and low maternal education are risk factors for late prenatal care.

Source: Connecticut Department of Public Health, unpublished data, and *Registration Reports*, 1992, 1993, 1997, and 1998.

Adequacy of Prenatal Care 1998



Adequacy of Prenatal Care

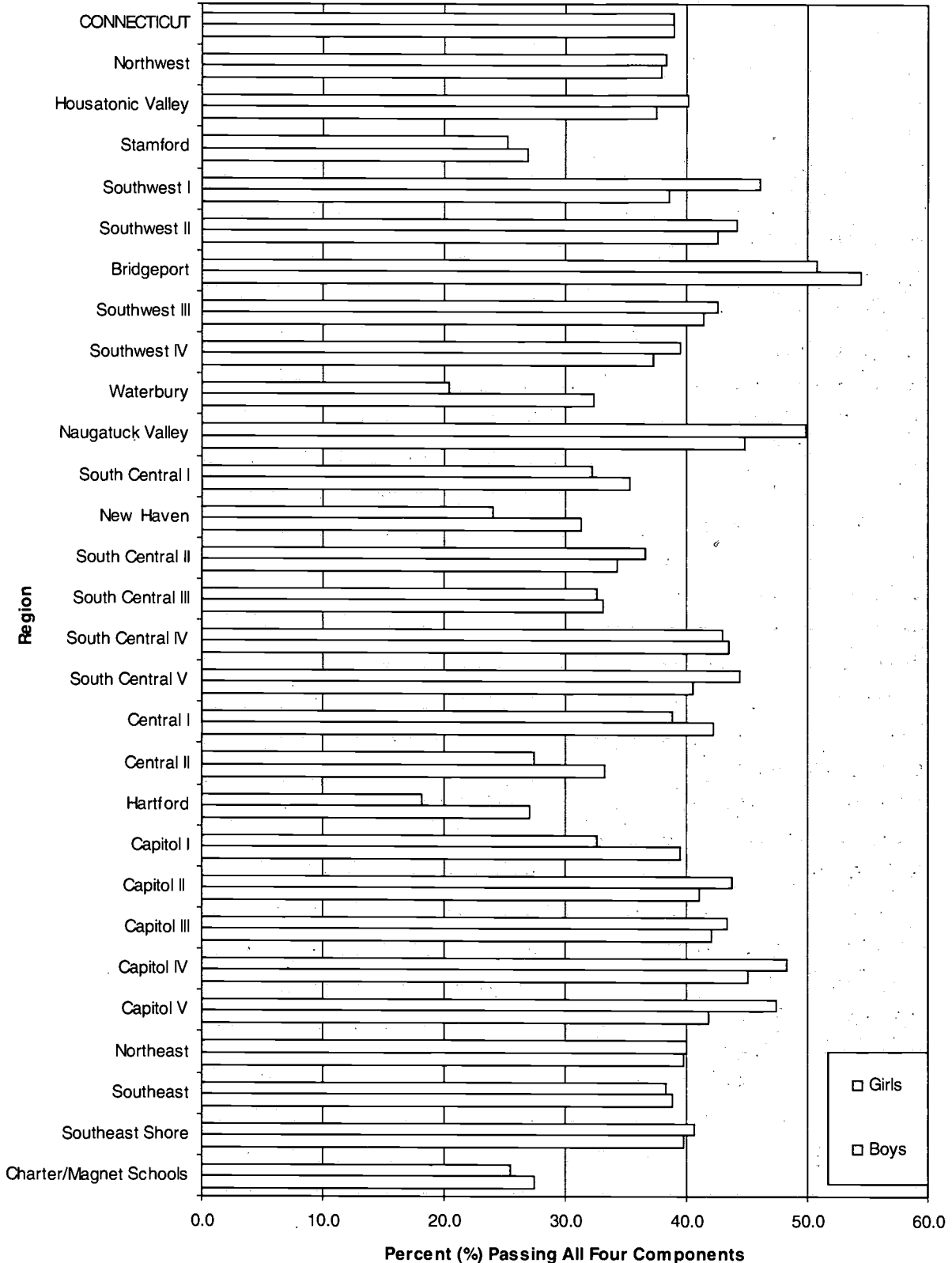
Region	Inadequate Care 1998	
	#	%
Northwest	224	11.9
Housatonic Valley	169	8.9
Stamford	283	16.6
Southwest I	80	6.5
Southwest II	175	10.1
Bridgeport	404	26.1
Southwest III	86	7.0
Southwest IV	61	4.4
Waterbury	442	29.5
Naugatuck Valley	138	11.3
South Central I	118	8.5
New Haven	348	25.1
South Central II	166	12.7
South Central III	302	23.8
South Central IV	88	8.3
South Central V	238	13.8
Central I	138	10.9
Central II	271	22.0
Hartford	290	16.6
Capitol I	163	14.0
Capitol II	161	13.1
Capitol III	189	11.7
Capitol IV	186	14.0
Capitol V	204	14.5
Northeast	229	18.0
Southeast	199	12.6
Southeast Shore	248	16.7
CONNECTICUT	5,600	14.4

Definition: The number of births receiving inadequate prenatal care as a percentage of all births for which the status of prenatal care was known. Inadequate prenatal care is defined using a modified Kessner Index, by timing of the first and subsequent prenatal visits. Based on the criteria, a woman is defined as having had inadequate prenatal care if she did not have her first prenatal visit within the first trimester of pregnancy, and did not have a cumulative total of nine visits based on a pregnancy of 36 weeks or more. According to 1998 data compiled by the National Center for Health Statistics, Connecticut ranks third in the nation for adequacy of prenatal care. Over 85% of Connecticut women received adequate care compared with a national average of 76%.

Adequate prenatal care has been shown to reduce the risk of infant death and low birth weight. It is generally considered an indicator of access to prenatal care.

Source: Connecticut Department of Public Health, unpublished data, and *Registration Reports*, 1998.

Physical Fitness 1999-00



Physical Fitness

Region	1997-98				1999-00			
	Boys		Girls		Boys		Girls	
	#	%	#	%	#	%	#	%
Northwest	1,237	31.1	889	23.7	1,514	37.9	1,398	38.3
Housatonic Valley	862	29.0	632	23.3	1,185	37.6	1,200	40.1
Stamford	381	23.0	225	15.1	473	26.9	382	25.2
Southwest I	586	27.4	457	24.0	928	38.6	1,012	46.1
Southwest II	776	34.2	672	33.2	1,053	42.5	1,037	44.2
Bridgeport	1,270	48.2	873	35.2	1,580	54.4	1,399	50.8
Southwest III	851	35.4	729	31.9	1,100	41.5	1,046	42.6
Southwest IV	754	30.1	683	27.5	1,008	37.3	1,076	39.5
Waterbury	467	28.1	210	13.5	523	32.3	343	20.5
Naugatuck Valley	1,012	34.3	751	27.4	1,357	44.7	1,432	49.9
South Central I	865	31.5	531	20.4	1,018	35.4	893	32.3
New Haven	309	16.9	196	10.8	631	31.3	487	24.0
South Central II	635	29.1	369	18.8	704	34.3	694	36.6
South Central III	556	29.5	433	24.9	634	33.1	580	32.6
South Central IV	697	32.4	627	30.1	1,040	43.5	991	43.0
South Central V	997	33.8	772	26.9	1,197	40.5	1,284	44.4
Central I	763	34.6	502	24.2	1,026	42.2	907	38.8
Central II	505	24.2	329	15.9	722	33.3	585	27.4
Hartford	522	24.8	247	11.2	536	27.0	353	18.2
Capitol I	586	32.4	363	22.0	701	39.4	557	32.6
Capitol II	1,035	37.7	915	36.7	1,241	41.1	1,241	43.8
Capitol III	1,123	34.5	825	27.3	1,446	42.0	1,438	43.3
Capitol IV	1,011	35.1	820	30.6	1,380	45.1	1,420	48.3
Capitol V	963	33.5	667	24.9	1,347	41.8	1,429	47.4
Northeast	907	33.3	600	25.2	964	39.7	890	40.0
Southeast	1,043	32.9	732	23.7	1,279	38.8	1,273	38.3
Southeast Shore	588	27.0	409	19.5	854	39.7	875	40.7
Charter/Magnet Schools	38	33.9	34	26.8	109	27.5	96	25.5
CONNECTICUT	21,339	31.8	15,492	24.6	27,550	38.9	26,318	38.9

Definition: The number of students in grades 4, 6, 8 and 10 who met national age- and sex-specific standards on all four components of the national physical fitness test as a percentage of students in those grades who took the tests. The four components are the sit-up, pull-up, sit-and-reach, and mile run tests. Vocational-technical schools are not included in these figures.

National surveys indicate that between 15 and 25 percent of children in America are obese. Lack of exercise and a sedentary lifestyle contribute to this problem. Many other health problems that occur later in life are associated with obesity and lack of activity in childhood, including diabetes, hypertension, and heart disease.

Source: Connecticut State Department of Education, unpublished data, 1997-98 and 1999-00.

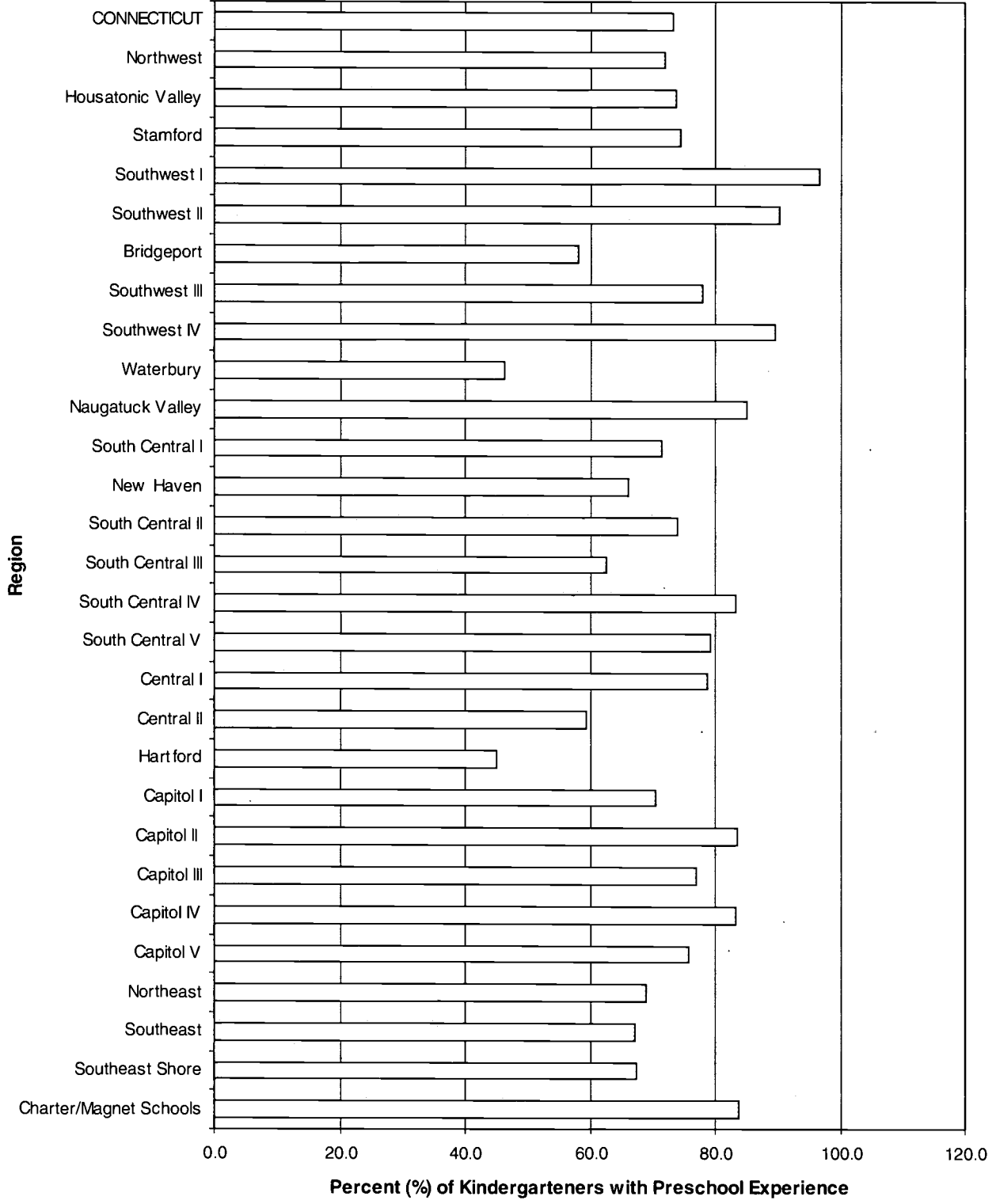
Education

- Preschool Experience
- Meeting Connecticut Mastery Test Goal
- Below Connecticut Mastery Test Basic Level
- Meeting Connecticut Academic Performance Test Goal
- Below Connecticut Academic Performance Test Basic Level
- High School Dropouts



All families should have access to good schools, gainful employment, safe and affordable health and child care, and be connected to quality social, educational and business networks.

Preschool Experience 1999-00



Preschool Experience

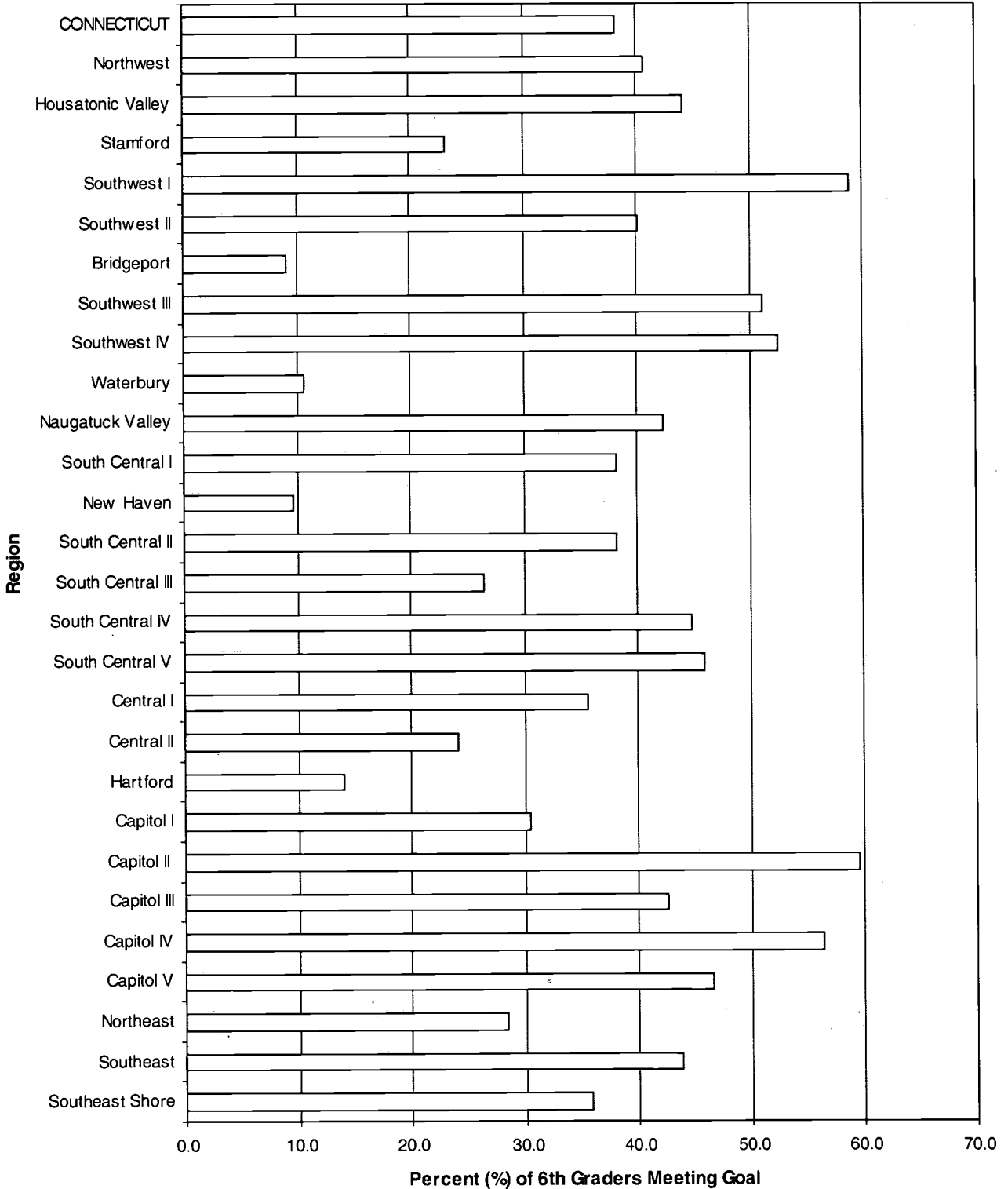
Region	1997-98		1998-99		1999-00	
	#	%	#	%	#	%
Northwest	1,526	71.5	1,617	73.9	1,490	71.9
Housatonic Valley	1,344	75.0	1,299	73.4	1,333	73.6
Stamford	967	78.4	936	71.5	986	74.5
Southwest I	1,453	94.6	1,466	95.2	1,484	96.6
Southwest II	1,525	89.7	1,556	87.6	1,575	90.2
Bridgeport	1,038	50.9	1,102	56.5	1,108	58.1
Southwest III	1,059	75.9	1,008	76.9	1,123	78.0
Southwest IV	1,336	90.8	1,422	91.7	1,406	89.5
Waterbury	618	42.6	619	41.2	681	46.2
Naugatuck Valley	1,280	77.9	1,285	80.5	1,348	85.0
South Central I	1,004	70.2	945	66.7	984	71.4
New Haven	956	54.9	1,000	64.2	1,057	66.3
South Central II	958	73.9	956	76.0	964	73.9
South Central III	1,007	77.6	903	70.2	810	62.6
South Central IV	1,088	84.1	1,125	83.8	1,024	83.3
South Central V	1,396	78.1	1,494	77.7	1,459	79.3
Central I	921	73.4	941	77.1	971	78.7
Central II	635	50.5	663	51.2	729	59.5
Hartford	1,114	50.5	1,144	54.9	923	45.0
Capitol I	610	55.4	649	55.0	714	70.6
Capitol II	1,231	81.1	1,221	81.1	1,318	83.5
Capitol III	1,203	68.6	1,318	73.9	1,334	77.0
Capitol IV	1,260	83.3	1,302	84.2	1,307	83.2
Capitol V	1,114	70.2	1,190	77.0	1,214	75.7
Northeast	852	65.9	941	71.5	888	69.1
Southeast	1,297	67.1	1,269	67.3	1,262	67.1
Southeast Shore	866	60.7	881	62.3	969	67.5
Charter/Magnet Schools	158	58.5	295	78.0	326	83.8
CONNECTICUT	29,816	70.4	30,547	72.0	30,787	73.1

Definition: The number of children in kindergarten who had preschool experience in the previous year as a percentage of the total kindergarten enrollment.

This measure of “school readiness” used by the State Department of Education is defined as having regularly attended a Head Start program, licensed family day care home, nursery school, licensed day care center, or public preschool program during the previous year. It should be noted that this is only an approximate measure of readiness, since children who do not attend day care programs outside of the home may have similar preparatory experiences within the home. Children can become emotionally secure, intellectually curious, and socially competent in high quality care settings, and all of these are important qualities for school readiness. Children’s experiences prior to entering kindergarten have been linked to success in school, building a foundation that follows them through their school years and into adulthood.

Source: Connecticut State Department of Education, unpublished data, 1997-98, 1998-99 and 1999-00.

Meeting Connecticut Mastery Test Goal 1999-00



Meeting Connecticut Mastery Test Goal

Above goal on all three tests

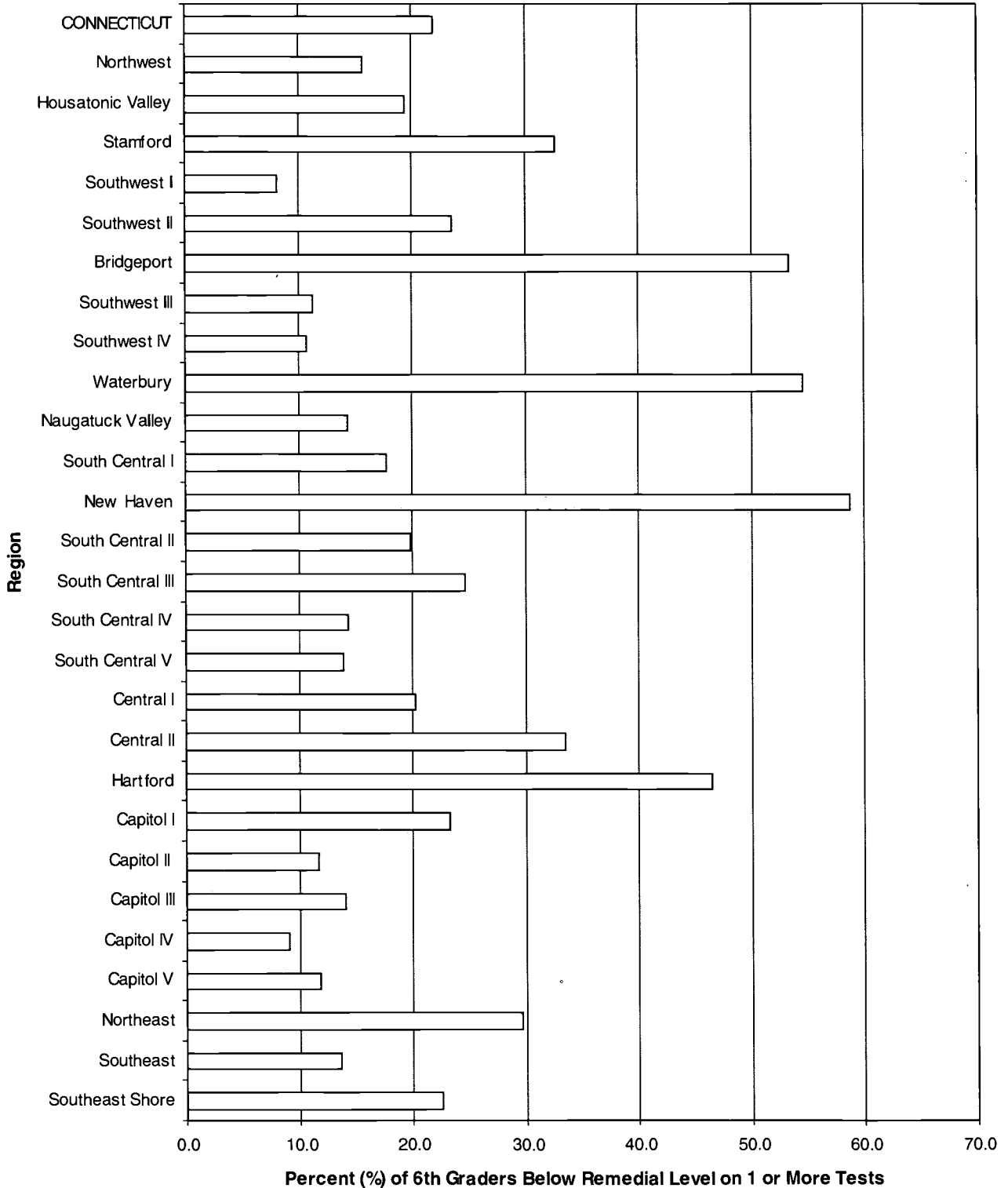
Region	1994-95		1998-99		1999-00	
	#	%	#	%	#	%
Northwest	523	25.0	852	37.6	983	40.7
Housatonic Valley	460	29.1	582	36.5	790	44.1
Stamford	129	15.1	148	16.5	209	23.1
Southwest I	409	42.2	624	50.4	778	58.9
Southwest II	326	29.1	449	35.1	539	40.1
Bridgeport	48	3.6	126	8.2	140	9.0
Southwest III	327	26.2	668	46.9	724	51.2
Southwest IV	453	36.5	687	45.0	838	52.5
Waterbury	43	5.0	70	6.5	113	10.7
Naugatuck Valley	432	29.7	635	38.9	706	42.4
South Central I	369	26.1	588	38.4	615	38.2
New Haven	36	3.1	77	6.7	120	9.6
South Central II	264	22.6	527	38.9	538	38.2
South Central III	152	15.4	324	28.0	314	26.5
South Central IV	393	32.1	512	38.8	627	44.8
South Central V	467	28.6	722	43.6	792	45.9
Central I	349	28.8	456	33.6	427	35.6
Central II	118	13.0	174	16.2	262	24.1
Hartford	36	2.2	94	6.6	201	14.0
Capitol I	174	18.9	328	30.9	345	30.4
Capitol II	611	43.6	813	55.6	930	59.5
Capitol III	452	25.0	763	40.3	819	42.5
Capitol IV	468	34.6	733	46.5	936	56.4
Capitol V	402	27.1	688	41.3	811	46.6
Northeast	246	18.4	333	24.5	388	28.4
Southeast	431	24.9	657	37.3	812	43.8
Southeast Shore	276	22.8	419	31.5	487	35.8
CONNECTICUT	8,394	23.8	13,049	33.8	15,244	38.2

Definition: The number of sixth grade students who scored at or above the state goal on all three subtests of the Connecticut Mastery Test (CMT) as a percentage of all sixth grade students. The CMT evaluates students on their reading, writing and mathematical skills. The Connecticut Department of Education sets the expected level of achievement for all sixth grade students.

Quality education is an important concern for Americans. The nation's economic and social progress depend upon having well-educated citizens. At the individual level, academic success is important for success later in life. Gaps between urban and suburban schools in achieving educational goals are still evident in Connecticut.

Source: Connecticut State Department of Education, Connecticut Mastery Test Results, 1994-95, 1998-99, and 1999-00.

Below Connecticut Mastery Test Basic Level 1999-00



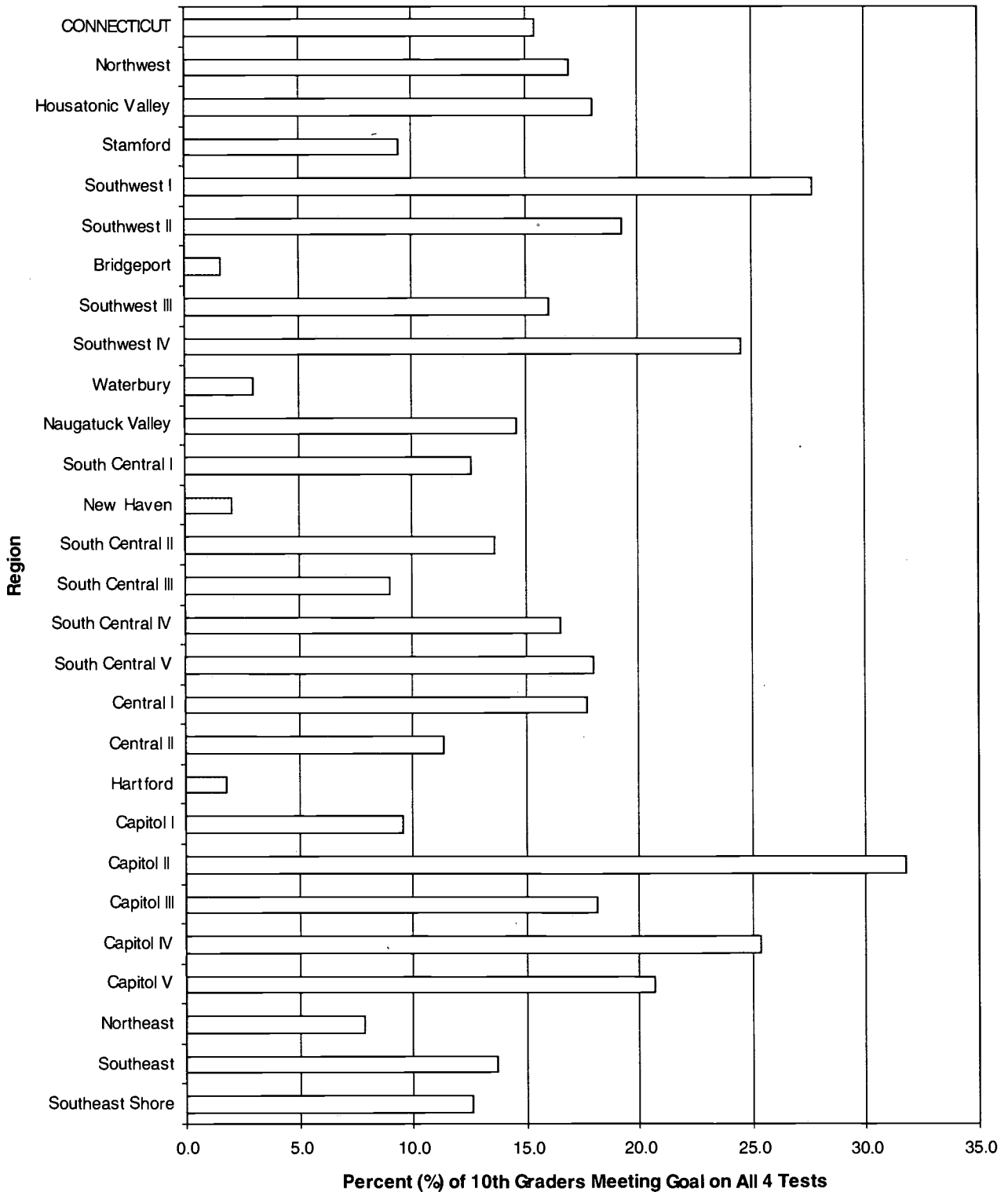
Below Connecticut Mastery Test Basic Level

Region	Below on any one or more tests					
	1994-95		1998-99		1999-00	
	#	%	#	%	#	%
Northwest	564	26.9	351	15.5	381	15.8
Housatonic Valley	477	30.2	277	17.4	349	19.5
Stamford	430	50.5	352	39.2	295	32.7
Southwest I	183	18.9	115	9.3	107	8.1
Southwest II	352	31.5	268	21.0	316	23.5
Bridgeport	891	66.5	803	52.2	826	53.4
Southwest III	285	22.8	136	9.5	160	11.3
Southwest IV	198	16.0	146	9.6	171	10.7
Waterbury	540	62.7	640	59.1	578	54.5
Naugatuck Valley	347	23.9	235	14.4	240	14.4
South Central I	391	27.6	259	16.9	286	17.8
New Haven	873	74.7	655	57.2	734	58.8
South Central II	342	29.3	262	19.4	280	19.9
South Central III	432	43.9	275	23.7	293	24.7
South Central IV	241	19.7	167	12.7	200	14.3
South Central V	404	24.7	249	15.0	239	13.9
Central I	326	26.9	280	20.6	244	20.3
Central II	434	47.9	402	37.5	363	33.4
Hartford	1,274	79.4	903	63.1	664	46.4
Capitol I	329	35.7	214	20.2	265	23.3
Capitol II	252	18.0	174	11.9	182	11.7
Capitol III	474	26.2	286	15.1	272	14.1
Capitol IV	249	18.4	141	8.9	151	9.1
Capitol V	334	22.5	211	12.7	207	11.9
Northeast	471	35.3	440	32.4	405	29.6
Southeast	497	28.7	290	16.5	254	13.7
Southeast Shore	456	37.7	309	23.2	307	22.6
CONNECTICUT	12,046	34.1	8,840	22.9	8,769	21.9

Definition: The number of sixth grade students who scored below the remedial standard on any one of the three subtests of the Connecticut Mastery Test (CMT) as a percentage of the total number of sixth grade students who took the tests. The three subtests include reading, writing, and mathematics.

Source: Connecticut State Department of Education, Connecticut Mastery Test Results, 1994-95, 1998-99, and 1999-00.

Meeting Connecticut Academic Performance Test Goal, 1999-00



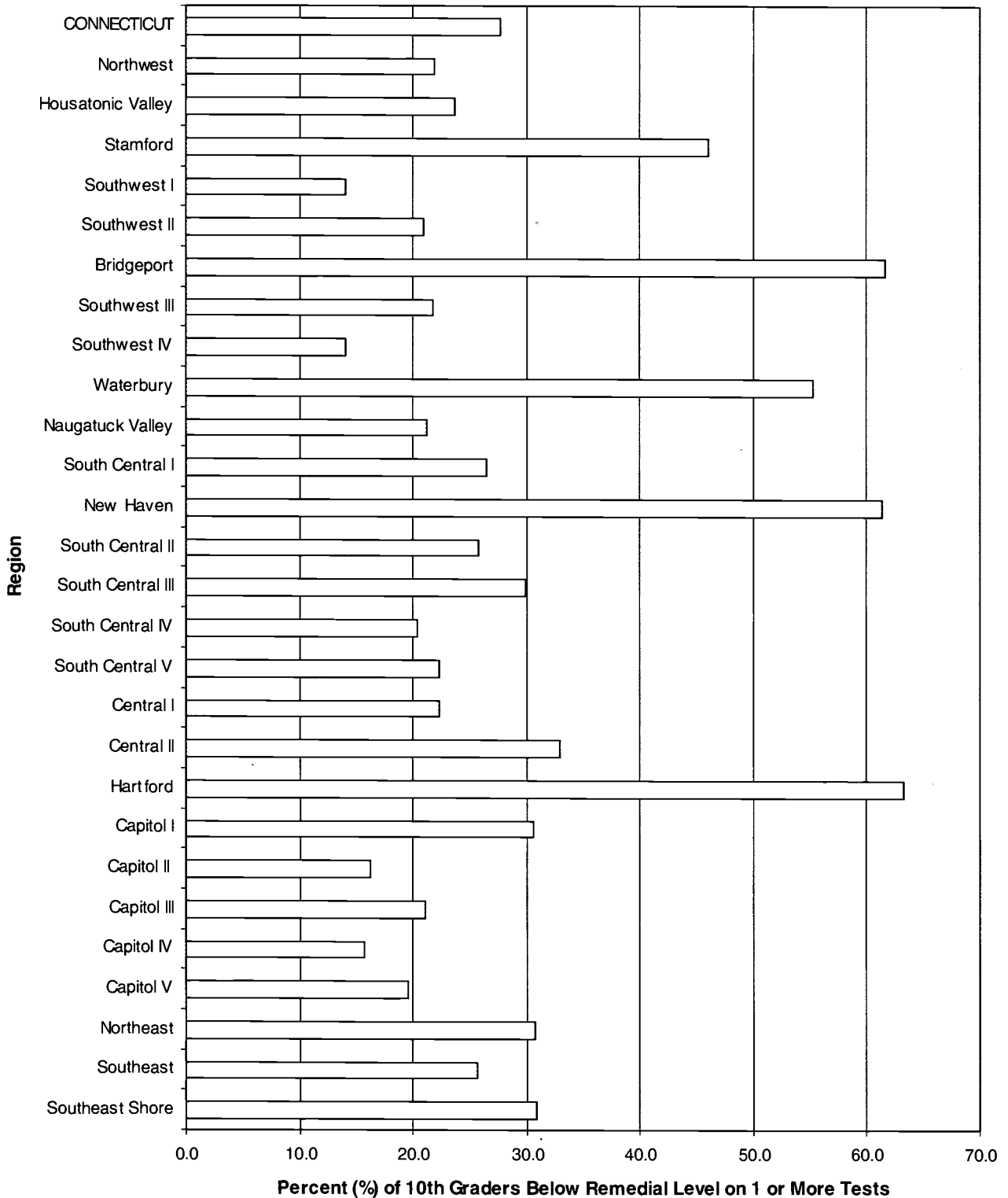
Meeting Connecticut Academic Performance Test Goal

Region	Above on all four subtests					
	1996-97		1998-99		1999-00	
	#	%	#	%	#	%
Northwest	263	14.7	307	15.9	347	16.9
Housatonic Valley	267	19.1	286	18.5	276	18.0
Stamford	49	7.0	68	8.2	73	9.5
Southwest I	244	25.4	318	32.7	301	27.7
Southwest II	156	15.3	211	21.2	202	19.3
Bridgeport	15	1.4	24	2.1	18	1.6
Southwest III	140	12.0	180	15.0	206	16.0
Southwest IV	190	18.3	270	23.6	291	24.5
Waterbury	10	1.5	8	1.1	22	3.0
Naugatuck Valley	138	11.3	232	17.6	198	14.6
South Central I	104	9.5	184	14.1	171	12.6
New Haven	13	1.6	16	1.7	19	2.1
South Central II	89	9.3	109	10.5	147	13.6
South Central III	54	6.4	104	10.5	97	9.1
South Central IV	147	13.8	192	16.7	200	16.5
South Central V	172	14.5	263	19.1	261	18.0
Central I	124	11.9	174	14.7	214	17.7
Central II	69	8.3	126	14.8	115	11.4
Hartford	7	0.7	9	0.9	20	1.8
Capitol I	86	11.1	69	8.0	88	9.6
Capitol II	331	27.0	406	31.6	459	31.8
Capitol III	198	13.6	285	16.0	316	18.2
Capitol IV	212	17.3	315	23.7	367	25.3
Capitol V	224	16.2	266	18.3	308	20.7
Northeast	103	7.8	128	10.1	109	7.8
Southeast	136	9.3	233	14.0	241	13.7
Southeast Shore	124	11.8	147	13.8	136	12.6
CONNECTICUT	3,665	12.3	4,930	15.3	5,202	15.4

Definition: The number of tenth grade students who scored at or above the state goal on all four subtests of the Connecticut Academic Performance Test (CAPT). The four major subtests of the CAPT are language arts, mathematics, science, and an interdisciplinary task that involves writing and explanation. Every student should ideally achieve the goals set by the Department of Education in these areas.

Source: *Connecticut State Department of Education, Connecticut Academic Performance Test Results, 1996-97, 1998-99, and 1999-00.*

Below Connecticut Academic Performance Test Basic Level, 1999-00



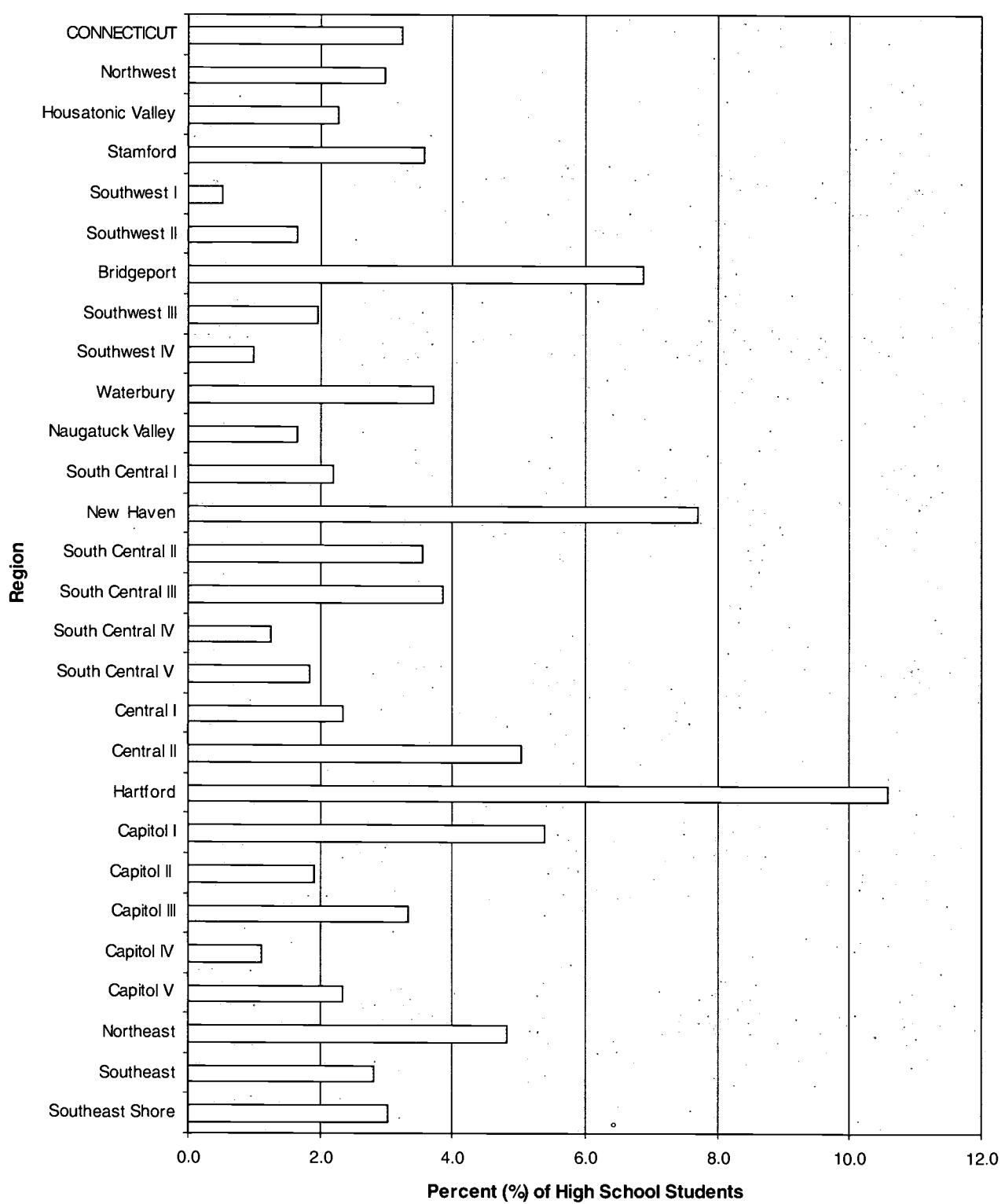
Below Connecticut Academic Performance Test Basic Level

Region	Below on any one or more tests					
	1996-97		1998-99		1999-00	
	#	%	#	%	#	%
Northwest	560	31.3	390	20.2	449	21.9
Housatonic Valley	396	28.3	288	18.7	364	23.7
Stamford	376	53.8	349	42.2	355	46.0
Southwest I	180	18.8	103	10.6	152	14.0
Southwest II	363	35.6	228	22.9	219	20.9
Bridgeport	803	75.8	692	59.9	689	61.6
Southwest III	407	34.9	248	20.6	280	21.8
Southwest IV	211	20.3	156	13.6	167	14.1
Waterbury	459	70.5	378	53.8	403	55.2
Naugatuck Valley	371	30.4	264	20.0	289	21.3
South Central I	436	39.7	335	25.7	359	26.5
New Haven	663	79.1	591	64.1	565	61.3
South Central II	397	41.5	289	27.9	278	25.8
South Central III	351	41.3	314	31.8	320	29.9
South Central IV	317	29.7	253	21.9	247	20.4
South Central V	361	30.3	249	18.1	325	22.4
Central I	336	32.2	281	23.8	270	22.4
Central II	389	46.6	265	31.1	333	33.0
Hartford	830	82.6	652	65.8	704	63.2
Capitol I	300	38.9	251	29.1	280	30.5
Capitol II	289	23.6	224	17.4	235	16.3
Capitol III	428	29.4	366	20.6	368	21.1
Capitol IV	263	21.4	183	13.8	228	15.7
Capitol V	366	26.5	281	19.4	291	19.5
Northeast	546	41.4	340	26.9	427	30.7
Southeast	484	33.0	394	23.7	449	25.6
Southeast Shore	395	37.7	275	25.8	334	30.9
CONNECTICUT	11,277	37.9	8,639	26.8	9,380	27.7

Definition: The number of tenth grade students who scored below the remedial standard on any one of the four subtests of the Connecticut Academic Performance Test (CAPT) as a percentage of all tenth grade students who took the tests. The CAPT measures competency in language arts, mathematics, science, and writing. Students not meeting these goals are identified as needing remedial help.

Source: *Connecticut State Department of Education, Connecticut Academic Performance Test Results, 1996-97, 1998-99, and 1999-00.*

Annual High School Dropouts 1998-99



High School Dropouts

Region	1993-94		1997-98		1998-99	
	#	Annual %	#	Annual %	#	Annual %
Northwest	300	4.2	218	2.7	242	3.0
Housatonic Valley	195	3.3	175	2.7	151	2.3
Stamford	79	2.0	103	2.3	146	3.6
Southwest I	14	0.4	37	0.9	22	0.5
Southwest II	392	9.5	62	1.3	77	1.7
Bridgeport	432	9.3	398	7.6	365	6.9
Southwest III	141	3.2	107	2.2	96	2.0
Southwest IV	54	1.3	58	1.2	48	1.0
Waterbury	401	10.7	334	8.6	140	3.7
Naugatuck Valley	68	1.7	160	3.4	80	1.7
South Central I	172	2.9	173	2.6	151	2.2
New Haven	313	8.4	315	6.8	335	7.7
South Central II	210	5.5	127	2.9	153	3.5
South Central III	232	5.4	145	3.3	177	3.8
South Central IV	66	1.6	99	2.1	59	1.3
South Central V	186	3.7	132	2.4	108	1.8
Central I	262	5.9	164	3.3	120	2.3
Central II	212	5.6	225	5.0	235	5.0
Hartford	902	15.2	514	9.6	535	10.6
Capitol I	190	4.7	253	5.7	254	5.4
Capitol II	194	3.9	93	1.7	106	1.9
Capitol III	191	3.3	199	3.0	234	3.3
Capitol IV	79	1.7	74	1.4	62	1.1
Capitol V	170	3.3	168	2.9	137	2.3
Northeast	284	5.6	278	5.0	270	4.8
Southeast	192	3.2	173	2.6	193	2.8
Southeast Shore	278	6.3	179	3.7	149	3.0
CONNECTICUT	6,209	4.9	4,963	3.5	4,645	3.2

Definition: The number of students who leave school prior to graduation *in any one school year*, as a percentage of the total high school enrollment. Students leaving school before ninth grade are not counted in this measure. High school dropouts are at risk for low income and delinquency. The most commonly cited reasons for dropping out of school are poor grades, teen pregnancy, frequent absences, and a dislike for school.

Source: Connecticut State Department of Education, unpublished data, 1993-94, 1997-98, and 1998-99.

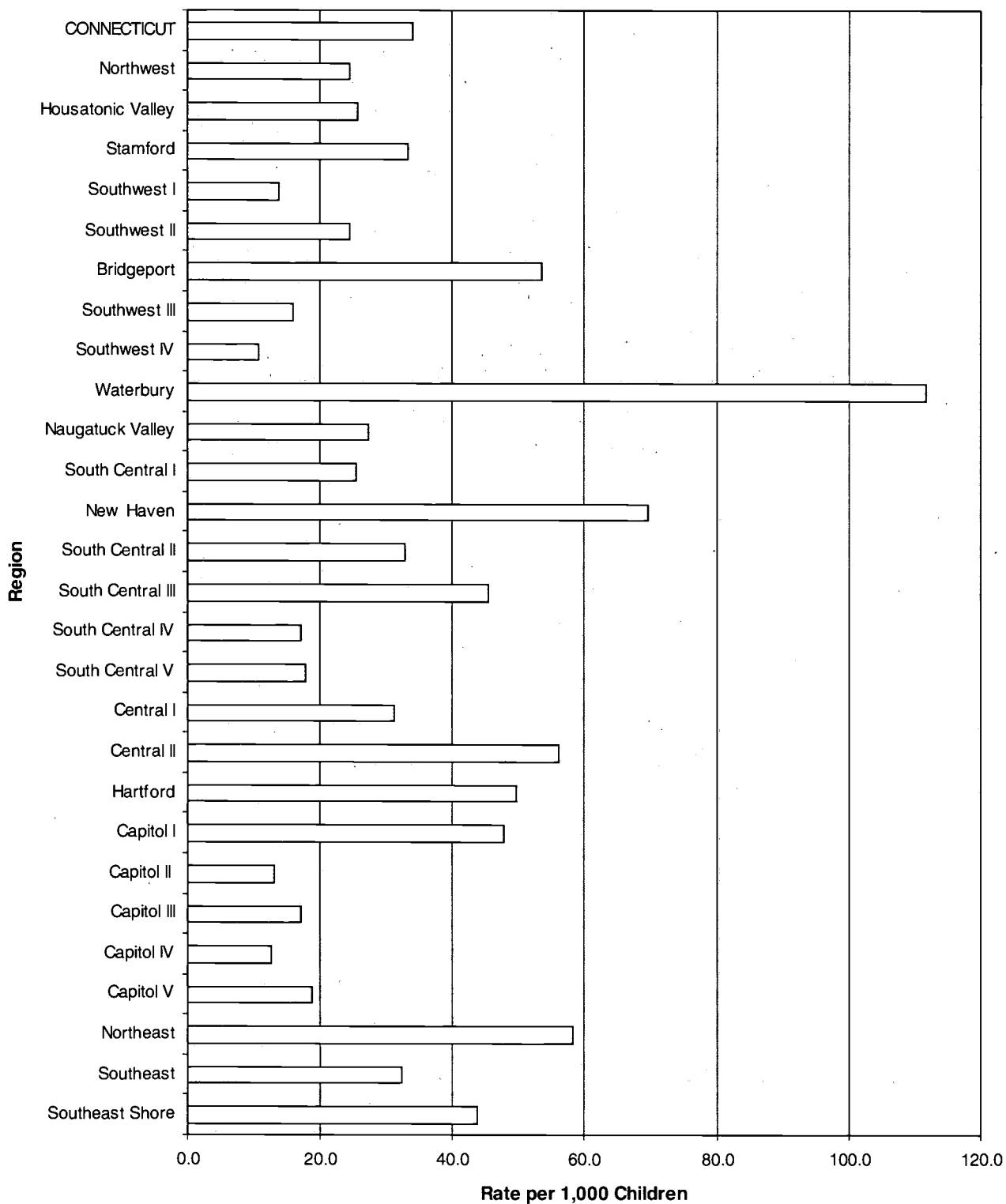
Safety

- Child Abuse/Neglect
- Child Deaths
- Preventable Teen Deaths
- Juvenile Violent Crime Arrests



A family-strengthening agenda is worth embracing, because when families are strong, communities get stronger. And when both families and communities are strong, children have improved health and well-being. Everyone prospers.

Child Abuse and Neglect, Substantiated Allegations, State Fiscal Year (SFY) 2000



Substantiated Allegations (rate per 1000) SFY 2000

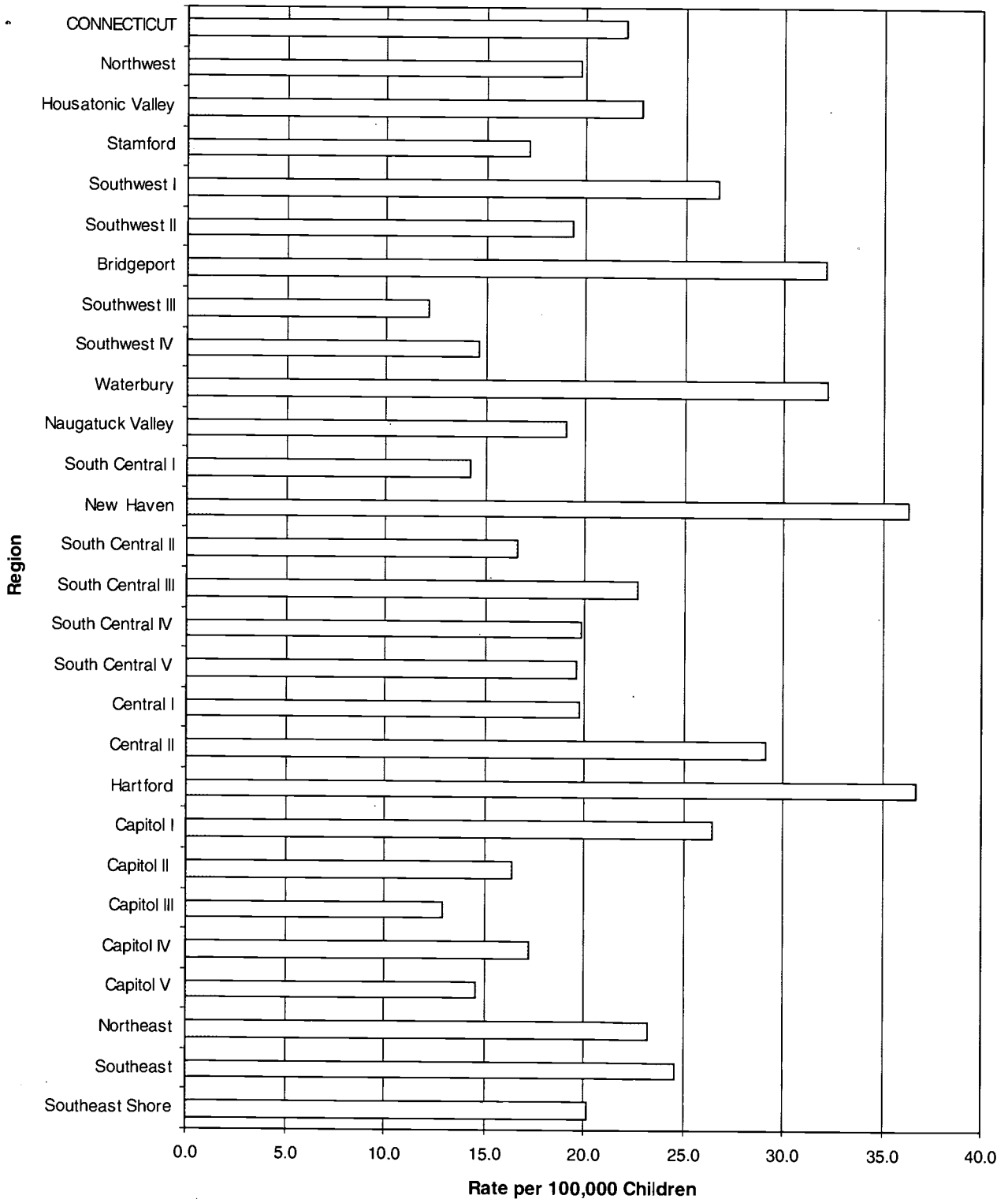
Region	Total		Educational Neglect	Emotional Neglect	High-risk Newborn	Physical Abuse	Physical Neglect	Sexual Abuse
	Substantiated Allegations	At Risk						
Northwest	24.5	0.4	0.3	10.7	0.1	2.0	9.6	1.0
Housatonic Valley	25.7	0.1	0.3	10.3	0.0	1.0	13.2	0.5
Stamford	33.3	0.7	0.6	11.1	0.1	5.0	13.7	1.4
Southwest I	13.9	0.1	0.2	7.3	0.0	1.7	4.3	0.2
Southwest II	24.6	0.5	0.8	7.4	0.3	4.0	10.4	0.5
Bridgeport	53.5	0.4	2.3	15.6	1.5	6.3	23.3	1.5
Southwest III	15.9	0.3	0.5	6.3	0.2	2.6	5.1	0.3
Southwest IV	10.8	0.0	0.1	5.0	0.0	1.1	4.3	0.1
Waterbury	111.7	1.9	4.4	41.7	1.2	8.5	47.1	2.2
Naugatuck Valley	27.3	0.4	0.6	11.5	0.1	3.2	10.6	0.5
South Central I	25.5	0.1	0.7	9.3	0.4	3.2	9.8	0.5
New Haven	69.7	1.4	2.2	18.7	2.0	5.9	36.3	1.1
South Central II	32.8	1.6	0.7	11.5	0.4	3.1	13.7	1.4
South Central III	45.4	0.4	3.7	17.5	0.7	3.9	16.8	0.7
South Central IV	17.2	0.1	1.0	5.3	0.3	1.3	8.2	0.5
South Central V	17.9	0.0	0.4	2.4	0.1	2.3	11.5	0.5
Central I	31.2	0.1	0.7	5.4	0.2	2.5	21.1	0.6
Central II	56.1	0.1	1.4	9.0	0.6	6.2	37.2	1.0
Hartford	49.7	0.1	1.6	5.1	1.6	6.1	32.6	1.6
Capitol I	47.7	0.4	0.8	8.7	0.5	4.2	31.4	0.5
Capitol II	13.1	0.1	0.2	1.4	0.1	1.8	8.7	0.4
Capitol III	17.1	0.2	0.4	3.3	0.2	1.9	10.3	0.6
Capitol IV	12.6	0.0	0.4	1.9	0.1	1.4	8.2	0.3
Capitol V	18.8	0.2	0.1	3.9	0.4	1.5	11.8	0.4
Northeast	58.2	0.1	0.8	20.2	1.9	3.3	29.5	1.5
Southeast	32.4	0.8	0.8	10.5	0.1	2.5	16.0	1.1
Southeast Shore	43.8	0.3	0.7	15.5	0.8	2.8	22.0	0.9
CONNECTICUT	34.1	0.4	1.0	10.1	0.5	3.3	17.1	0.8

Definition: Rate per 1,000 children under age 18 of substantiated cases of child abuse or neglect. This rate is calculated as the total number of children whose cases have been confirmed by the Department of Children and Families during the fiscal year, divided by the total number of children less than 18 years of age, then multiplied by 1,000. The total number of children is estimated by applying the 1990 Census proportions to the population estimates from the Connecticut Department of Public Health for that year.

Children can be threatened by physical, sexual, or emotional abuse or neglect. This abuse or neglect usually results from factors related to a parent's background, the child's background and behavior, and external crises or stresses. Abuse tends to recur within families—parents who were abused are more likely to abuse their children. In addition, parents who have a history of criminal activity, mental illness, substance abuse, social isolation, depression, or low self-esteem are more likely to abuse their children.

Source: Connecticut Department of Children and Families, unpublished data, state fiscal year 2000.

Child Deaths 1994-98 Annual Average Number



Child Deaths

Region	1993	1994	1995	1996	1997	1998	93-97 Annual Average		94-98 Annual Average	
	#	#	#	#	#	#	#	Rate per 100,000	#	Rate per 100,000
Northwest	6	13	6	3	5	6	7	19.6	7	19.7
Housatonic Valley	5	5	5	8	4	7	5	21.5	6	22.8
Stamford	5	5	1	3	4	2	4	20.7	3	17.2
Southwest I	4	5	3	5	6	4	5	26.7	5	26.7
Southwest II	4	1	4	5	5	4	4	19.6	4	19.3
Bridgeport	21	10	6	14	10	6	12	42.4	9	32.1
Southwest III	4	4	1	2	0	5	2	*	2	*
Southwest IV	3	3	3	5	2	1	3	*	3	*
Waterbury	11	10	6	5	6	5	8	38.5	6	32.2
Naugatuck Valley	4	5	3	3	3	6	4	17.3	4	19.0
South Central I	7	4	4	2	3	3	4	17.6	3	14.2
New Haven	12	13	6	16	4	4	10	43	9	36.3
South Central II	3	3	5	5	2	1	4	18.6	3	16.6
South Central III	6	5	6	5	1	4	5	25.2	4	22.7
South Central IV	1	4	5	3	2	4	3	16.6	4	19.8
South Central V	4	7	3	4	7	4	5	19.6	5	19.6
Central I	4	7	1	3	2	6	3	17.8	4	19.8
Central II	6	5	6	7	2	6	5	29.3	5	29.1
Hartford	16	16	15	11	10	2	14	46.9	11	36.7
Capitol I	2	1	5	5	5	5	4	22.6	4	26.5
Capitol II	3	2	3	5	5	1	4	18.6	3	16.4
Capitol III	11	0	4	4	7	2	5	20.1	3	12.9
Capitol IV	6	2	1	5	4	5	4	18.3	3	17.2
Capitol V	2	6	3	3	4	1	4	15.4	3	14.5
Northeast	5	5	8	5	5	2	6	25.9	5	23.2
Southeast	6	2	7	8	11	4	7	25.5	6	24.5
Southeast Shore	4	5	5	4	3	4	4	20.1	4	20.1
CONNECTICUT	165	148	125	148	122	104	145	24.1	130	22.0

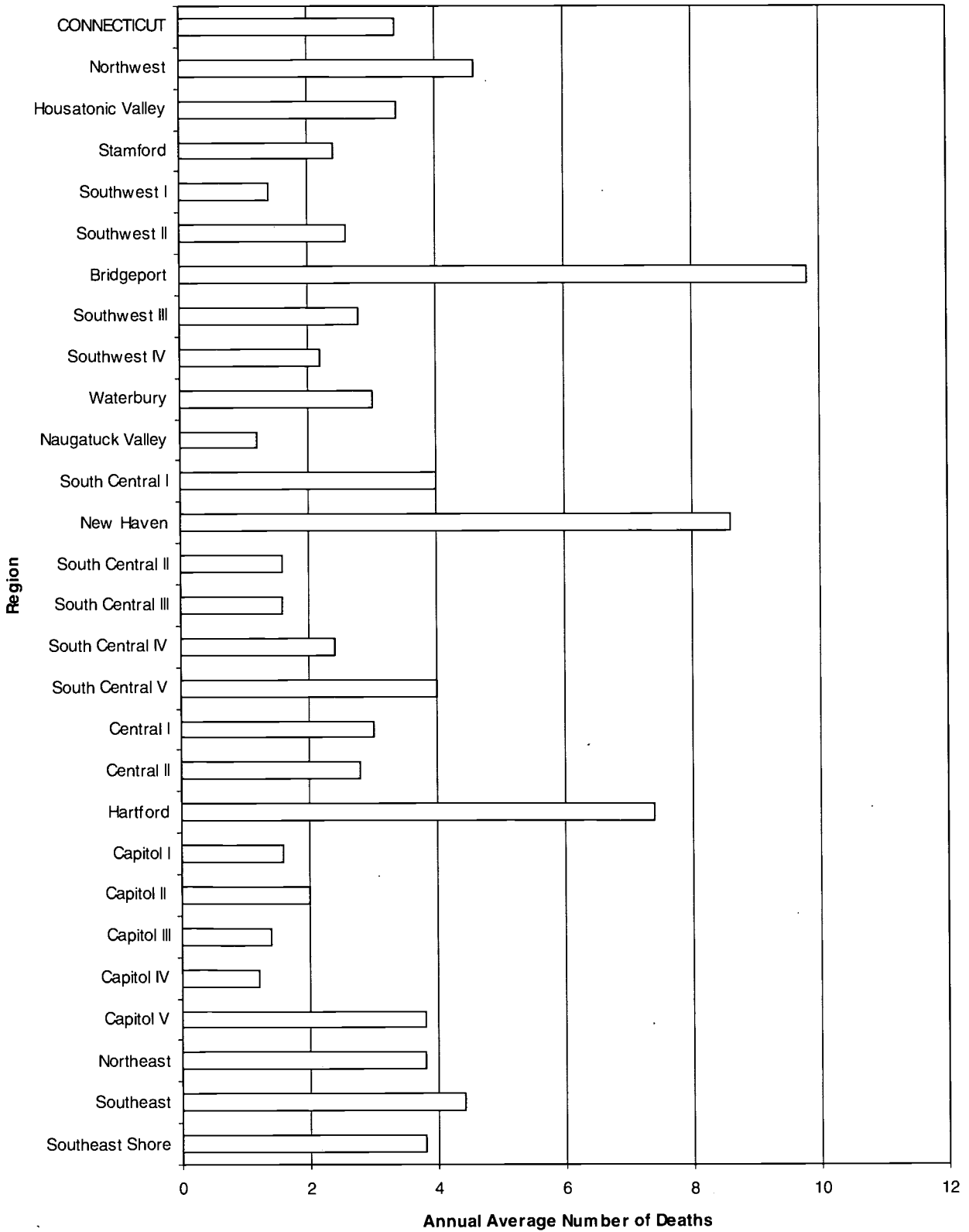
* Number too small to calculate meaningful rate.

Definition: The child death rate per 100,000 children. This rate is calculated as the number of deaths from all causes of children ages 1-14 divided by the total number of children ages 1-14, then multiplied by 100,000. The total number of children ages 1-14 is estimated by applying the 1990 Census proportions to the population estimates from the Connecticut Department of Public Health for that year.

A child's death is a tragedy to the family, but also represents lost potential to society. More children die from accidents than all infectious diseases combined. The major types of accidents responsible for these deaths are motor vehicle crashes, falls, poisoning, drowning, and abuse and neglect.

Source: Connecticut Department of Public Health, unpublished data, 1994, 1995, 1996, 1997, 1998.

Preventable Teen Deaths Annual Average Number, 1994-98



Preventable Teen Deaths

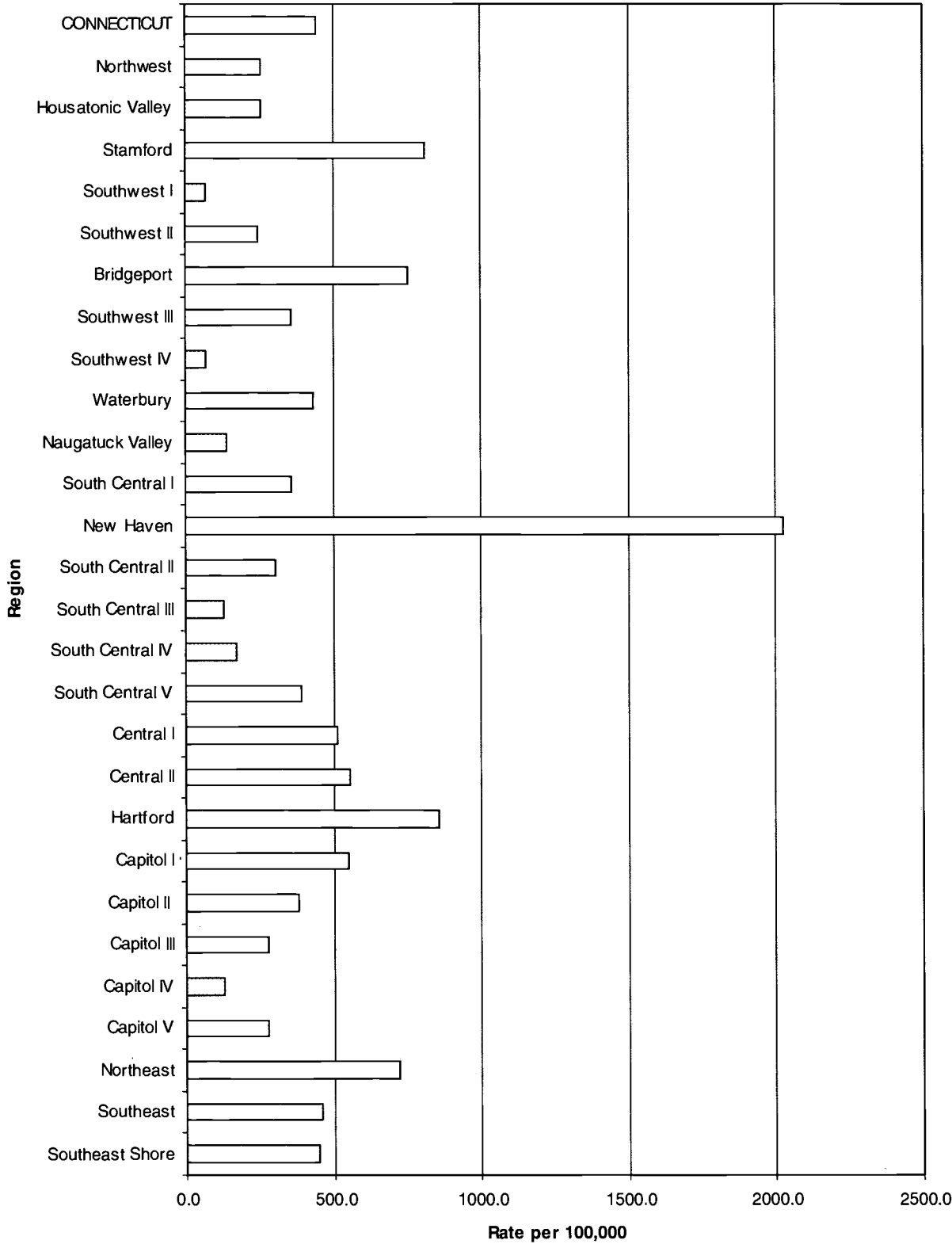
Region	1993-1997				1994-1998			
	Uninten- tional Injury	Suicide	Homicide	Annual Avg. Total	Uninten- tional Injury	Suicide	Homicide	Annual Avg. Total
Northwest	14	4	0	4	19	4	0	5
Housatonic Valley	13	4	1	4	12	4	1	3
Stamford	4	3	5	2	4	3	5	2
Southwest I	6	1	1	2	5	1	1	1
Southwest II	10	1	1	2	9	2	2	3
Bridgeport	11	4	37	10	11	5	33	10
Southwest III	10	4	1	3	9	4	1	3
Southwest IV	9	5	1	3	8	2	1	2
Waterbury	7	0	11	4	6	1	8	3
Naugatuck Valley	7	3	0	2	3	2	1	1
South Central I	11	5	5	4	10	5	5	4
New Haven	11	5	29	9	12	6	25	9
South Central II	8	1	1	2	5	1	2	2
South Central III	5	1	3	2	5	0	3	2
South Central IV	8	0	0	2	10	2	0	2
South Central V	13	1	2	3	14	3	3	4
Central I	14	0	2	3	11	2	2	3
Central II	6	1	8	3	7	1	6	3
Hartford	12	2	25	8	14	4	19	7
Capitol I	6	3	0	2	5	1	2	2
Capitol II	7	3	0	2	7	2	1	2
Capitol III	6	1	2	2	6	1	0	1
Capitol IV	5	0	1	1	5	1	0	1
Capitol V	13	2	2	3	14	2	3	4
Northeast	16	1	0	3	17	1	1	4
Southeast	17	5	1	5	16	5	1	4
Southeast Shore	10	5	5	4	10	5	4	4
CONNECTICUT*	259	65	144	3	254	70	130	3

Definition: The five-year total number of preventable deaths to teens ages 15-19 years old. Preventable deaths are defined as deaths from accidents, suicides, or homicides. Rates are not calculated due to the low numbers at the regional level.

The primary cause of preventable teen deaths is motor vehicle crashes. Teen violence is another important contributor to preventable deaths. Causes of teen violence include easy access to handguns, alcohol and drugs, poverty, negative peer and family influences, and media glamorization of violence. Risk factors for suicide include substance abuse, psychiatric disorders, exposure to violence, or feelings of isolation. Teenagers as a group tend to be more likely to take risks and less likely to engage in healthy behaviors than other age groups.

Source: Connecticut Department of Public Health, unpublished data, 1993-97 and 1994-98.

Juvenile Crime Arrests 1997-99 Annual Average



Juvenile Crime Arrests

Region	1992-94 Annual Average		1996-98 Annual Average		1997-99 Annual Average	
	#	Rate	#	Rate	#	Rate
Northwest	30	172.0	45	256.7	45	254.8
Housatonic Valley	54	404.9	26	196.7	33	257.6
Stamford	61	571.2	71	656.6	85	811.6
Southwest I	9	87.6	5	53.7	7	68.6
Southwest II	92	771.4	35	292.5	29	246.9
Bridgeport	136	1,008.1	110	819.9	102	754.3
Southwest III	29	257.0	42	361.7	41	359.3
Southwest IV	16	158.2	9	87.9	7	69.9
Waterbury	42	398.5	36	350.9	43	432.7
Naugatuck Valley	26	244.4	20	181.5	16	138.3
South Central I	39	291.5	48	363.7	47	355.4
New Haven	208	1,690.6	265	2,190.2	238	2,024.4
South Central II	26	233.9	54	488.5	34	306.0
South Central III	13	133.2	33	346.6	12	127.3
South Central IV	9	85.6	15	144.4	17	173.6
South Central V	60	426.6	58	398.6	59	392.5
Central I	24	233.7	53	515.1	54	513.9
Central II	69	659.0	74	722.0	57	555.2
Hartford	166	1,225.6	131	1,009.4	114	854.8
Capitol I	46	467.8	53	551.4	51	548.0
Capitol II	50	421.9	36	309.7	42	379.3
Capitol III	36	255.7	40	286.8	40	279.3
Capitol IV	19	155.7	22	178.1	16	127.6
Capitol V	41	326.2	41	317.9	35	278.0
Northeast	48	476.2	80	777.5	75	721.7
Southeast	78	618.0	69	540.4	60	458.0
Southeast Shore	46	387.7	45	389.4	49	449.0
CONNECTICUT	1,474	460.5	1,516	474.6	1,405	443.4

Definition: The three-year annual average rate per 100,000 of juvenile crime arrests. The rate is calculated by summing the number of arrests of juveniles ages 10-17 for violent crimes for the three-year period, dividing by the total number of youths ages 10-17, then multiplying by 100,000. The three-year annual average rate is shown because of the large differences in number of arrests each year. The total number of children is estimated by applying the 1990 Census proportions of youths ages 10-17 to the population estimates from the Connecticut Department of Public Health for that year. Violent crimes include murder, rape, robbery and aggravated assault. It should be noted that the arrest data comes from two different sources—local and state police. Nearly 85% of all juvenile arrests are made at the local level; this data is reported by the town in which the arrest was made. The state police data is reported by the town in which the juvenile resides. Despite these limitations, police experts believe the data are valid because of the limited mobility of children.

Drug abuse, easy access to weapons, and growth of gangs contribute to juvenile violence. Most juvenile crimes occur in late afternoon when youth are often unsupervised. Risk factors for juvenile delinquency include being involved in drugs and alcohol, doing poorly in school, living in high-crime neighborhoods, being abused or neglected early in life, and having friends who are involved in delinquent activities.

Source: Connecticut Department of Public Safety, Division of State Police, Uniform Crime Reports: 1999 Annual Report, and unpublished data.

REGIONAL PROFILES

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Regions: Connecticut has been divided into 27 regions (towns or groups of towns) based on the public use microdata areas (PUMA) established by the Census Bureau. The use of regions allows for the calculation of rates where the population would have been too small at the town level. Each region has a population of more than 100,000, and no town is split between two regions. The five largest cities--Bridgeport, Hartford, New Haven, Stamford, and Waterbury--are regions unto themselves. The raw data for the tables was collected originally for each town, then towns were grouped into regions. School district exceptions are found on page 19.

Regional Population Estimates by Town

Town	Total Pop.*	% <18 yrs.**		Total Pop.	% <18 yrs.
NORTHWEST					
Barkhamsted	3,567	25.05	Norfolk	2,016	27.09
Bethlehem	3,306	24.75	North Canaan	3,414	21.83
Bridgewater	1,766	21.16	Plymouth	12,073	24.64
Canaan	1,083	24.22	Roxbury	2,035	21.75
Colebrook	1,414	22.71	Salisbury	4,077	19.90
Cornwall	1,415	20.72	Sharon	2,934	20.01
Goshen	2,491	24.43	Thomaston	7,437	23.91
Harwinton	5,444	25.11	Torrington	34,583	20.88
Kent	3,079	23.82	Warren	1,342	24.71
Litchfield	8,787	23.13	Washington	4,076	22.82
Morris	2,113	22.95	Watertown	21,858	23.63
New Hartford	6,506	25.08	Winchester	11,033	23.63
New Milford	25,723	26.74	Woodbury	8,827	21.26
HOUSATONIC VALLEY					
Bethel	17,918	26.94	New Fairfield	13,542	27.36
Brookfield	14,769	25.20	Ridgefield	22,332	24.59
Danbury	66,965	21.81	Sherman	3,057	20.19
STAMFORD					
Stamford	110,802	20.15			
SOUTHWEST I					
Greenwich	57,973	20.14	Weston	8,846	25.16
New Canaan	18,133	23.67	Wilton	16,664	25.27
SOUTHWEST II					
Darien	18,075	24.47	Westport	24,259	20.15
Norwalk	78,083	20.12			
BRIDGEPORT					
Bridgeport	137,040	26.11			
SOUTHWEST III					
Shelton	38,262	23.07	Trumbull	33,710	22.39
Stratford	49,010	20.22			
SOUTHWEST IV					
Easton	6,841	24.46	Newtown	24,168	25.77
Fairfield	53,866	19.43	Redding	8,192	24.91
Monroe	18,827	27.30			
WATERBURY					
Waterbury	104,263	23.46			
NAUGATUCK VALLEY					
Cheshire	26,591	24.67	Prospect	8,476	23.18
Middlebury	6,107	21.87	Southbury	16,747	19.19
Naugatuck	30,150	26.10	Wolcott	15,442	23.16
Oxford	9,096	28.35			

Regional Population Estimates by Town

Town	Total Pop. % <18 yrs.		Total Pop. % <18 yrs.	
SOUTH CENTRAL I				
Ansonia	17,656	23.37	Hamden	53,174 19.24
Beacon Falls	5,180	24.43	North Haven	22,282 20.57
Bethany	4,456	26.22	Seymour	14,610 21.58
Derby	11,933	19.07	Woodbridge	8,717 23.94
NEW HAVEN				
New Haven	122,195	23.71		
SOUTH CENTRAL II				
Milford	50,015	21.62	West Haven	51,622 21.27
Orange	12,376	22.14		
SOUTH CENTRAL III				
Meriden	56,365	23.72	Wallingford	41,100 23.04
SOUTH CENTRAL IV				
Branford	26,981	19.12	Madison	16,340 25.01
East Haven	26,935	20.18	North Branford	14,030 24.74
Guilford	20,369	25.01		
SOUTH CENTRAL V				
Chester	3,902	22.71	Haddam	7,244 23.34
Clinton	13,202	26.04	Killingworth	5,544 25.51
Cromwell	12,756	20.49	Middlefield	4,107 22.04
Deep River	4,774	23.41	Middletown	44,001 19.26
Durham	6,681	27.32	Old Saybrook	9,770 19.86
East Haddam	7,620	25.79	Portland	8,825 22.37
East Hampton	11,152	24.93	Westbrook	5,686 19.30
Essex	6,197	19.38		
CENTRAL I				
Bristol	59,145	22.10	Southington	38,917 23.69
Burlington	7,951	28.42		
CENTRAL II				
Berlin	17,326	22.78	Plainville	16,808 20.77
New Britain	70,010	21.11		
HARTFORD				
Hartford	128,367	27.47		
CAPITOL I				
East Hartford	47,054	19.57	Manchester	52,554 21.54
CAPITOL II				
Avon	14,354	21.68	Simsbury	21,756 25.60
Bloomfield	18,924	19.03	West Hartford	58,821 19.50
Canton	8,188	22.97		

Regional Population Estimates by Town

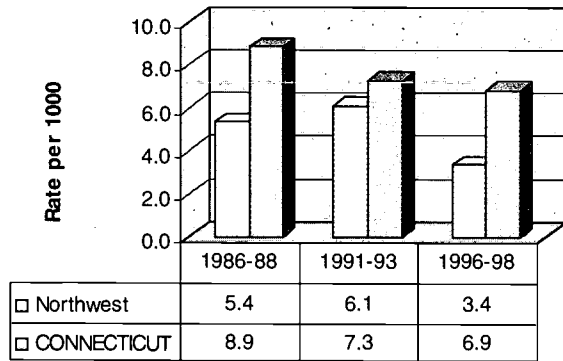
Town	Total Pop.	% <18 yrs.		Total Pop.	% <18 yrs.
CAPITOL III					
East Granby	4,434	23.36	South Windsor	22,867	24.63
East Windsor	10,022	21.34	Suffield	11,528	24.37
Enfield	43,075	22.69	Windsor	27,450	23.15
Granby	9,629	25.36	Windsor Locks	11,911	19.71
Hartland	1,946	28.46			
CAPITOL IV					
Farmington	21,299	21.21	Newington	28,447	19.30
Glastonbury	29,122	23.24	Rocky Hill	16,799	17.63
Marlborough	5,795	28.29	Wethersfield	25,172	17.96
CAPITOL V					
Andover	2,912	25.28	Somers	9,519	21.65
Bolton	4,751	24.33	Stafford	11,748	26.43
Columbia	4,872	25.21	Tolland	12,629	28.06
Coventry	11,152	25.78	Union	637	21.57
Ellington	11,849	24.17	Vernon	29,301	22.83
Hebron	8,163	30.07	Willington	5,962	22.55
Mansfield	19,173	11.38			
NORTHEAST					
Ashford	3,978	26.11	Pomfret	3,467	26.34
Brooklyn	6,935	25.06	Putnam	9,120	25.08
Canterbury	4,718	29.53	Scotland	1,433	27.74
Chaplin	2,275	26.56	Sterling	2,851	29.40
Eastford	1,466	24.51	Thompson	8,697	24.75
Hampton	1,638	25.29	Windham	21,316	23.15
Killingly	14,904	26.32	Woodstock	6,719	25.05
Plainfield	15,724	28.37			
SOUTHEAST					
Bozrah	2,279	23.29	Montville	16,515	24.30
Colchester	12,909	26.09	N. Stonington	4,916	27.03
Franklin	1,752	24.36	Norwich	34,852	24.03
Griswold	10,572	26.97	Old Lyme	6,439	21.55
Lebanon	6,261	26.63	Preston	4,553	20.76
Ledyard	14,369	28.28	Salem	3,396	29.15
Lisbon	3,829	25.33	Sprague	2,872	26.60
Lyme	1,941	18.98	Voluntown	2,260	27.07
SOUTHEAST SHORE					
East Lyme	15,828	21.83	Stonington	16,317	20.27
Groton	40,456	24.45	Waterford	17,830	19.42
New London	25,903	20.21			

* Connecticut Department of Public Health, 1999 Population Estimates

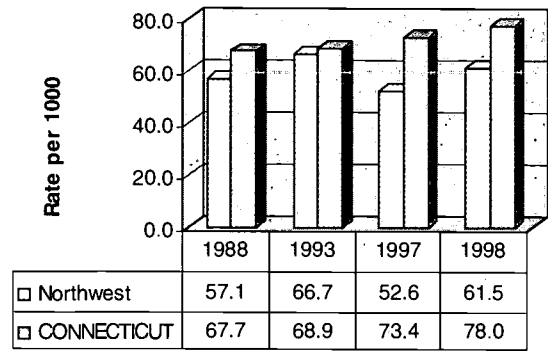
** U.S. Bureau of Census, 1990

Northwest

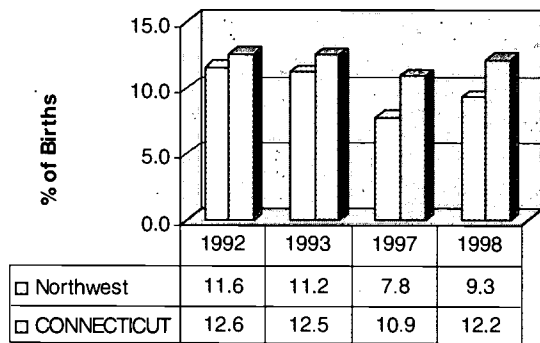
Infant Mortality



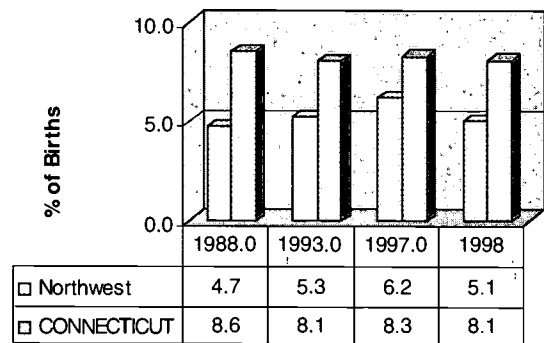
Low Birthweight



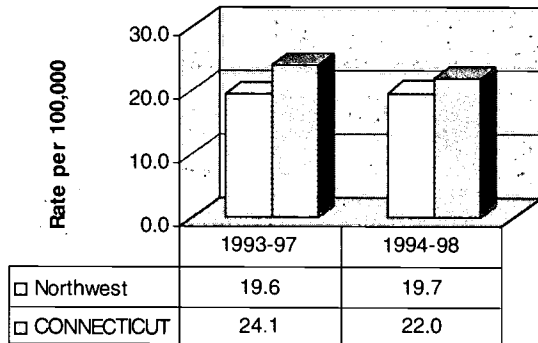
Late or No Prenatal Care



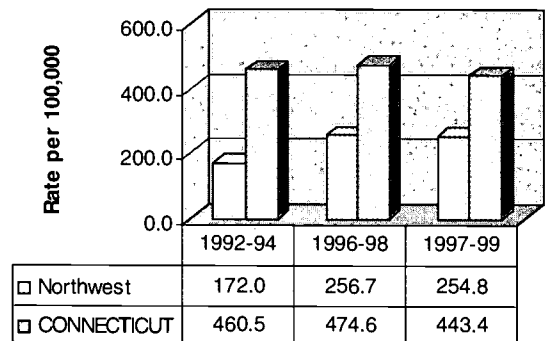
Births to Teen Mothers



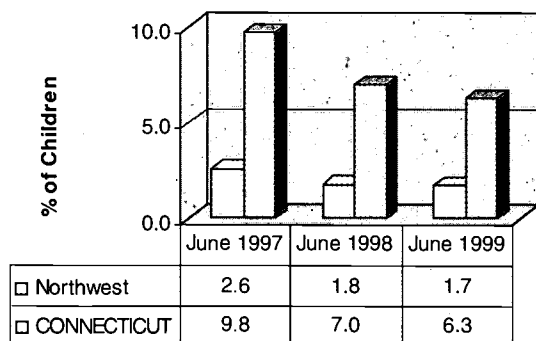
Child Deaths



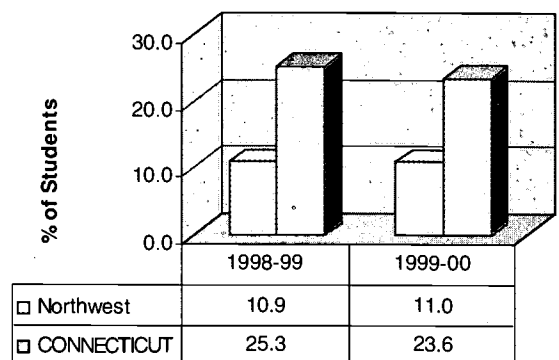
Juvenile Violent Crime Arrests



Children Receiving TFA



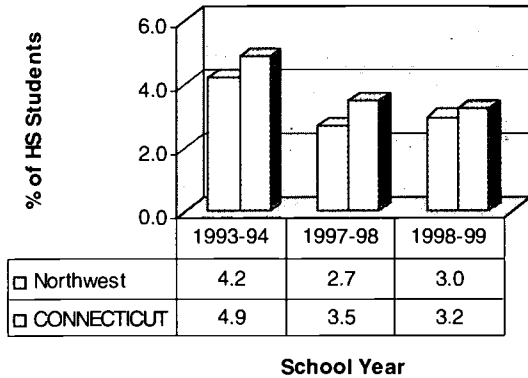
Free or Reduced-Price Meals



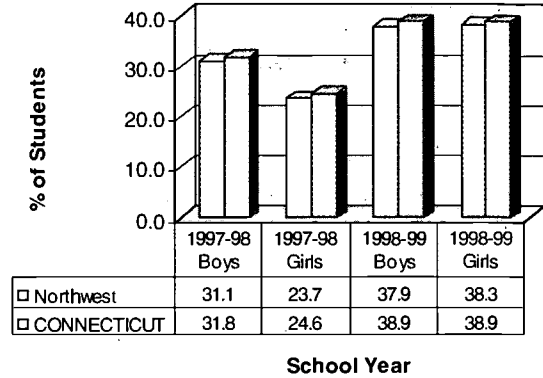
Month and Year

Year

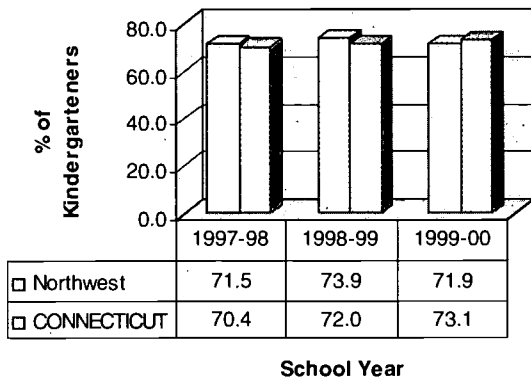
High School Dropouts



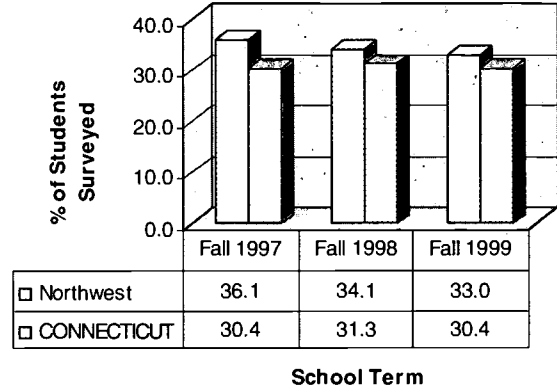
Physical Fitness Tests



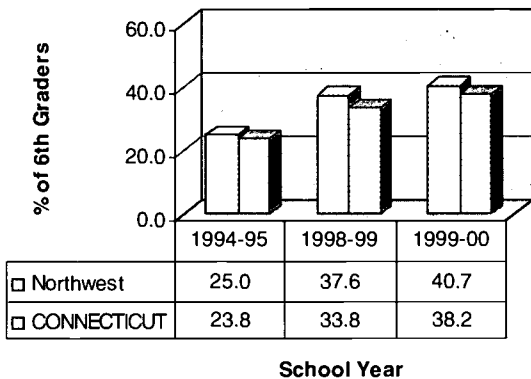
Preschool Experience



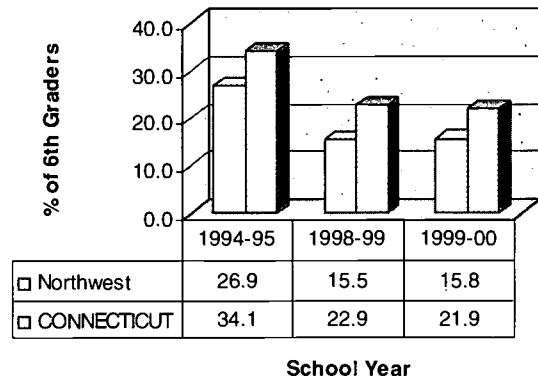
High School Employment



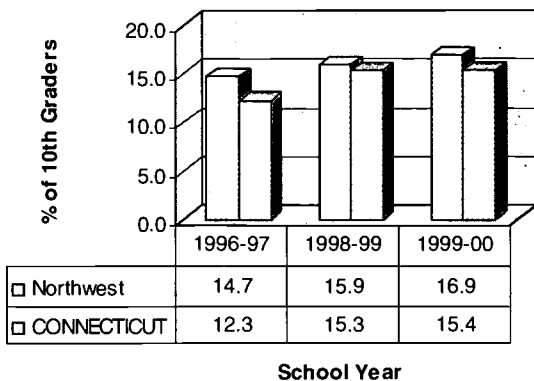
Meeting CMT Goal



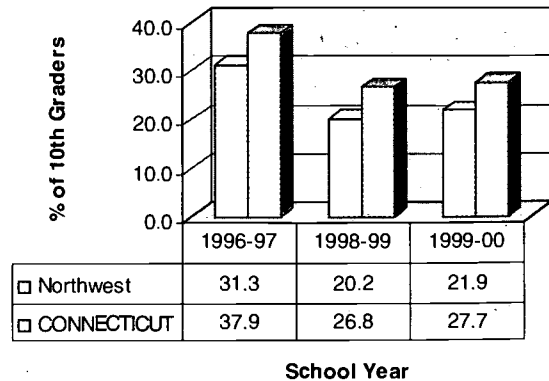
Below CMT Basic Level



Meeting CAPT Goal

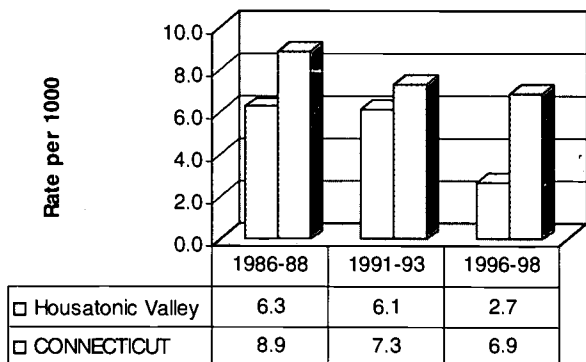


Below CAPT Basic Level



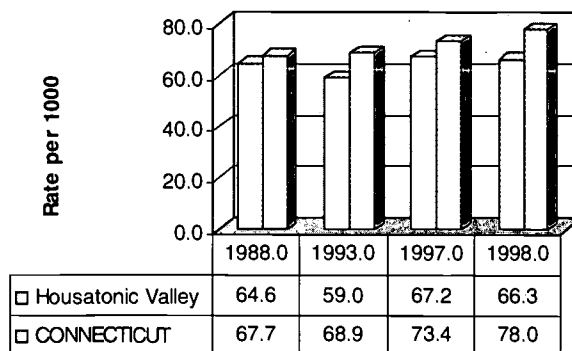
Housatonic Valley

Infant Mortality



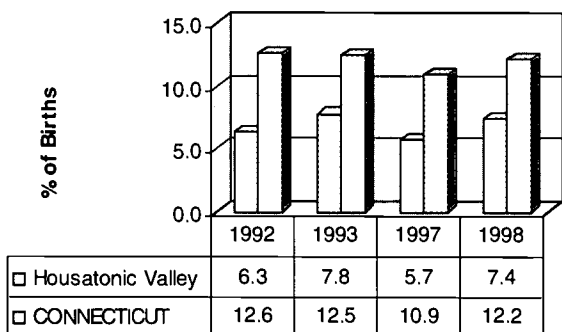
Time period

Low Birthweight



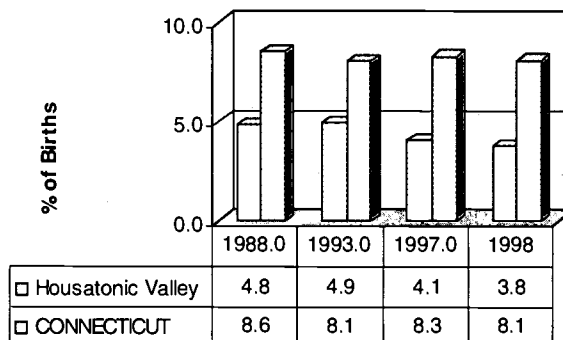
Year

Late or No Prenatal Care



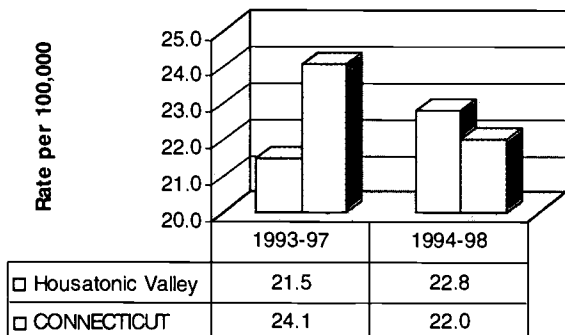
Year

Births to Teen Mothers



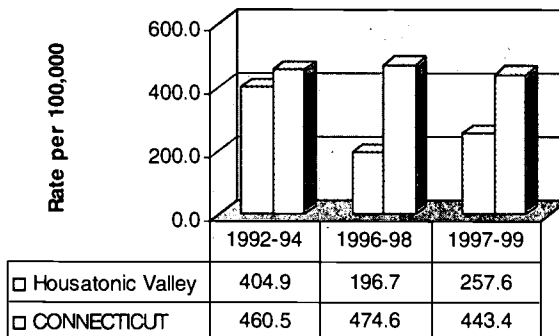
Year

Child Deaths



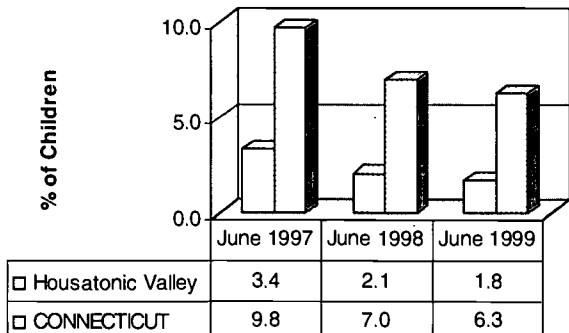
Time period

Juvenile Violent Crime Arrests



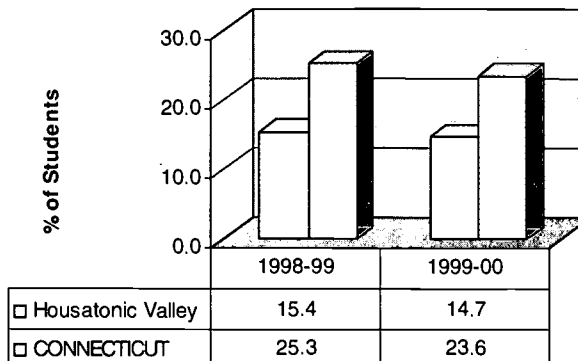
Time Period

Children Receiving TFA



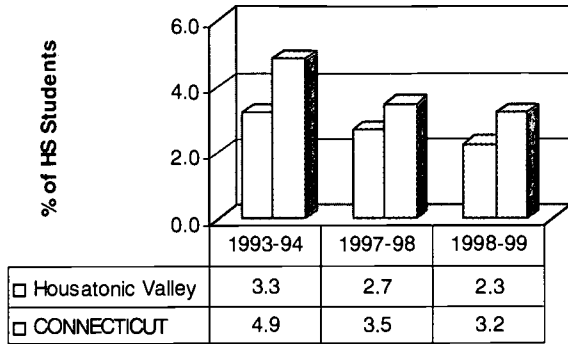
Month and Year

Free or Reduced-Price Meals



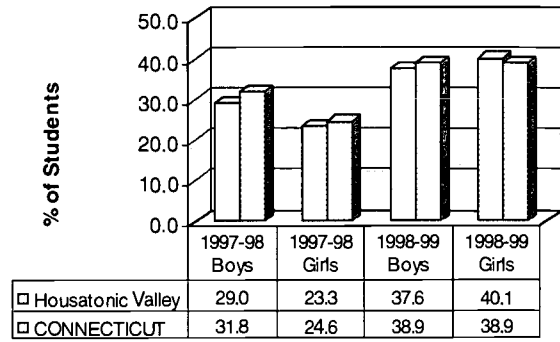
Year

High School Dropouts



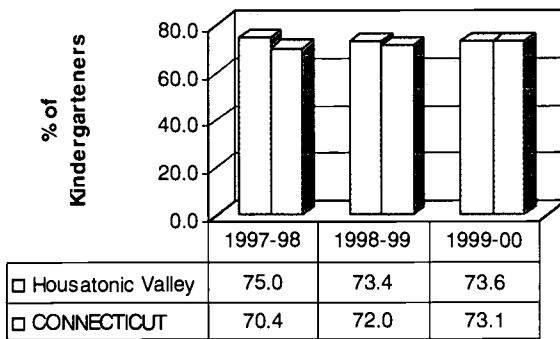
School Year

Physical Fitness Tests



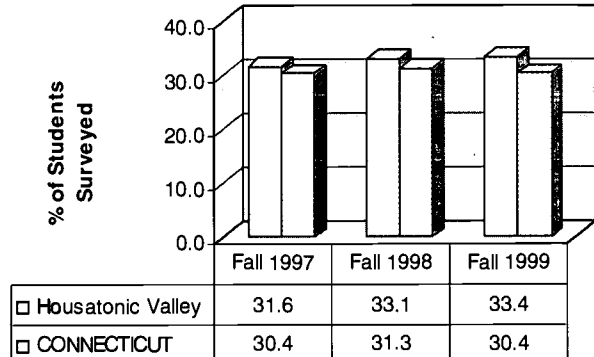
School Year

Preschool Experience



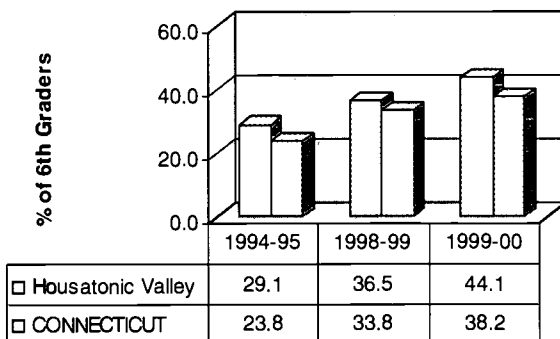
School Year

High School Employment



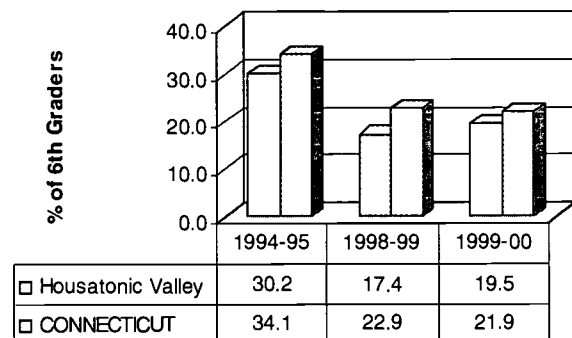
School Term

Meeting CMT Goal



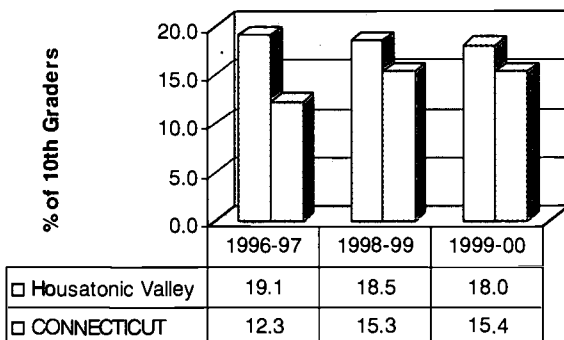
School Year

Below CMT Basic Level



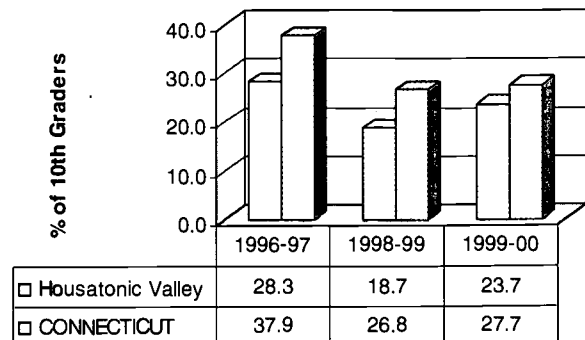
School Year

Meeting CAPT Goal



School Year

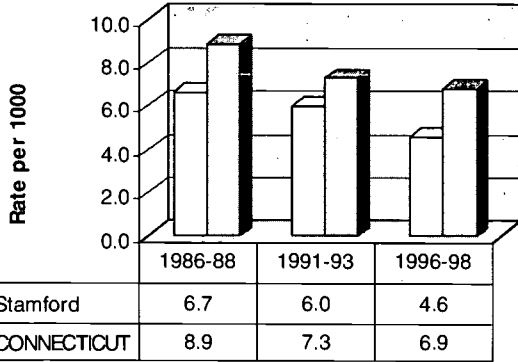
Below CAPT Basic Level



School Year

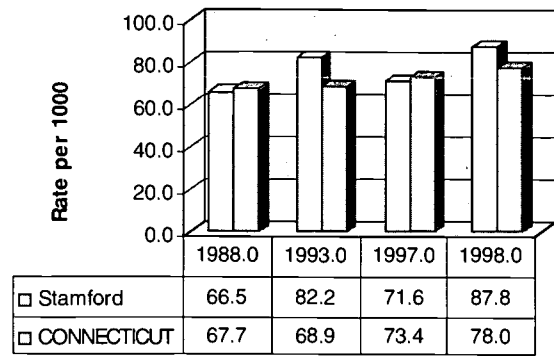
Stamford

Infant Mortality



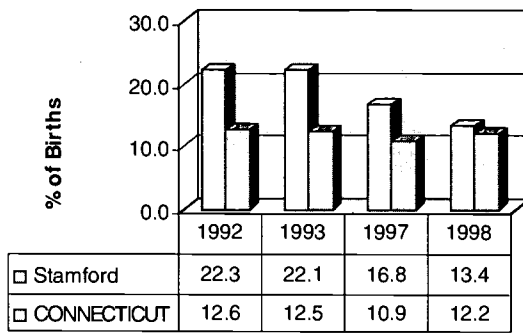
Time period

Low Birthweight



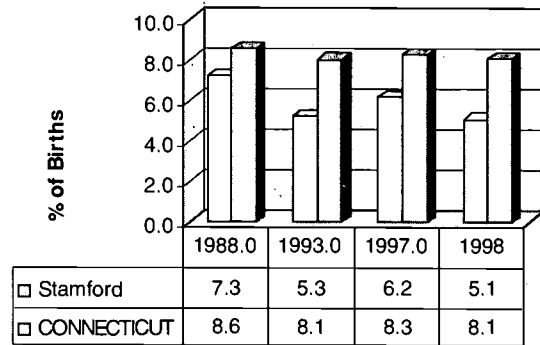
Year

Late or No Prenatal Care



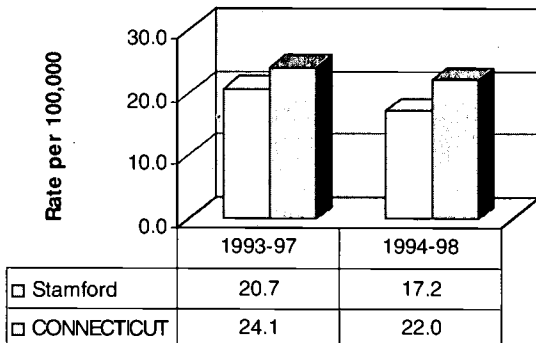
Year

Births to Teen Mothers



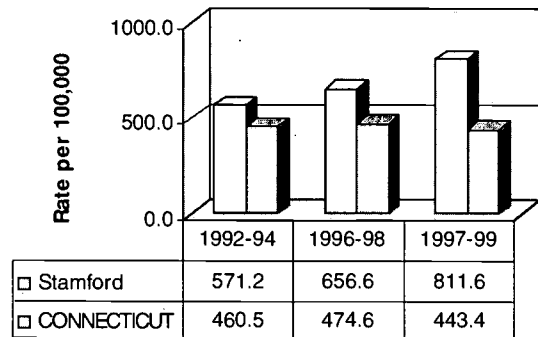
Year

Child Deaths



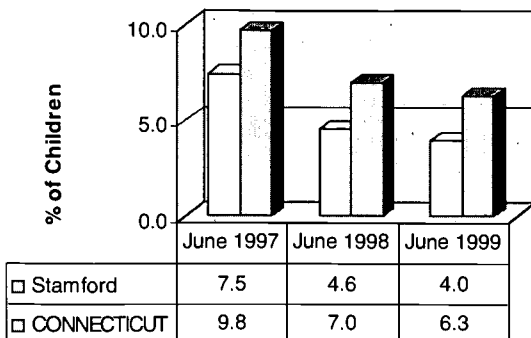
Time period

Juvenile Violent Crime Arrests



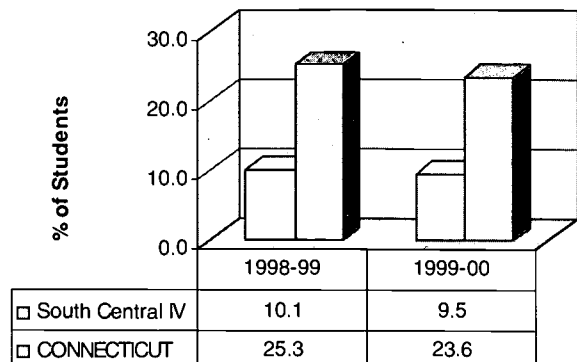
Time Period

Children Receiving TFA



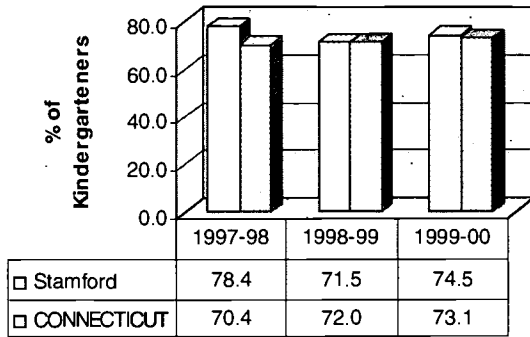
Month and Year

Free or Reduced-Price Meals



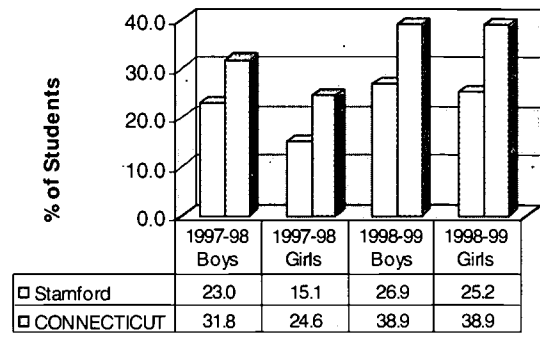
Year

Preschool Experience



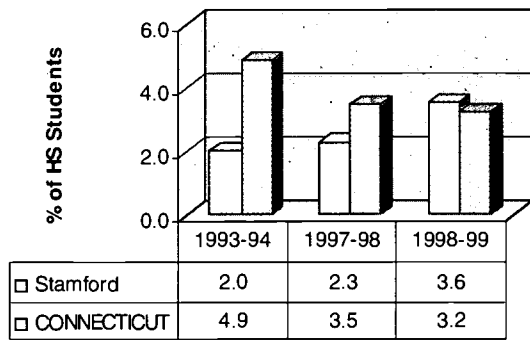
School Year

Physical Fitness Tests



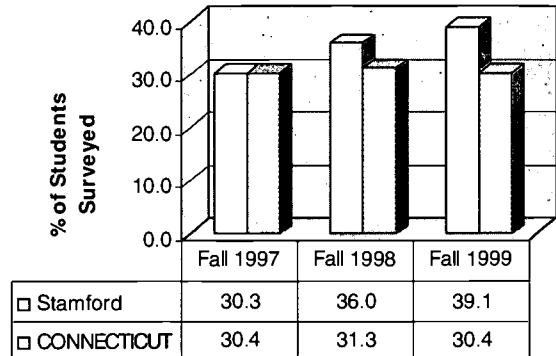
School Year

High School Dropouts



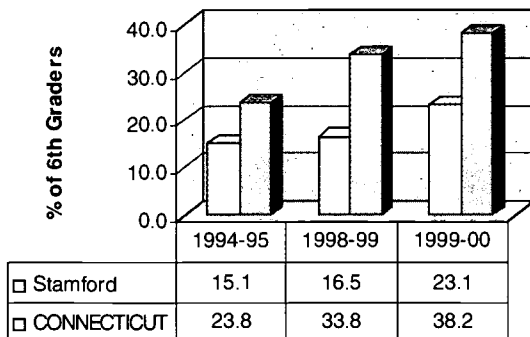
School Year

High School Employment



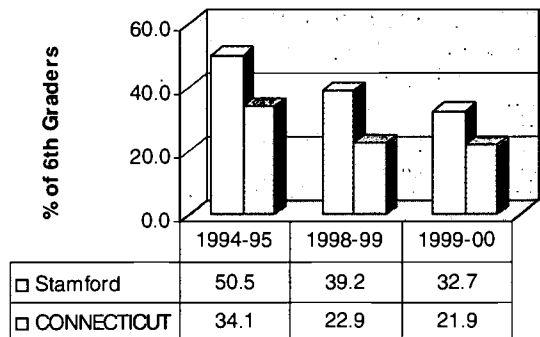
School Term

Meeting CMT Goal



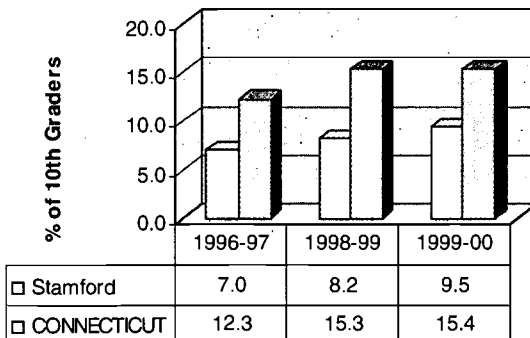
School Year

Below CMT Basic Level



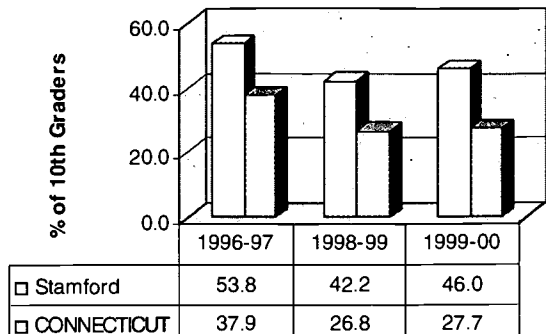
School Year

Meeting CAPT Goal



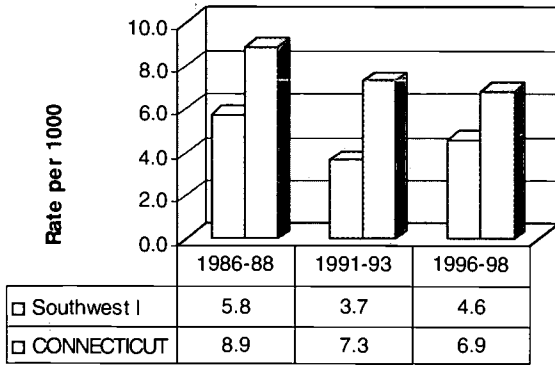
School Year

Below CAPT Basic Level

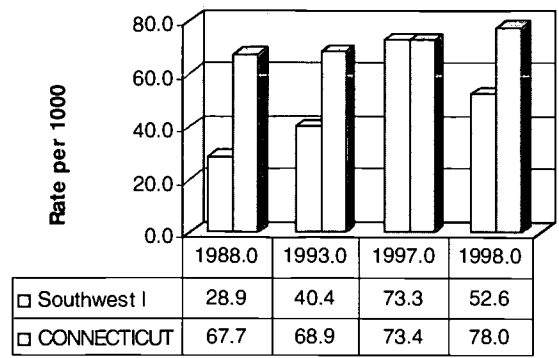


School Year

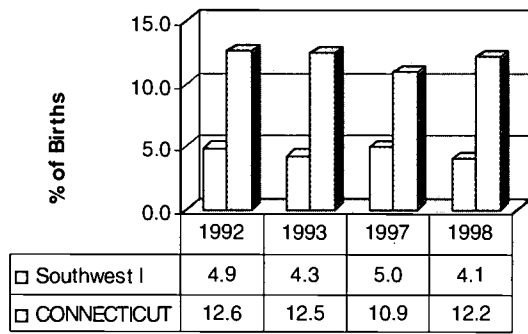
Infant Mortality



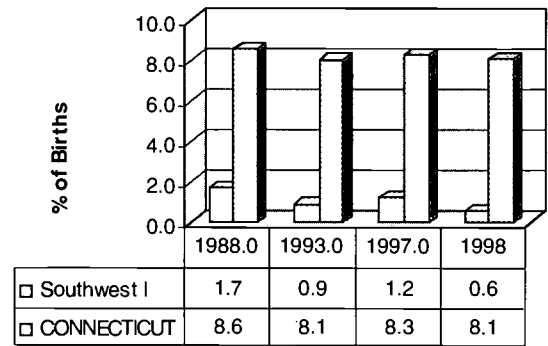
Low Birthweight



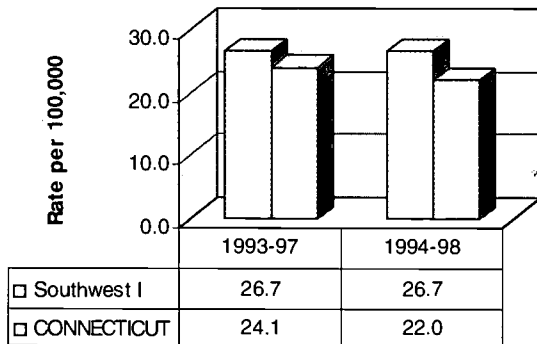
Late or No Prenatal Care



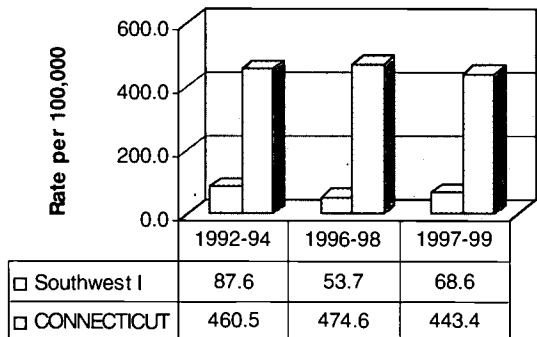
Births to Teen Mothers



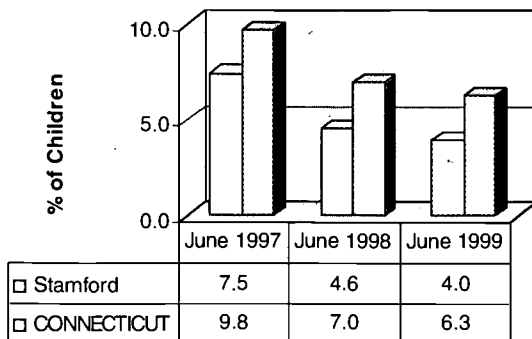
Child Deaths



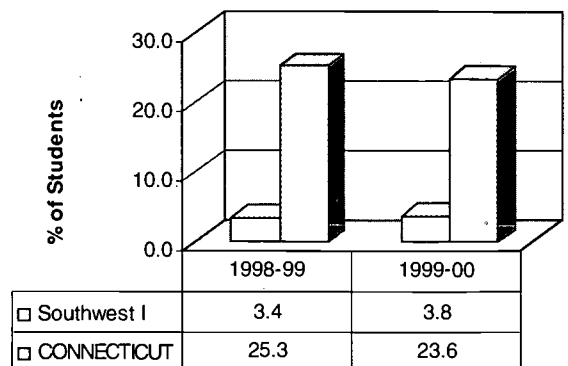
Juvenile Violent Crime Arrests



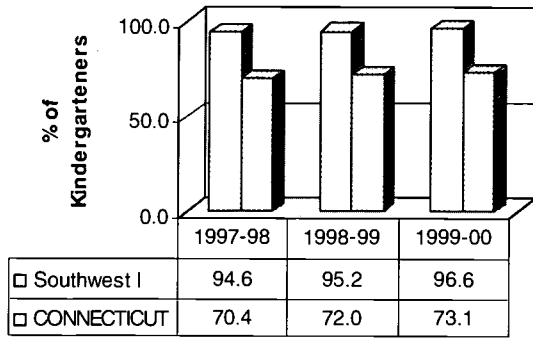
Children Receiving TFA



Free or Reduced-Price Meals

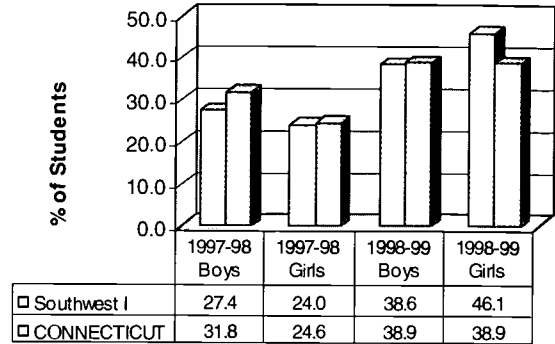


Preschool Experience



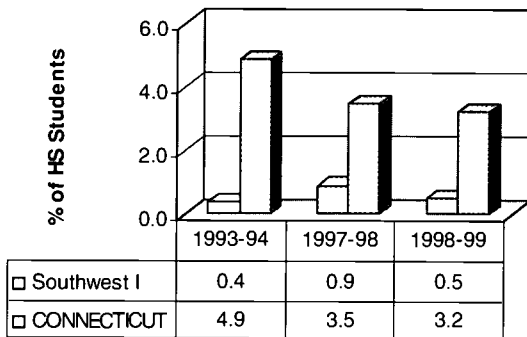
School Year

Physical Fitness Tests



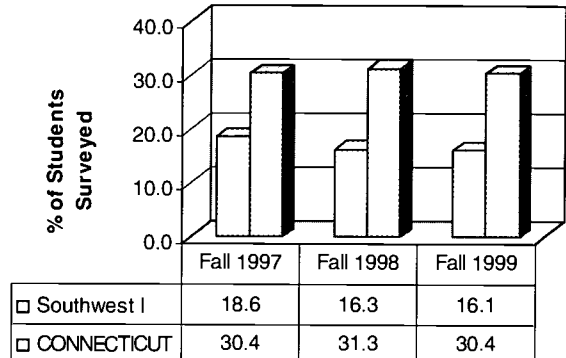
School Year

High School Dropouts



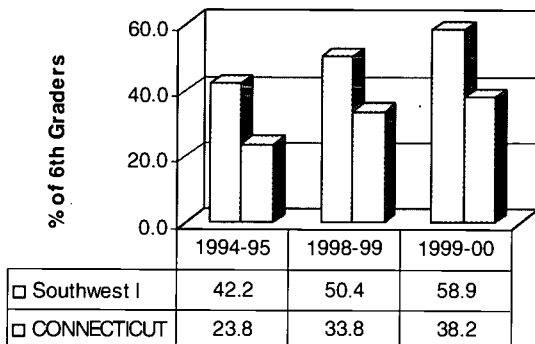
School Year

High School Employment



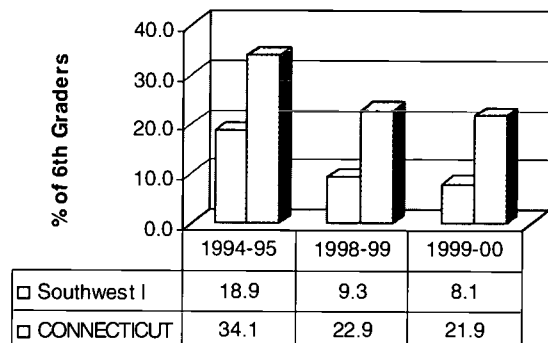
School Term

Meeting CMT Goal



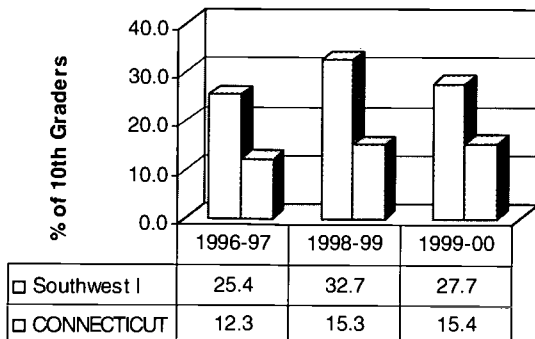
School Year

Below CMT Basic Level



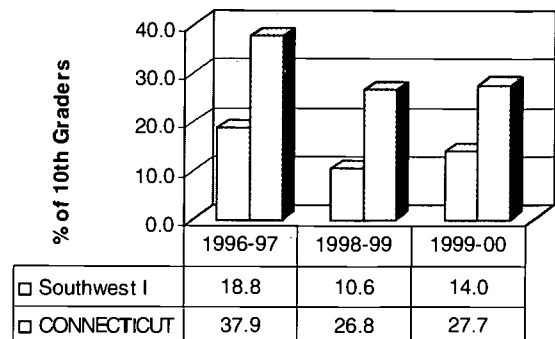
School Year

Meeting CAPT Goal



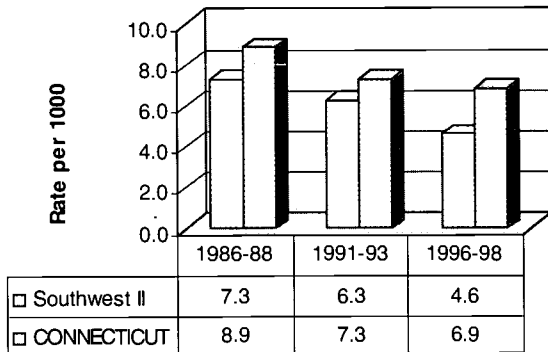
School Year

Below CAPT Basic Level



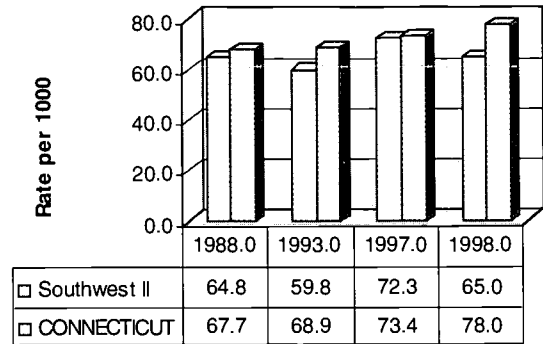
School Year

Infant Mortality



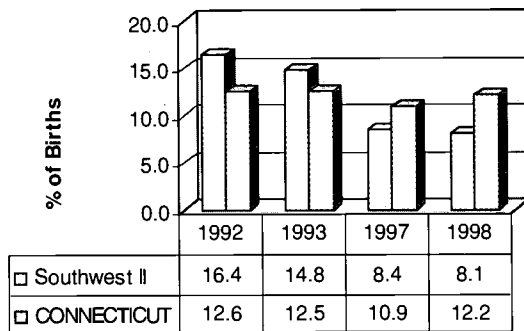
Time period

Low Birthweight



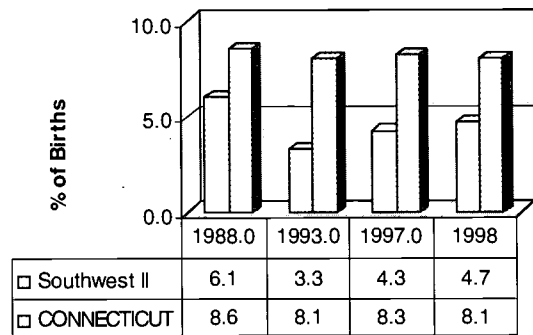
Year

Late or No Prenatal Care



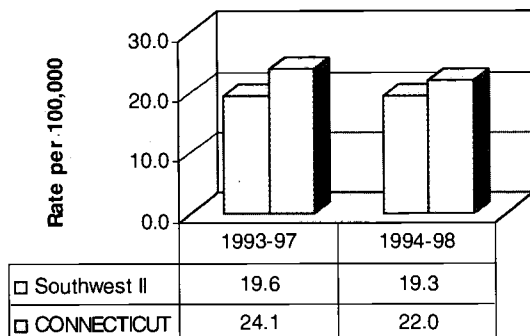
Year

Births to Teen Mothers



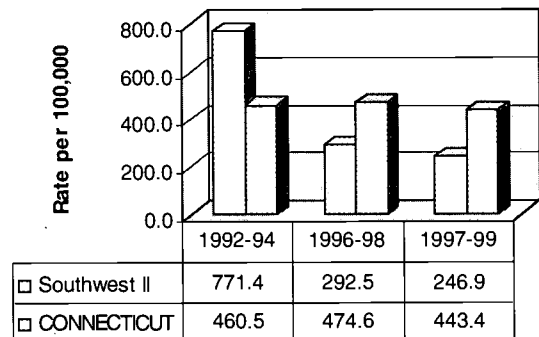
Year

Child Deaths



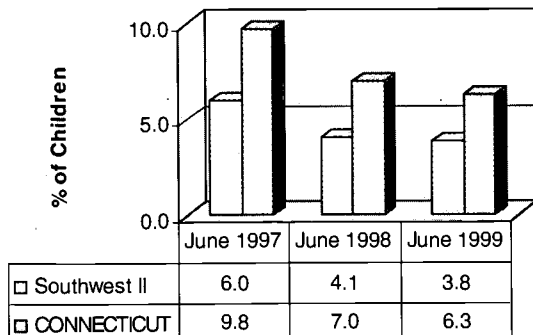
Time period

Juvenile Violent Crime Arrests



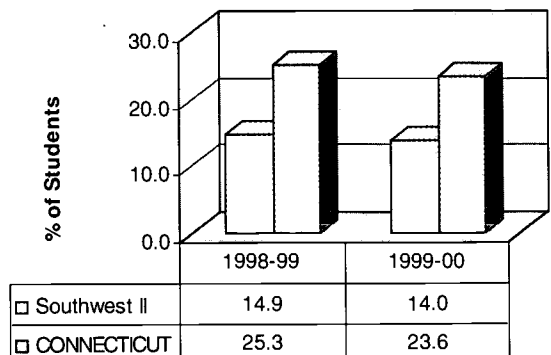
Time Period

Children Receiving TFA



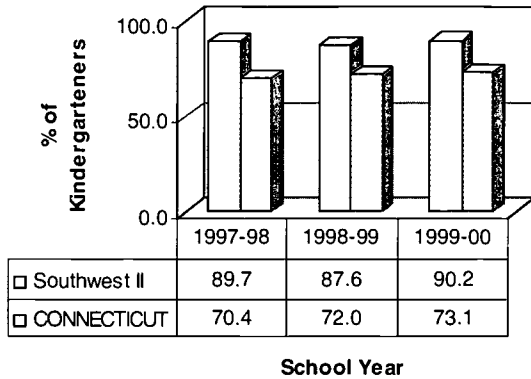
Month and Year

Free or Reduced-Price Meals

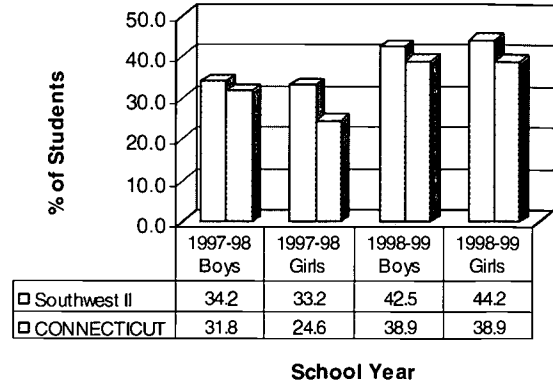


Year

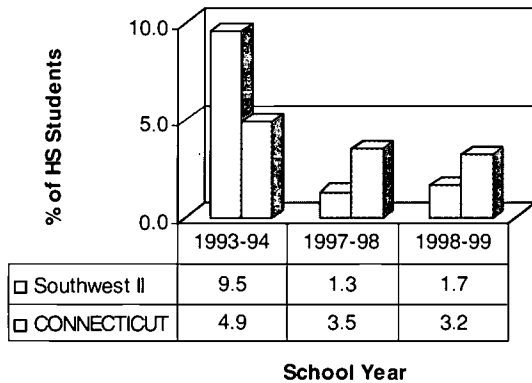
Preschool Experience



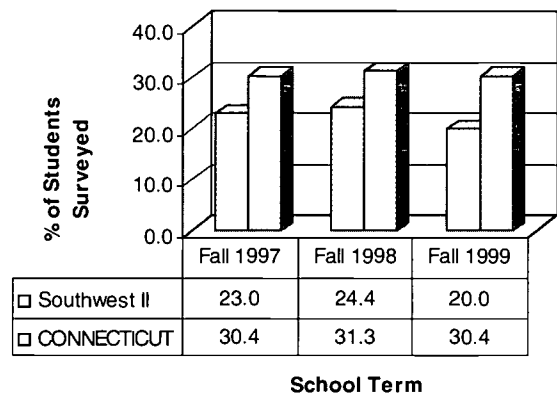
Physical Fitness Tests



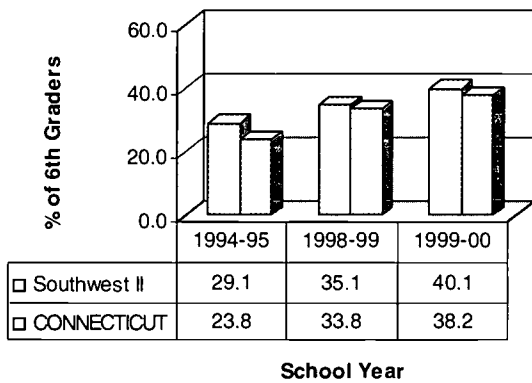
High School Dropouts



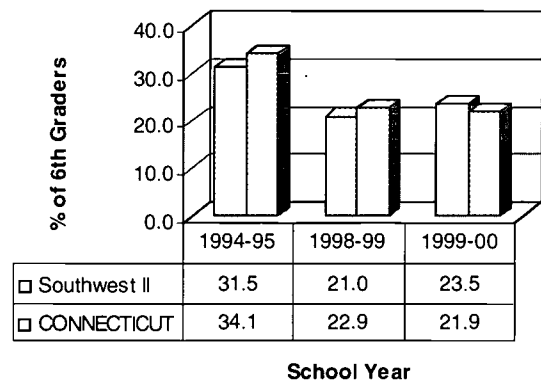
High School Employment



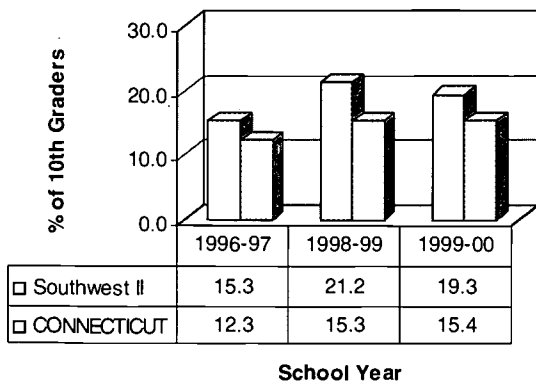
Meeting CMT Goal



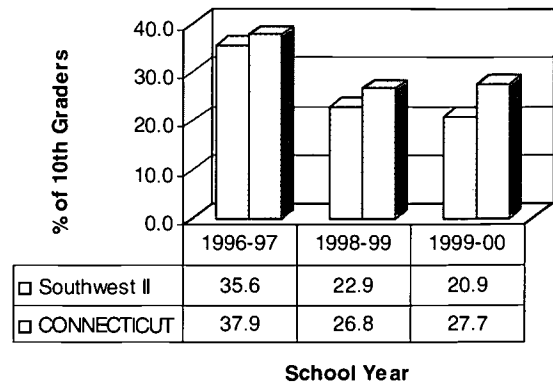
Below CMT Basic Level



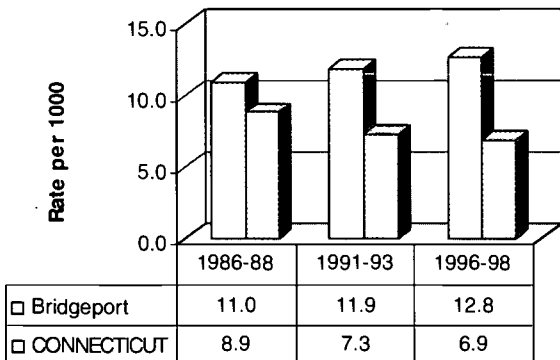
Meeting CAPT Goal



Below CAPT Basic Level

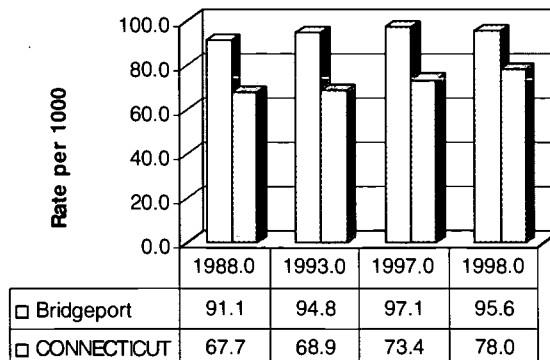


Infant Mortality



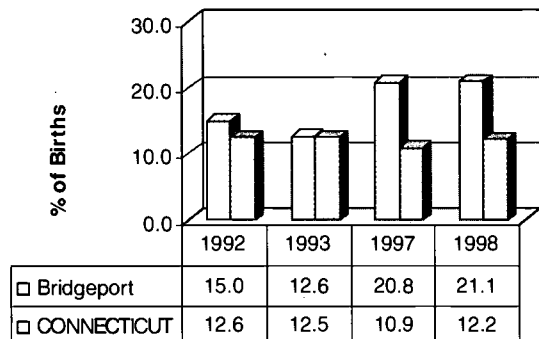
Time period

Low Birthweight



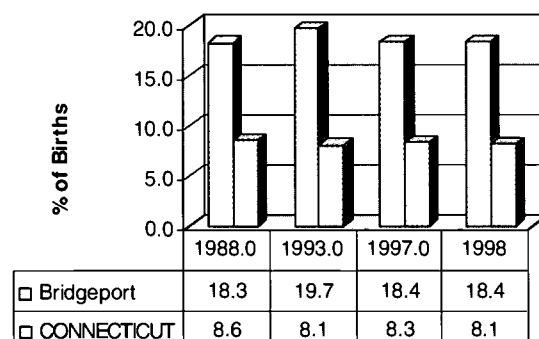
Year

Late or No Prenatal Care



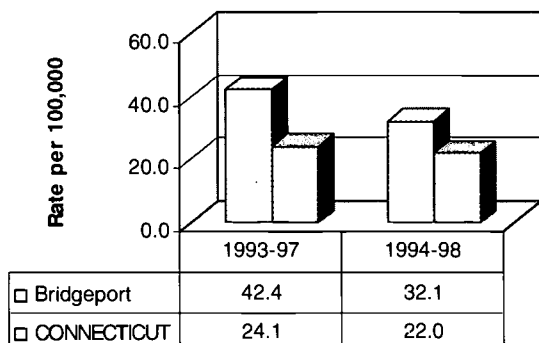
Year

Births to Teen Mothers



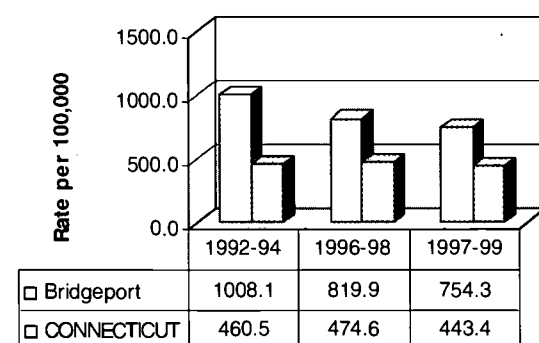
Year

Child Deaths



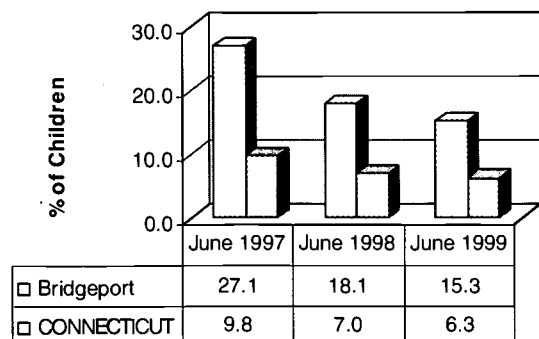
Time period

Juvenile Violent Crime Arrests



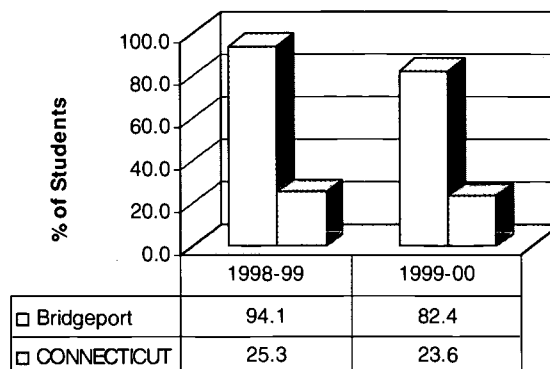
Time Period

Children Receiving TFA



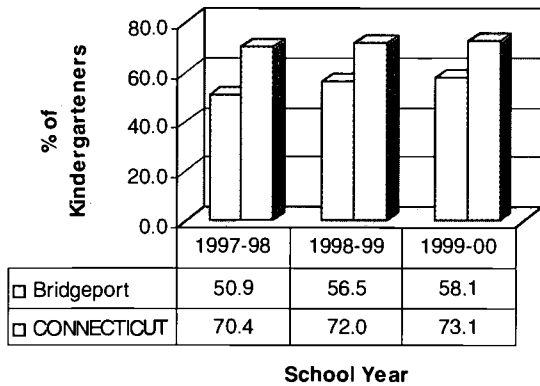
Month and Year

Free or Reduced-Price Meals

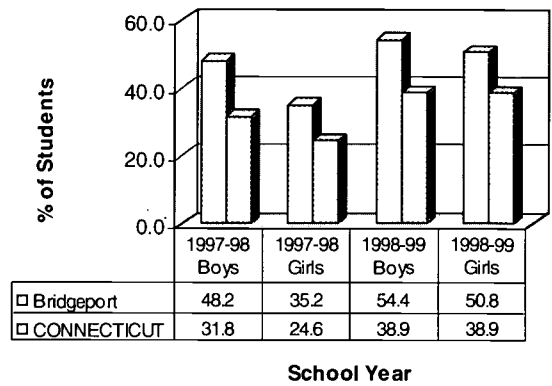


Year

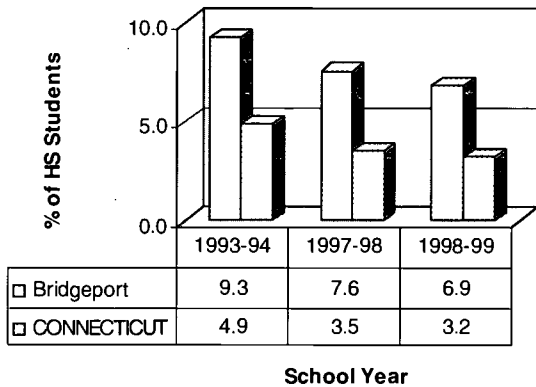
Preschool Experience



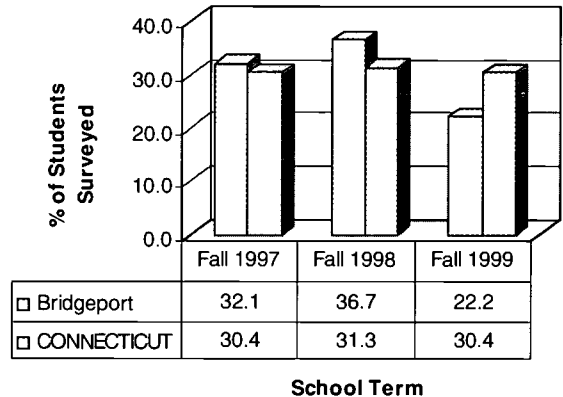
Physical Fitness Tests



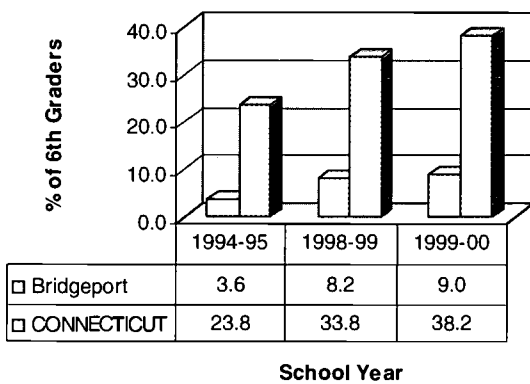
High School Dropouts



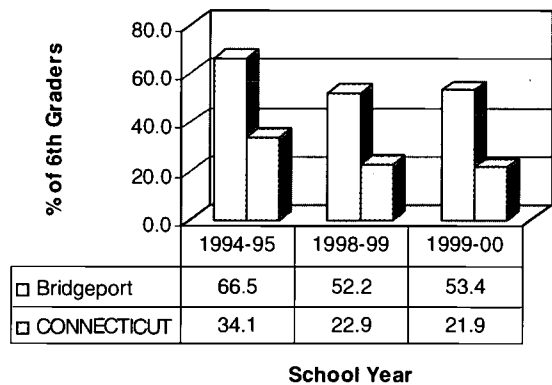
High School Employment



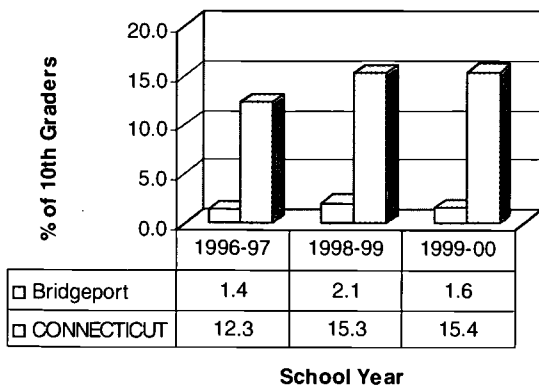
Meeting CMT Goal



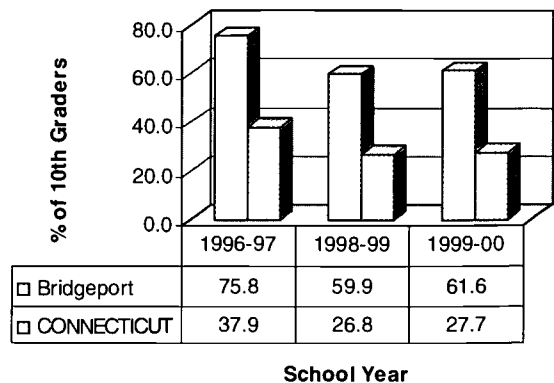
Below CMT Basic Level



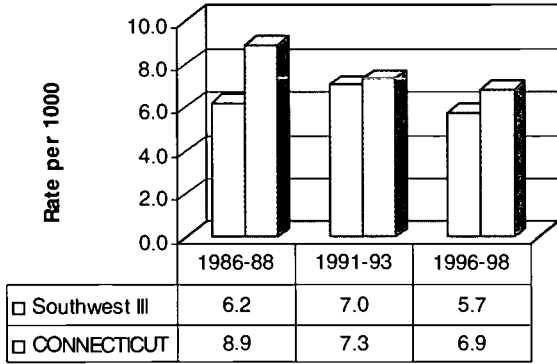
Meeting CAPT Goal



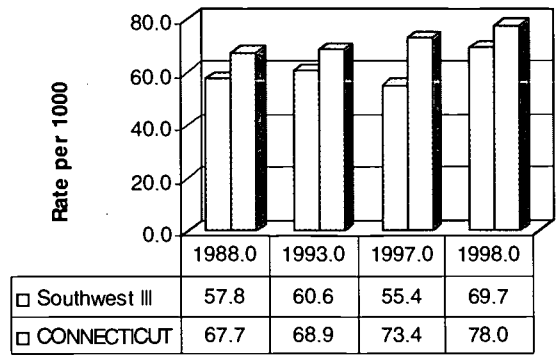
Below CAPT Basic Level



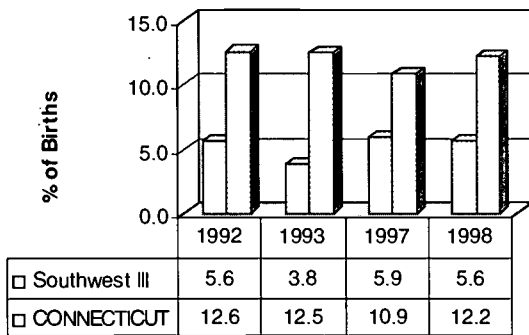
Infant Mortality



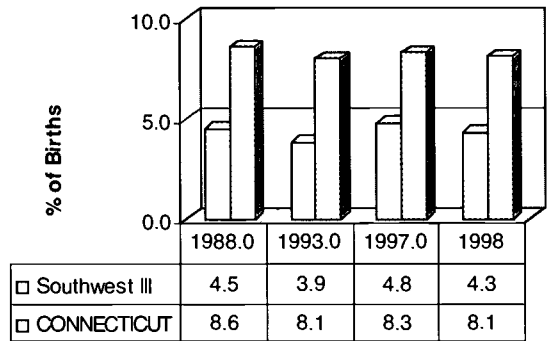
Low Birthweight



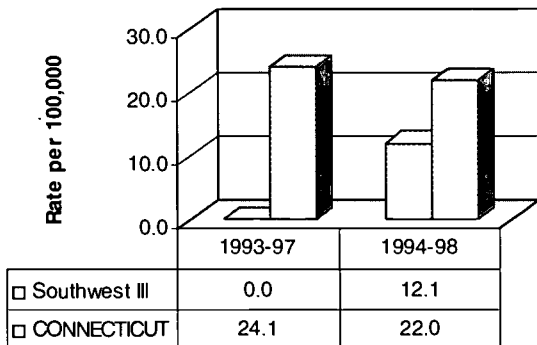
Late or No Prenatal Care



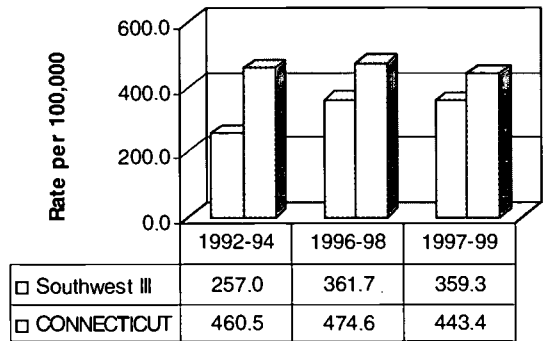
Births to Teen Mothers



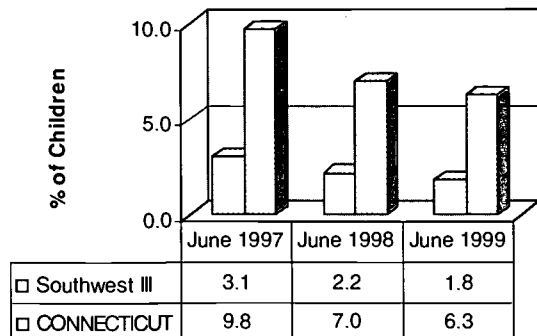
Child Deaths



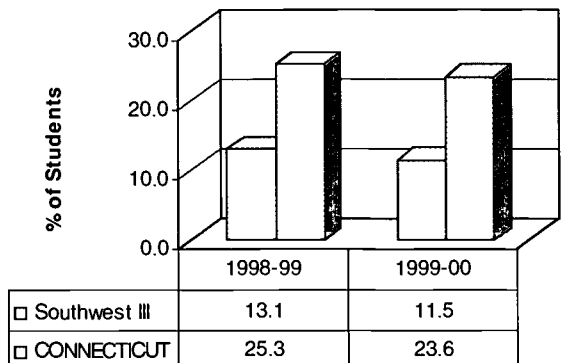
Juvenile Violent Crime Arrests



Children Receiving TFA



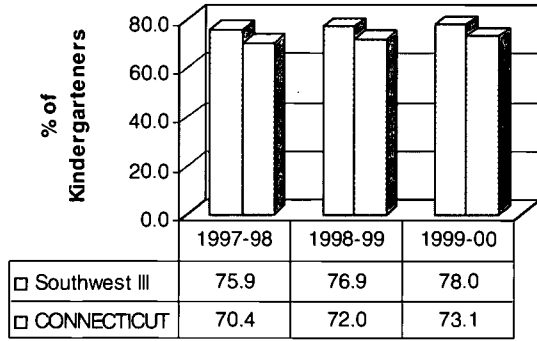
Free or Reduced-Price Meals



Month and Year

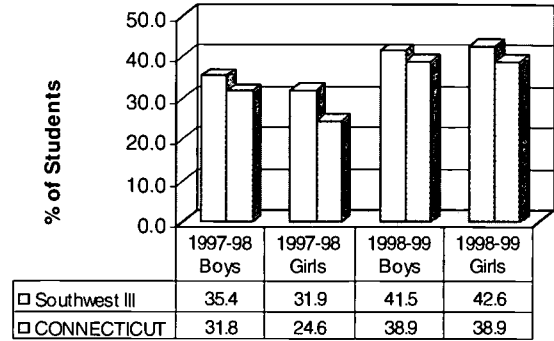
Year

Preschool Experience



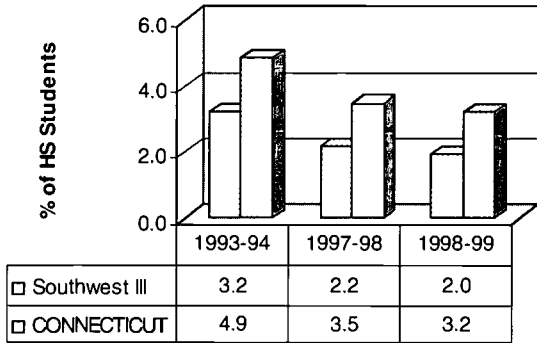
School Year

Physical Fitness Tests



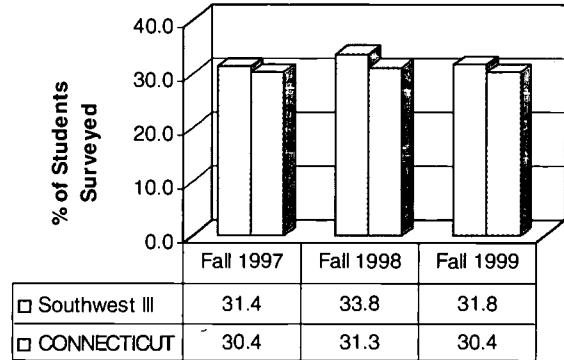
School Year

High School Dropouts



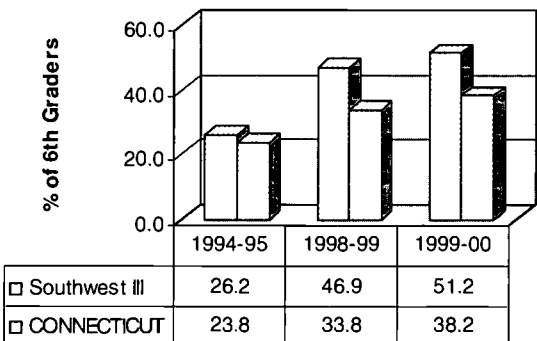
School Year

High School Employment



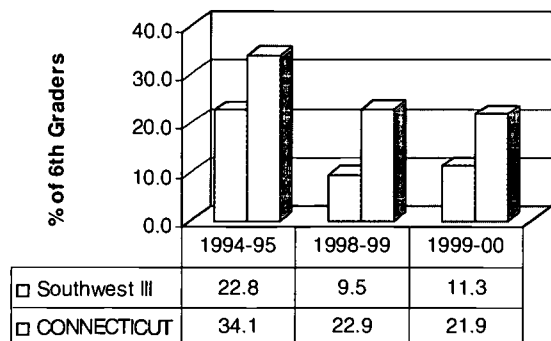
School Term

Meeting CMT Goal



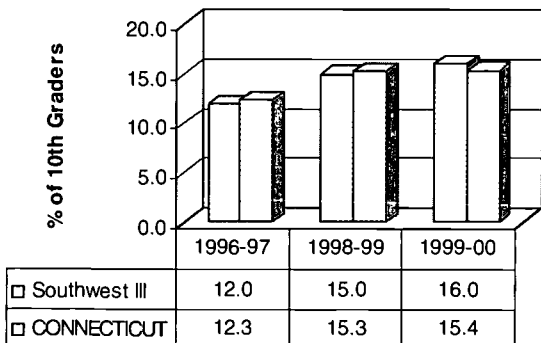
School Year

Below CMT Basic Level



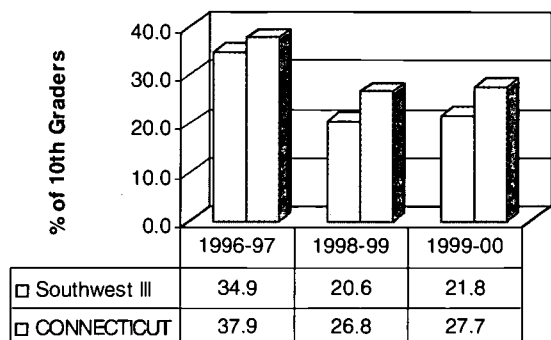
School Year

Meeting CAPT Goal



School Year

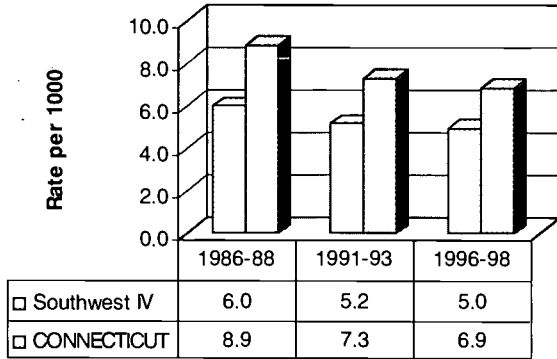
Below CAPT Basic Level



School Year

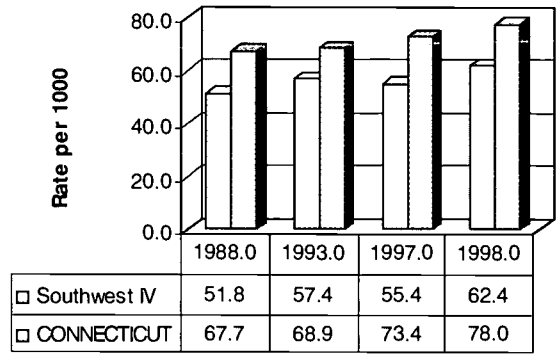
Southwest IV

Infant Mortality



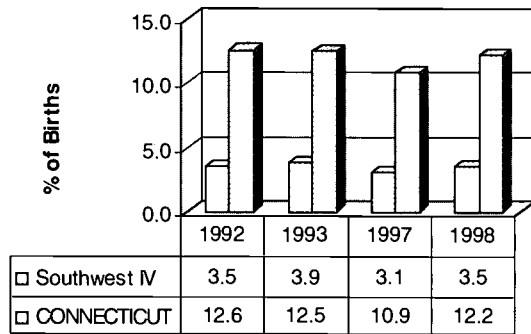
Time period

Low Birthweight



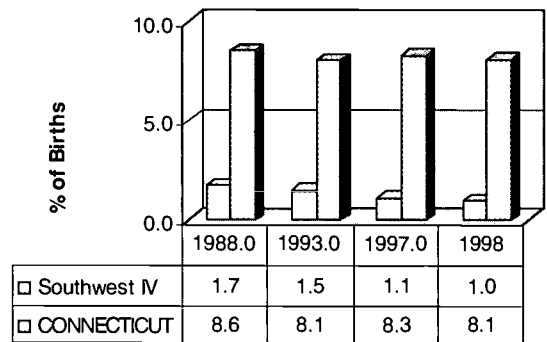
Year

Late or No Prenatal Care



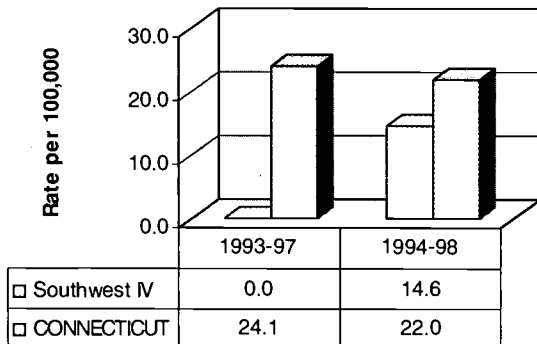
Year

Births to Teen Mothers



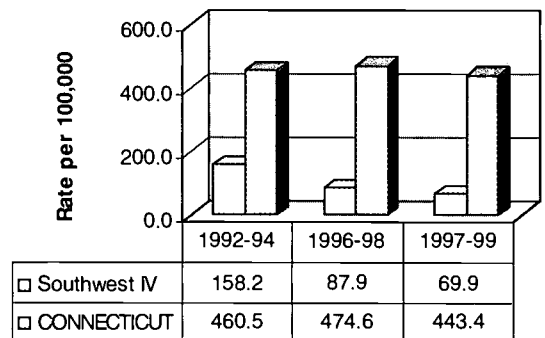
Year

Child Deaths



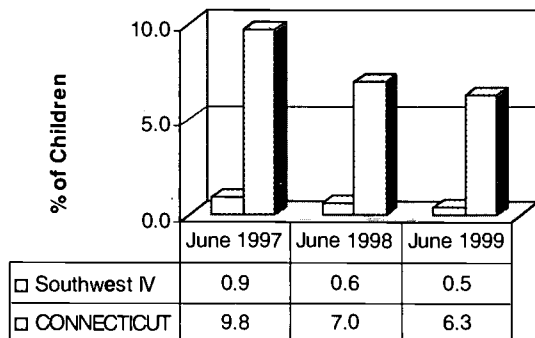
Time period

Juvenile Violent Crime Arrests



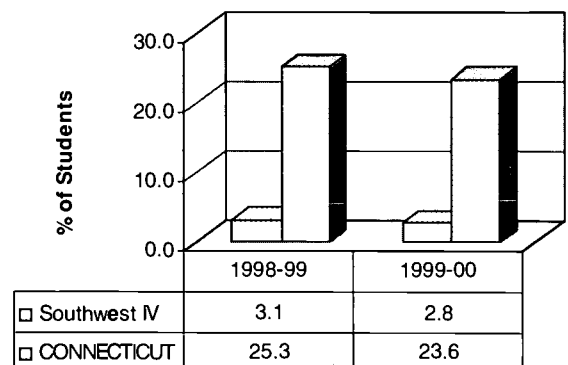
Time Period

Children Receiving TFA



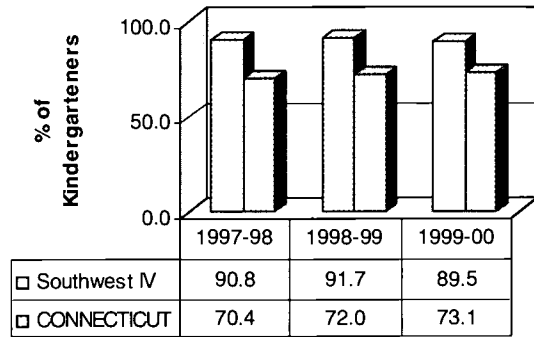
Month and Year

Free or Reduced-Price Meals



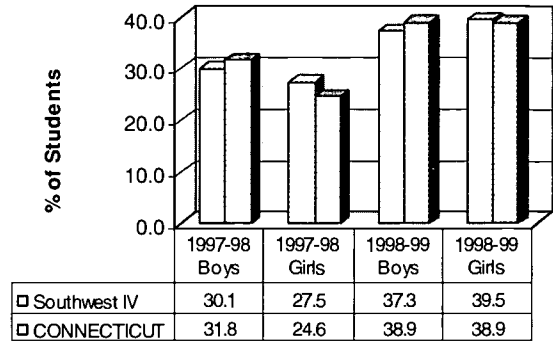
Year

Preschool Experience



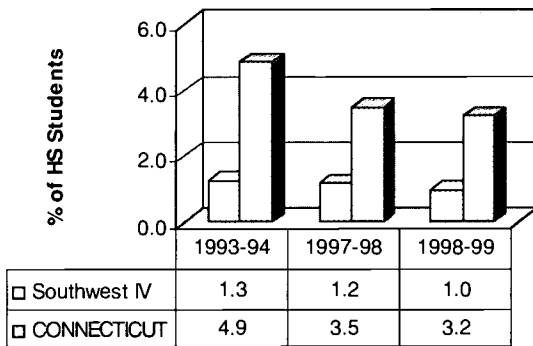
School Year

Physical Fitness Tests



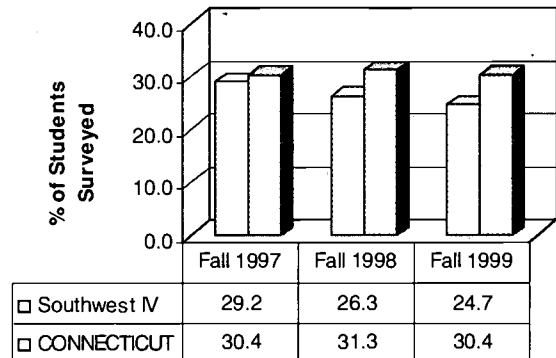
School Year

High School Dropouts



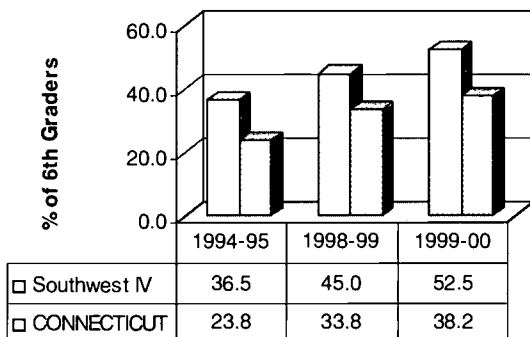
School Year

High School Employment



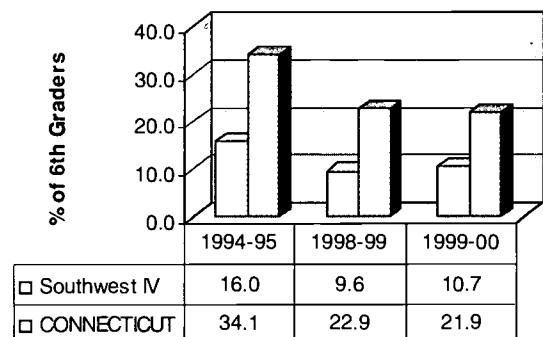
School Term

Meeting CMT Goal



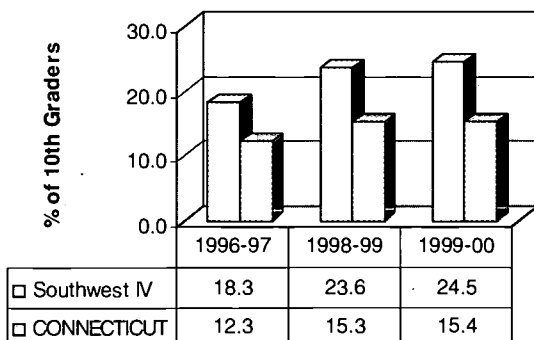
School Year

Below CMT Basic Level



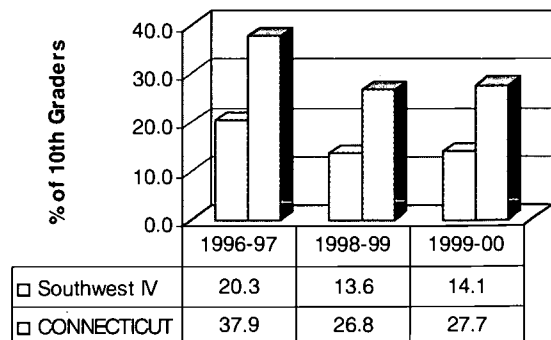
School Year

Meeting CAPT Goal



School Year

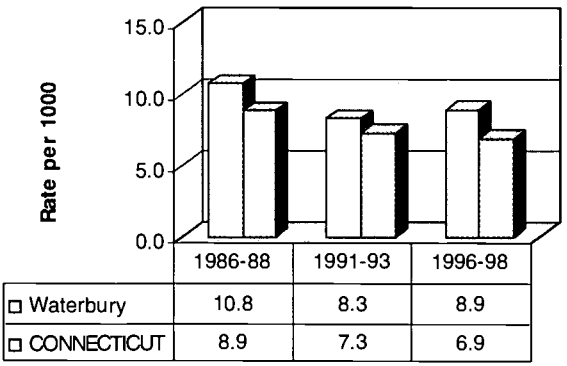
Below CAPT Basic Level



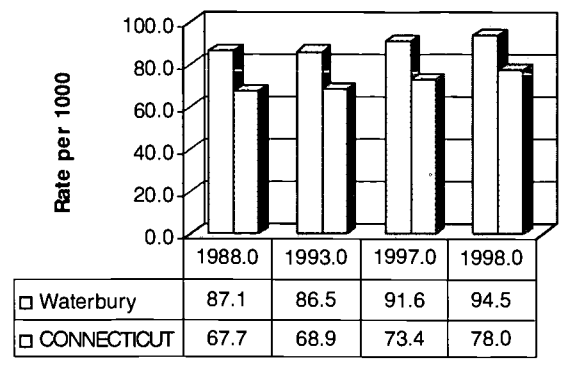
School Year

Waterbury

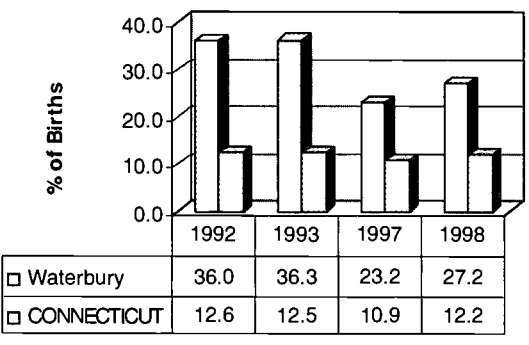
Infant Mortality



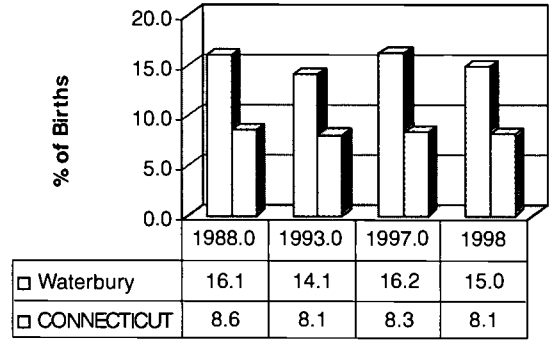
Low Birthweight



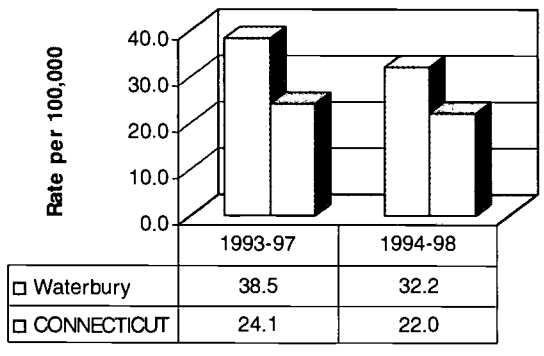
Late or No Prenatal Care



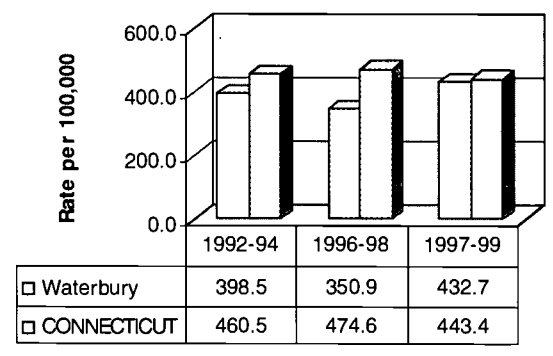
Births to Teen Mothers



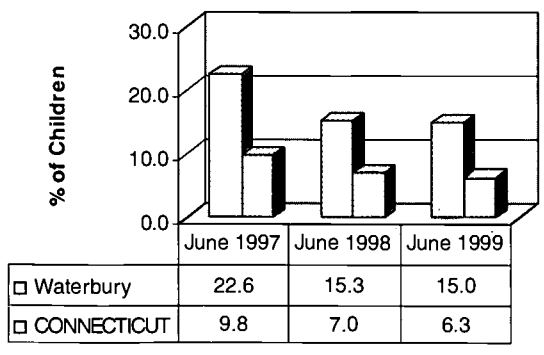
Child Deaths



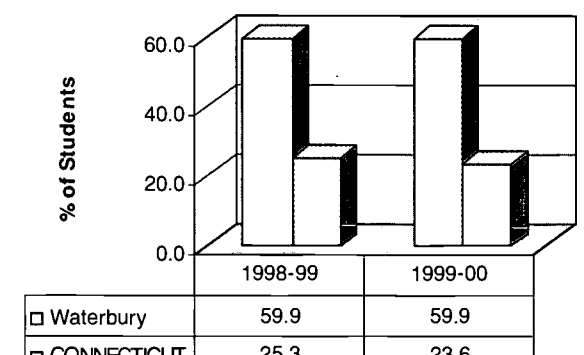
Juvenile Violent Crime Arrests



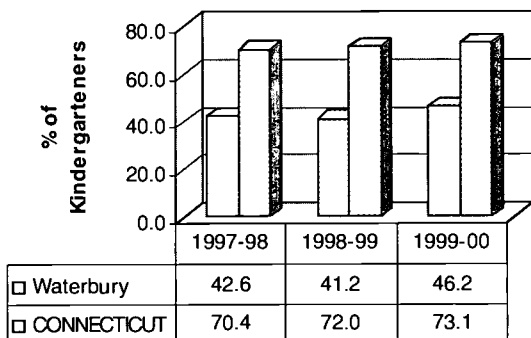
Children Receiving TFA



Free or Reduced-Price Meals

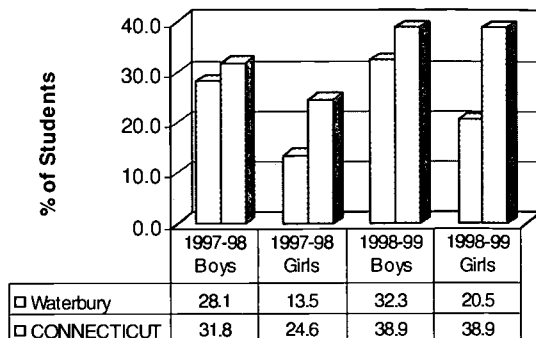


Preschool Experience



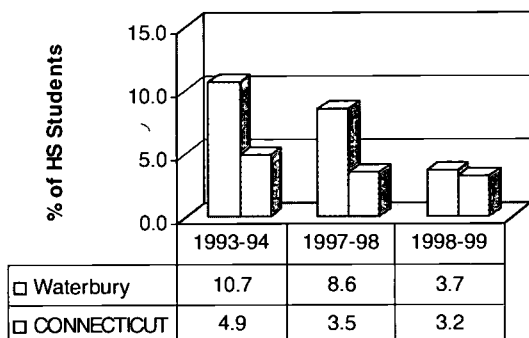
School Year

Physical Fitness Tests



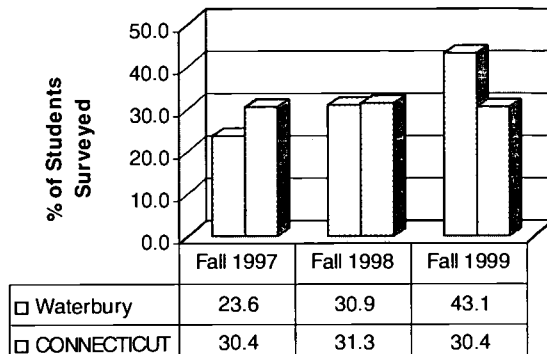
School Year

High School Dropouts



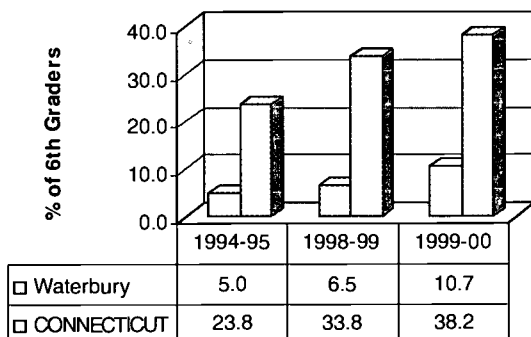
School Year

High School Employment



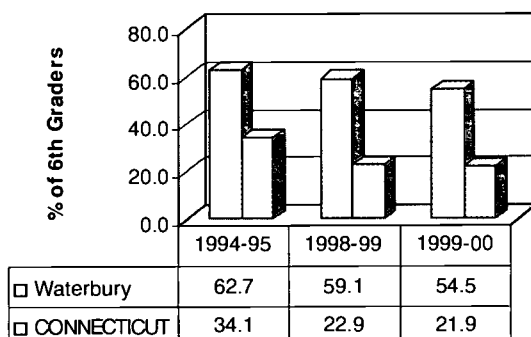
School Term

Meeting CMT Goal



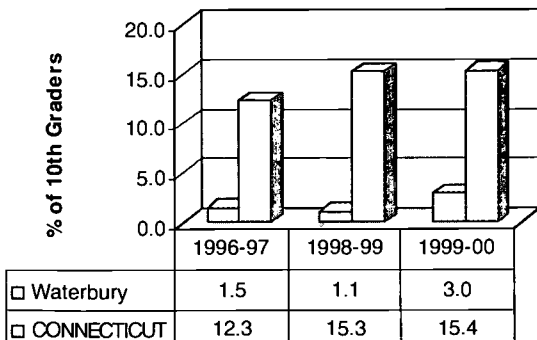
School Year

Below CMT Basic Level



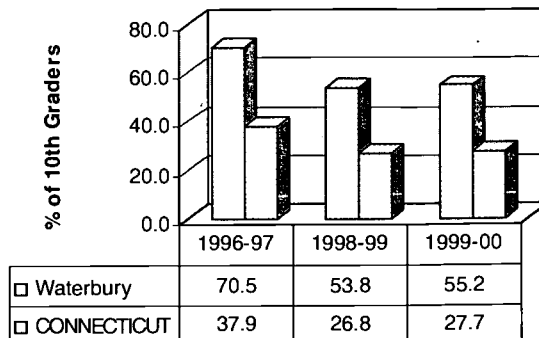
School Year

Meeting CAPT Goal



School Year

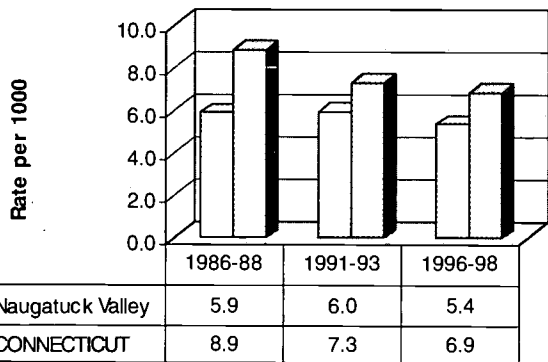
Below CAPT Basic Level



School Year

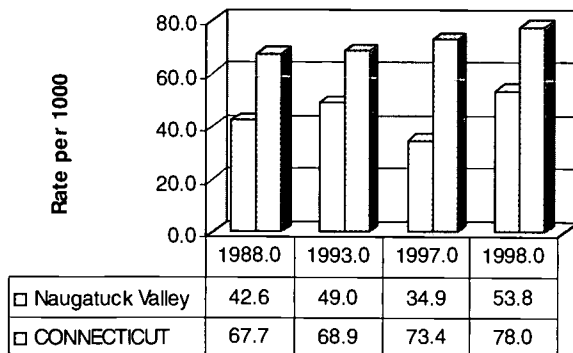
Naugatuck Valley

Infant Mortality



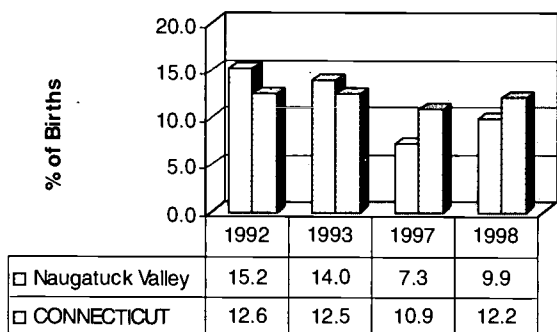
Time period

Low Birthweight



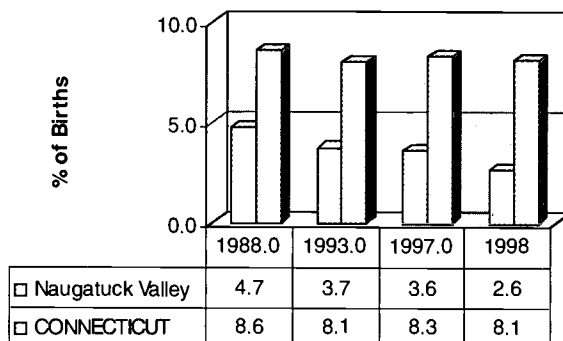
Year

Late or No Prenatal Care



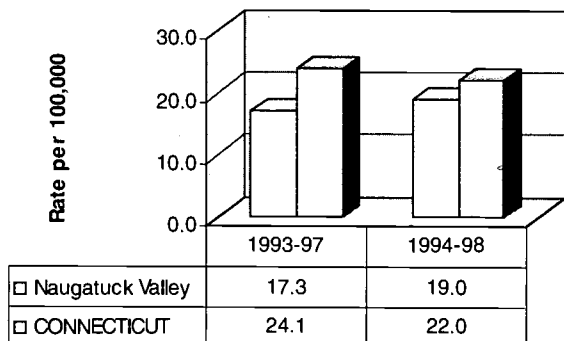
Year

Births to Teen Mothers



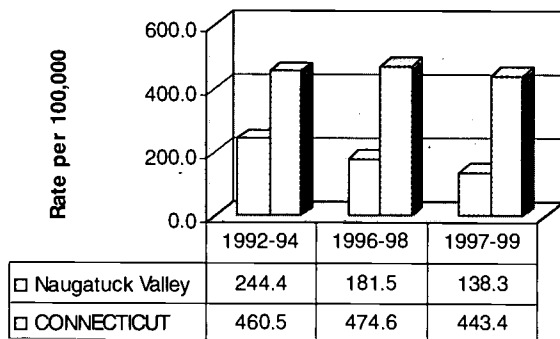
Year

Child Deaths



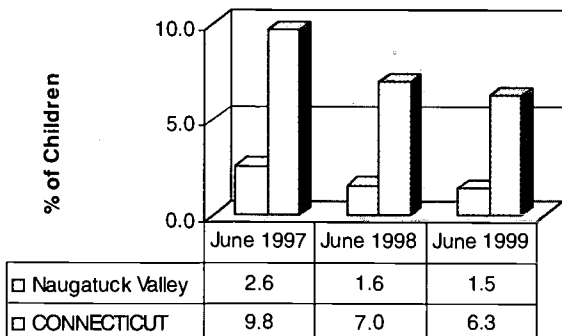
Time period

Juvenile Violent Crime Arrests



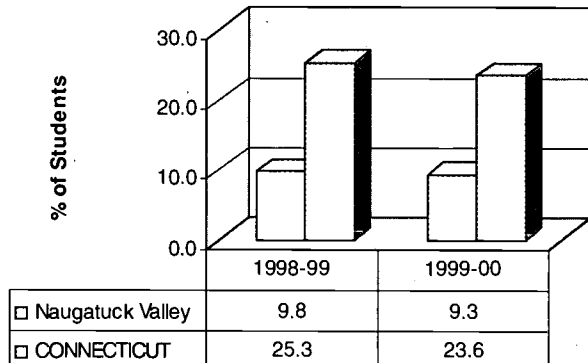
Time Period

Children Receiving TFA



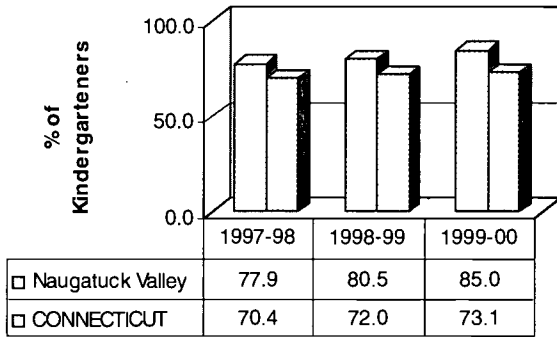
Month and Year

Free or Reduced-Price Meals

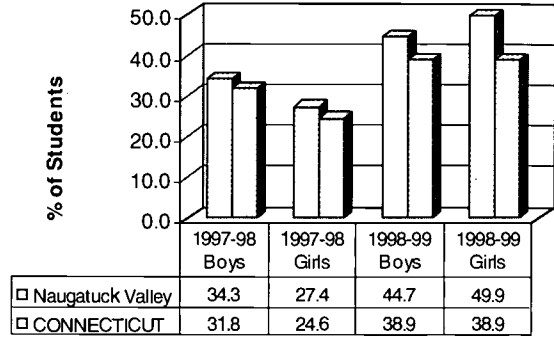


Year

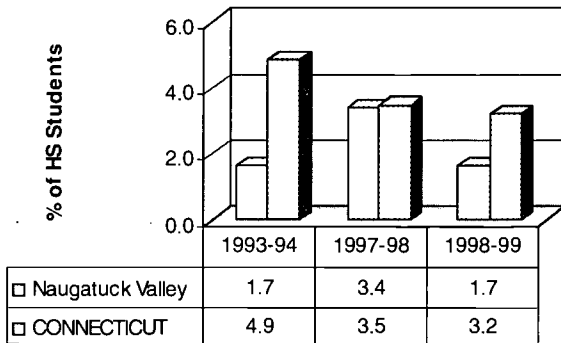
Preschool Experience



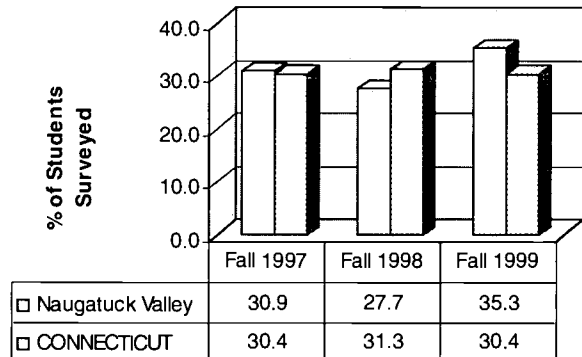
Physical Fitness Tests



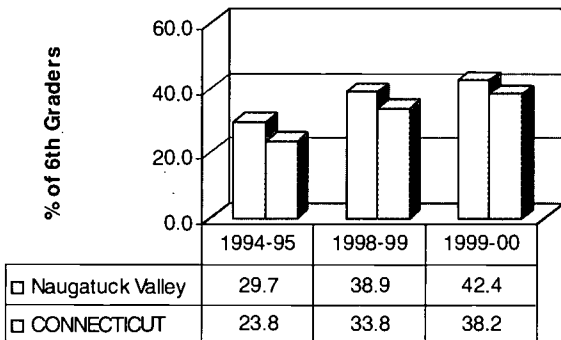
High School Dropouts



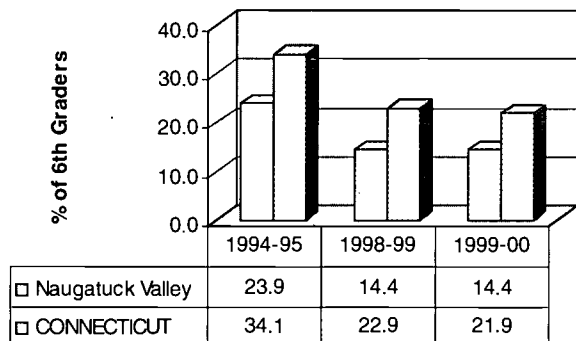
High School Employment



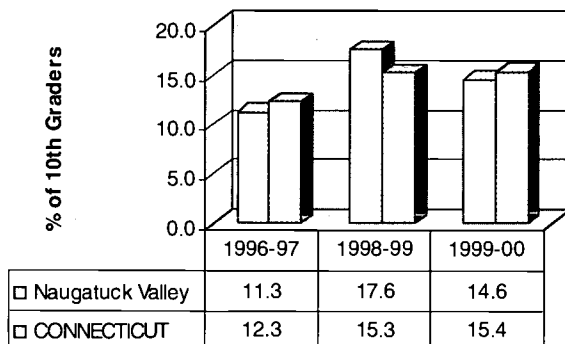
Meeting CMT Goal



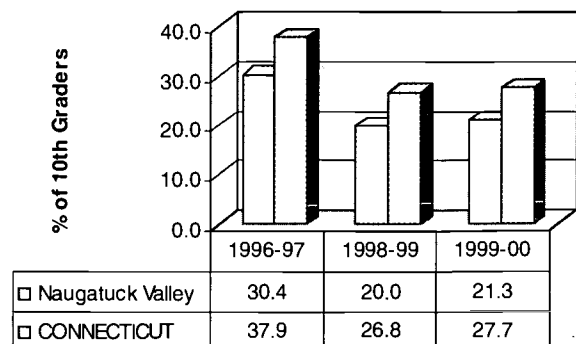
Below CMT Basic Level



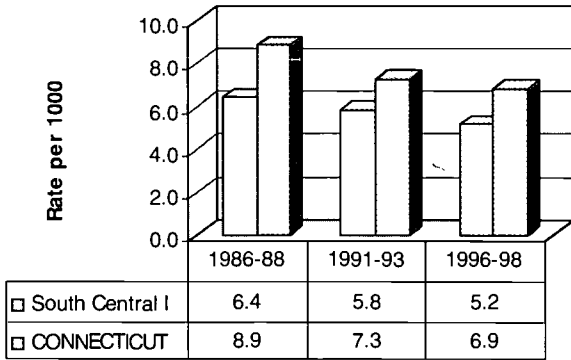
Meeting CAPT Goal



Below CAPT Basic Level

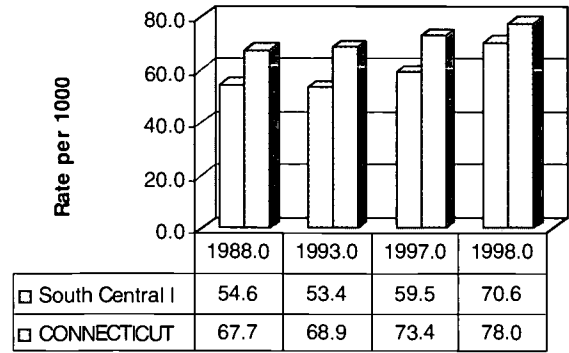


Infant Mortality



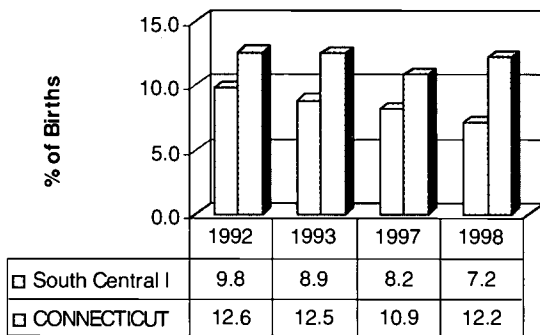
Time period

Low Birthweight



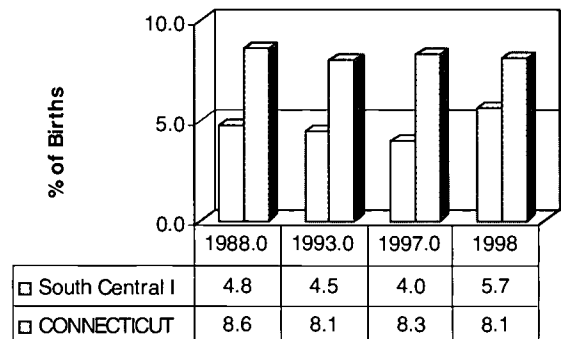
Year

Late or No Prenatal Care



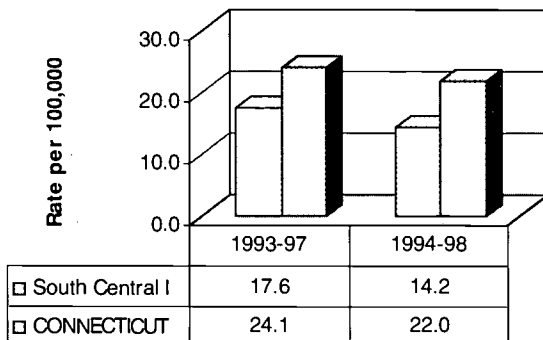
Year

Births to Teen Mothers



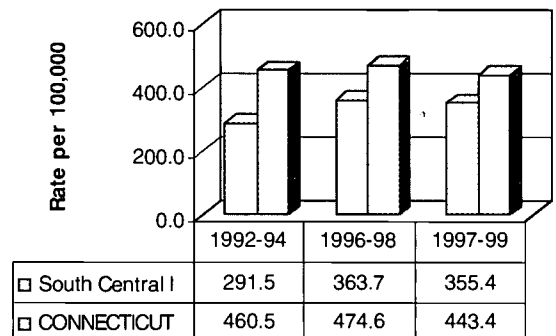
Year

Child Deaths



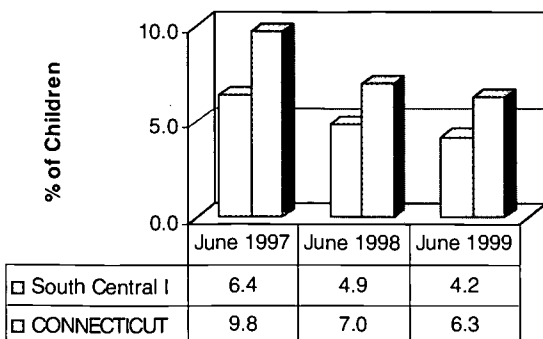
Time period

Juvenile Violent Crime Arrests



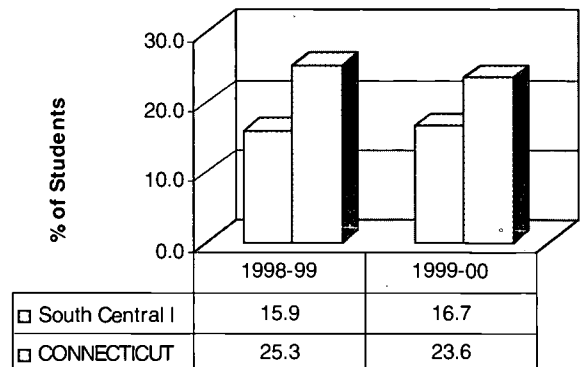
Time Period

Children Receiving TFA



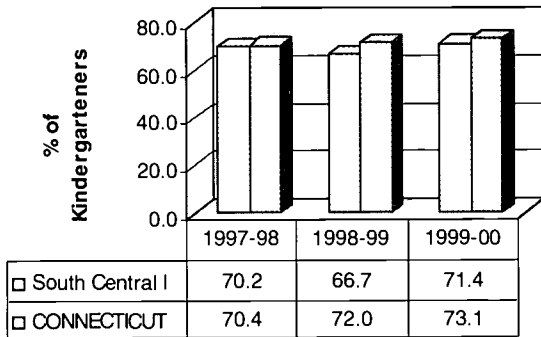
Month and Year

Free or Reduced-Price Meals



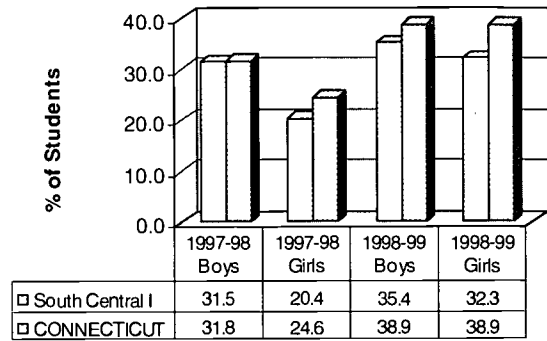
Year

Preschool Experience



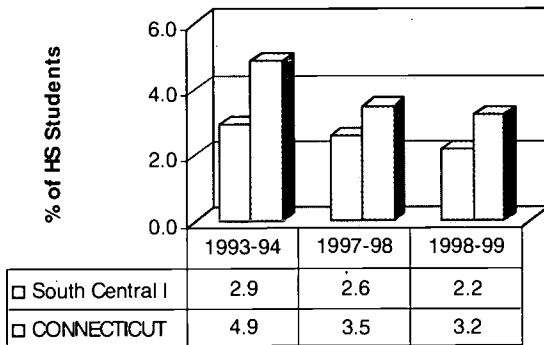
School Year

Physical Fitness Tests



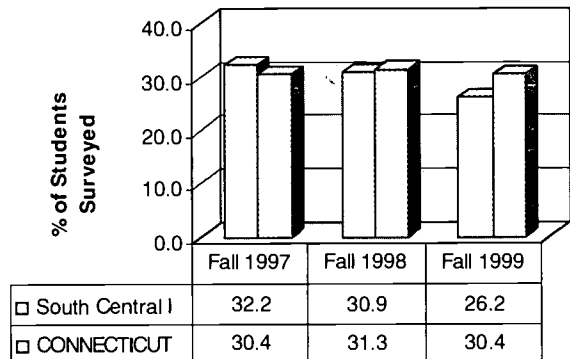
School Year

High School Dropouts



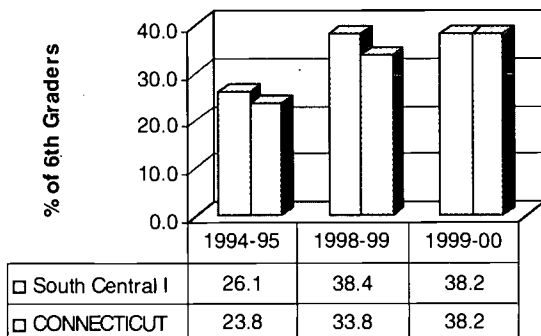
School Year

High School Employment



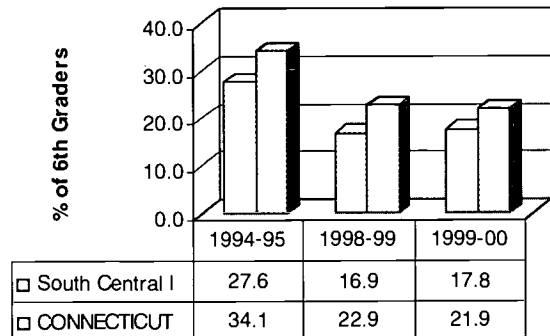
School Term

Meeting CMT Goal



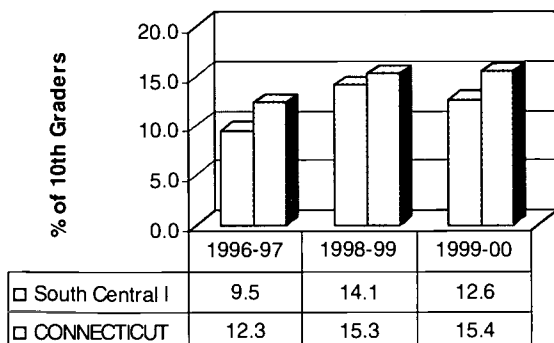
School Year

Below CMT Basic Level



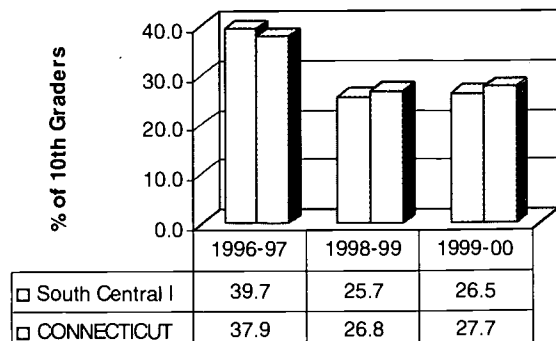
School Year

Meeting CAPT Goal



School Year

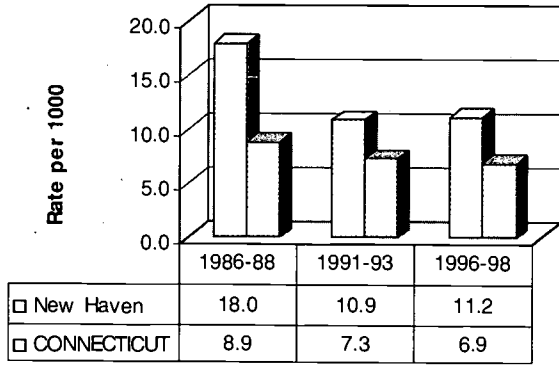
Below CAPT Basic Level



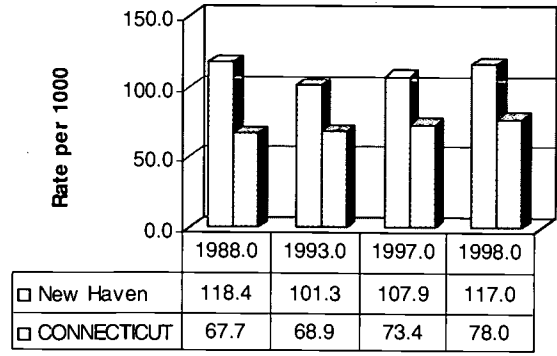
School Year

New Haven

Infant Mortality

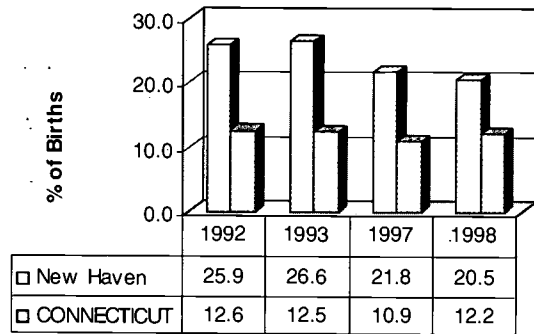


Low Birthweight

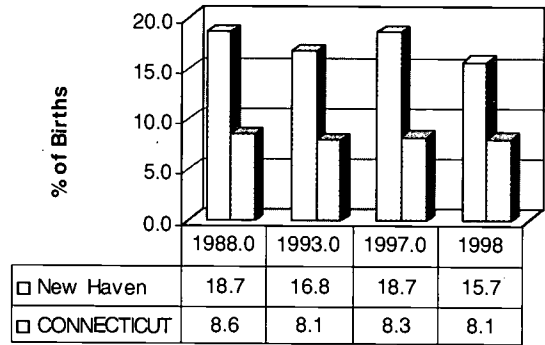


Time period

Late or No Prenatal Care



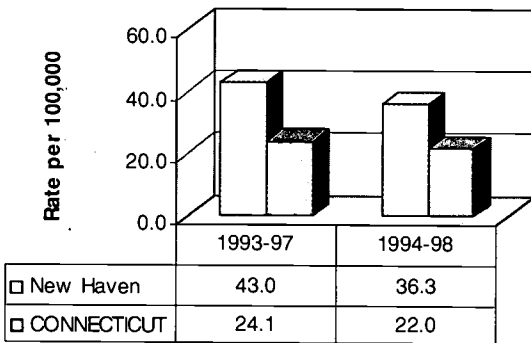
Births to Teen Mothers



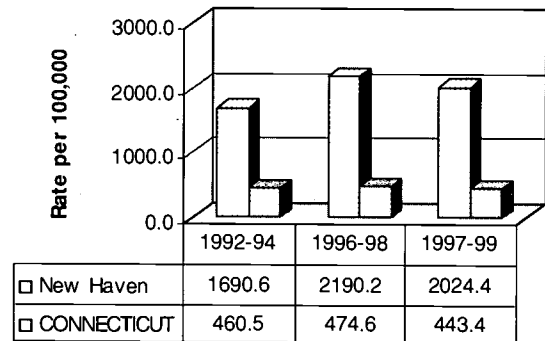
Year

Year

Child Deaths



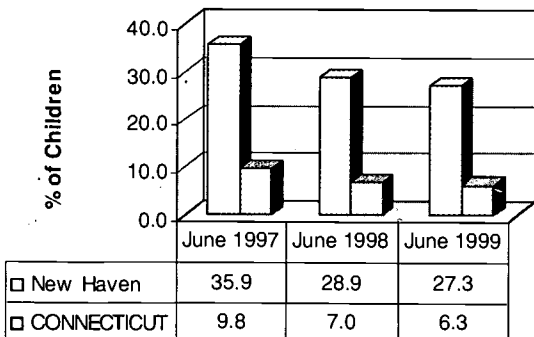
Juvenile Violent Crime Arrests



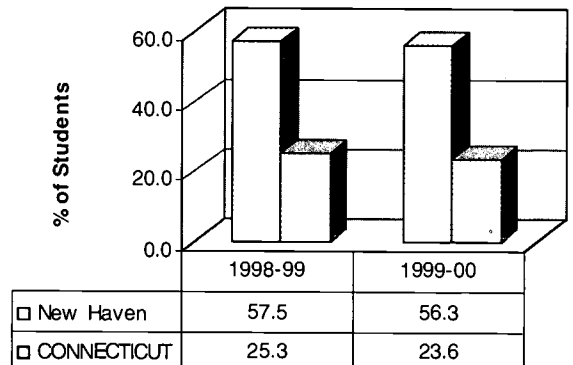
Time period

Time Period

Children Receiving TFA



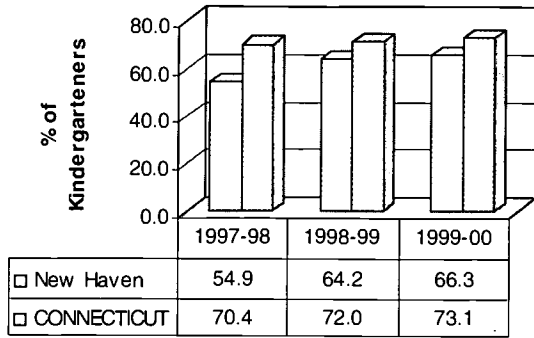
Free or Reduced-Price Meals



Month and Year

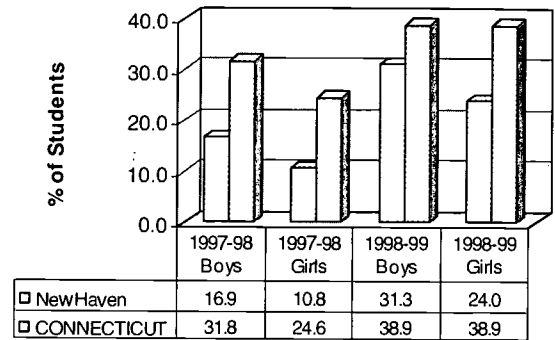
Year

Preschool Experience



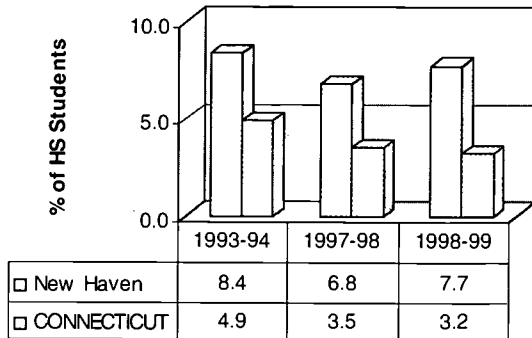
School Year

Physical Fitness Tests



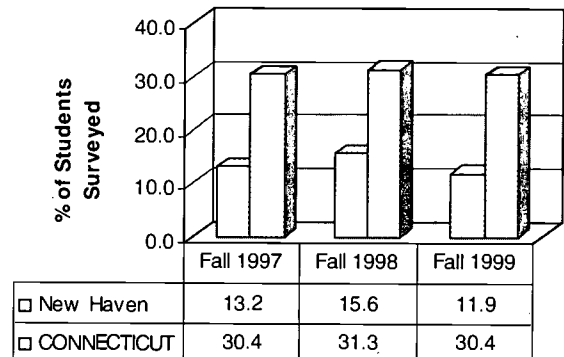
School Year

High School Dropouts



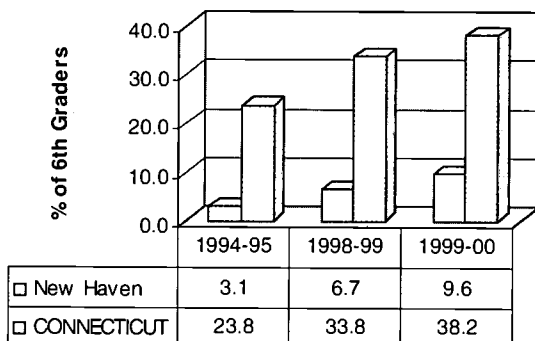
School Year

High School Employment



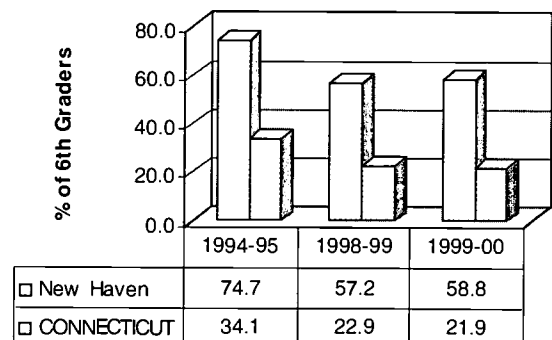
School Term

Meeting CMT Goal



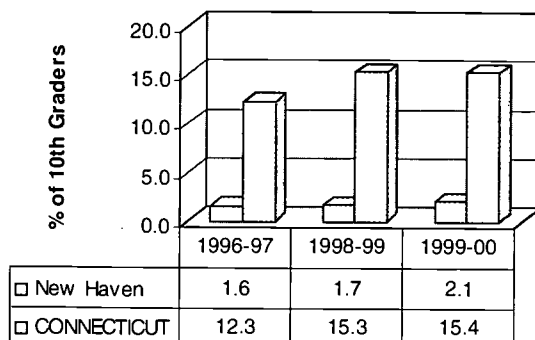
School Year

Below CMT Basic Level



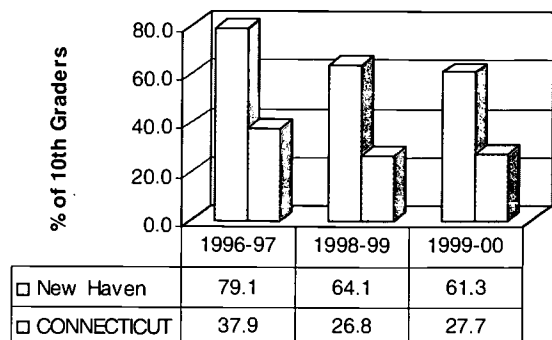
School Year

Meeting CAPT Goal



School Year

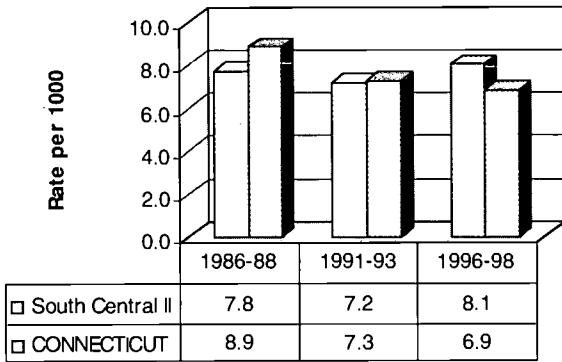
Below CAPT Basic Level



School Year

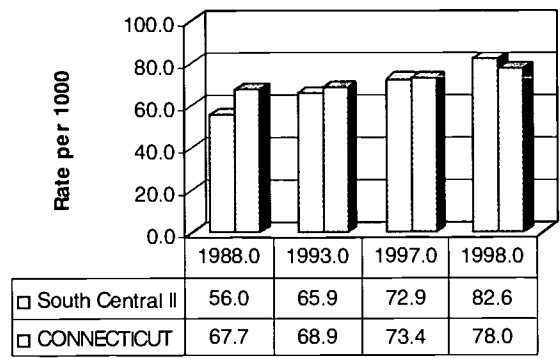
South Central II

Infant Mortality



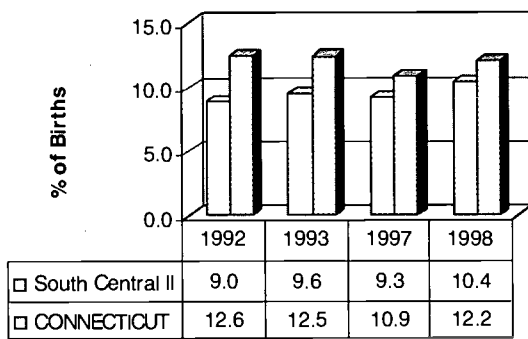
Time period

Low Birthweight



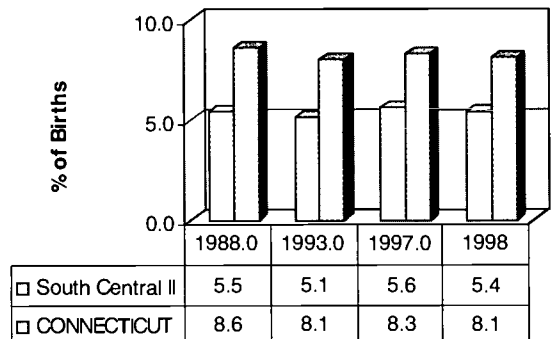
Year

Late or No Prenatal Care



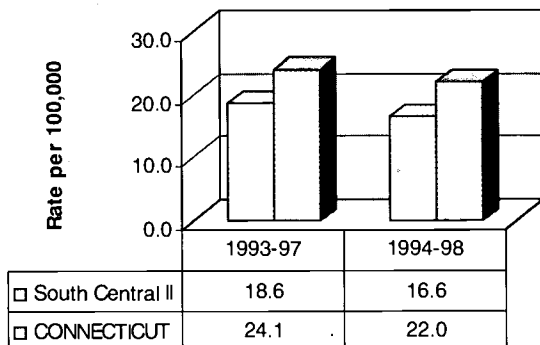
Year

Births to Teen Mothers



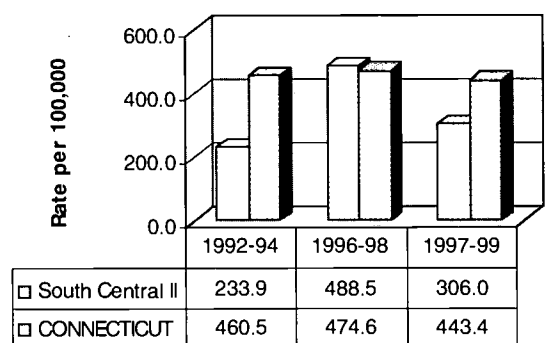
Year

Child Deaths



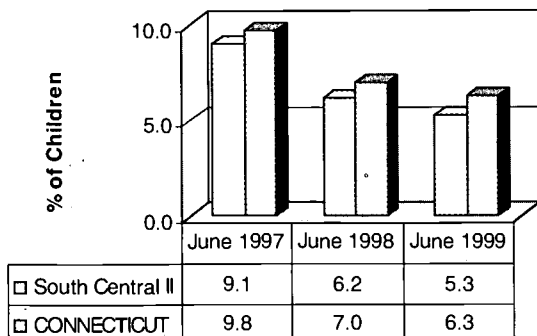
Time period

Juvenile Violent Crime Arrests



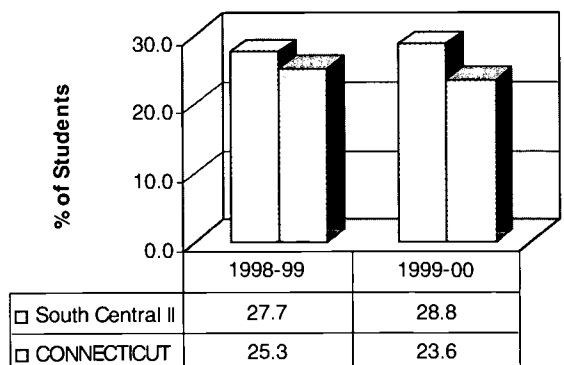
Time Period

Children Receiving TFA



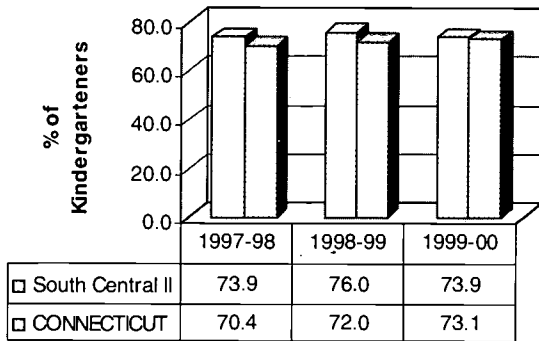
Month and Year

Free or Reduced-Price Meals

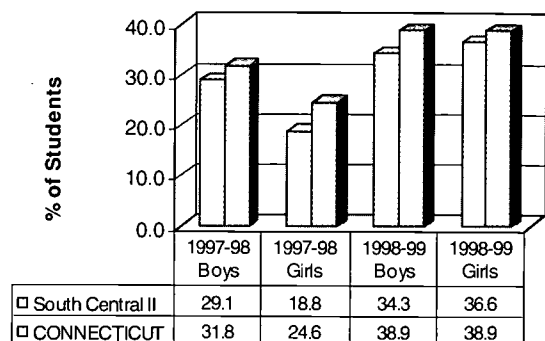


Year

Preschool Experience



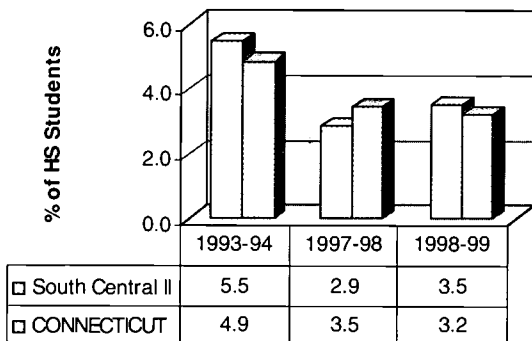
Physical Fitness Tests



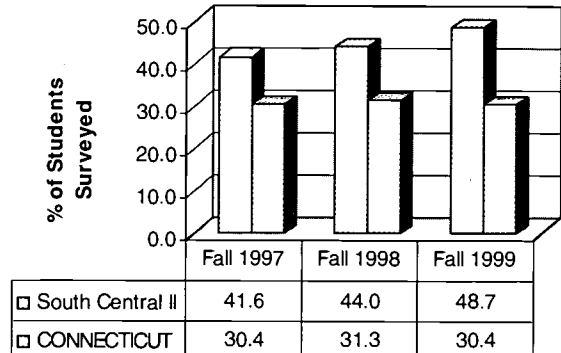
School Year

School Year

High School Dropouts



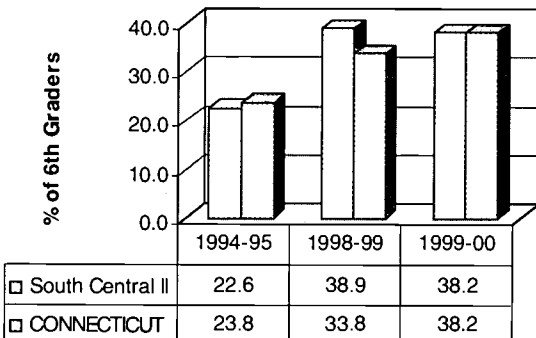
High School Employment



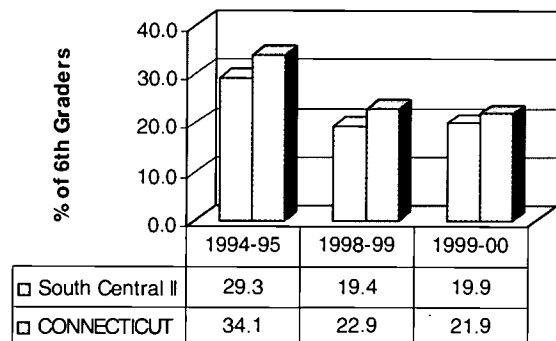
School Year

School Term

Meeting CMT Goal



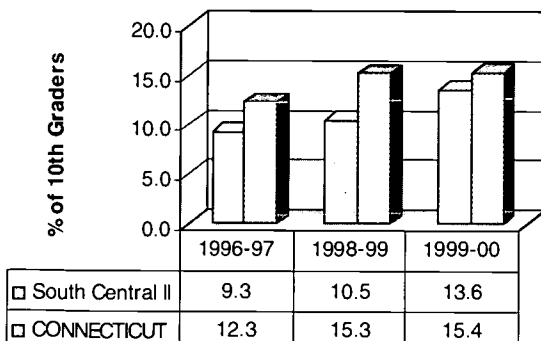
Below CMT Basic Level



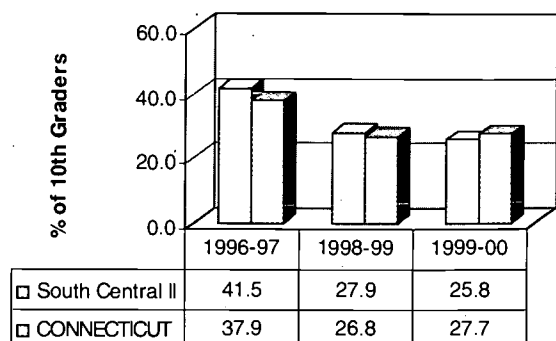
School Year

School Year

Meeting CAPT Goal



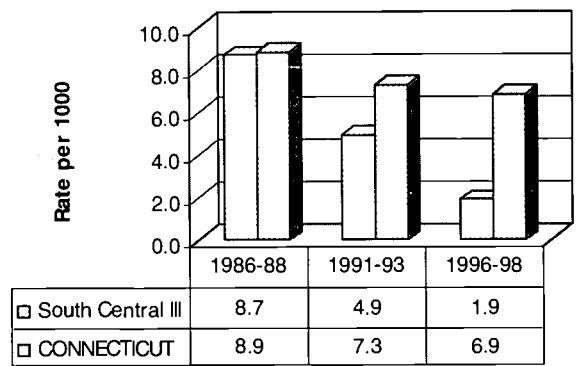
Below CAPT Basic Level



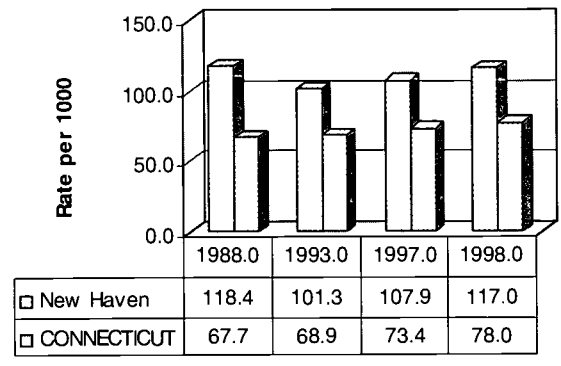
School Year

School Year

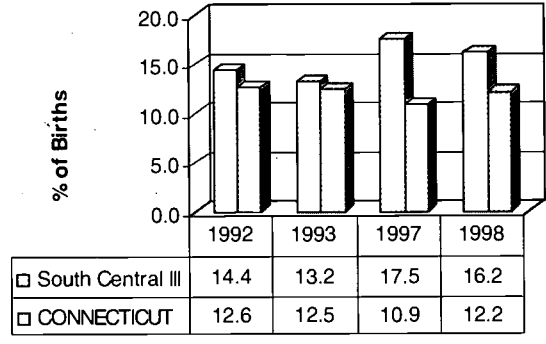
Infant Mortality



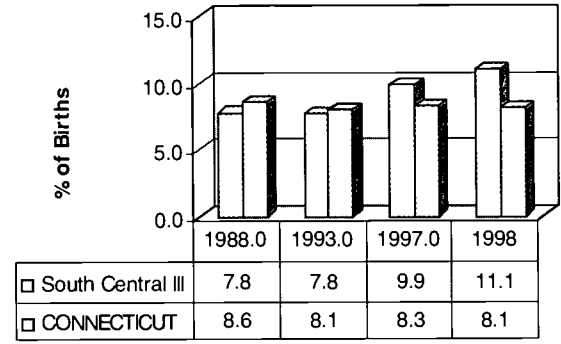
Low Birthweight



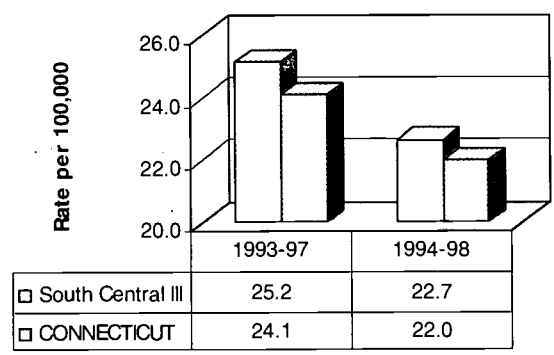
Late or No Prenatal Care



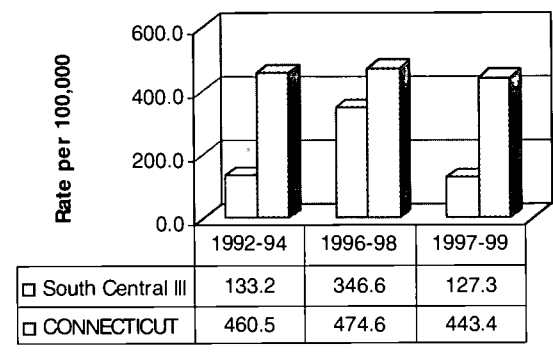
Births to Teen Mothers



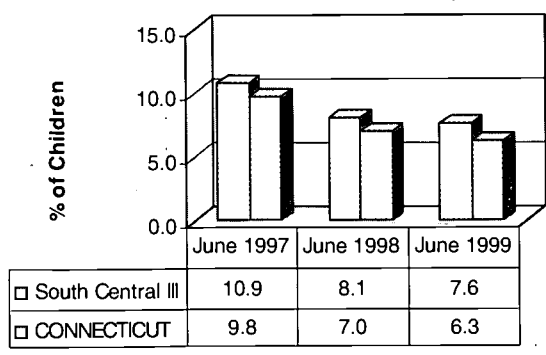
Child Deaths



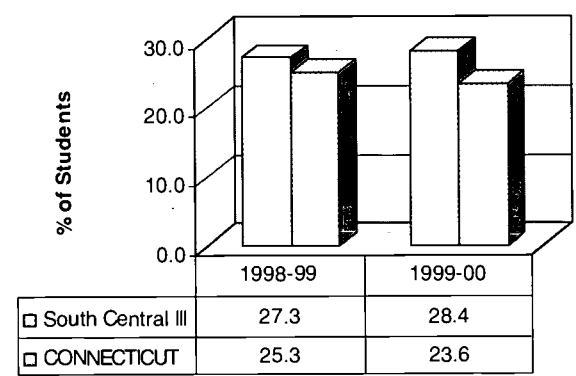
Juvenile Violent Crime Arrests



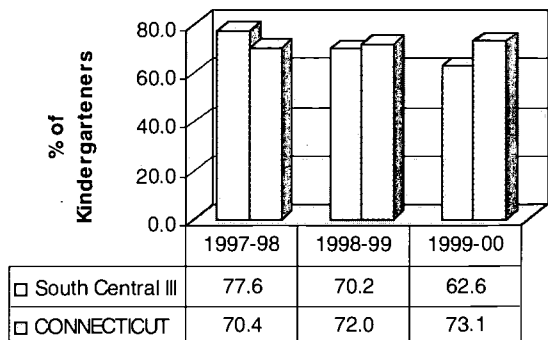
Children Receiving TFA



Free or Reduced-Price Meals

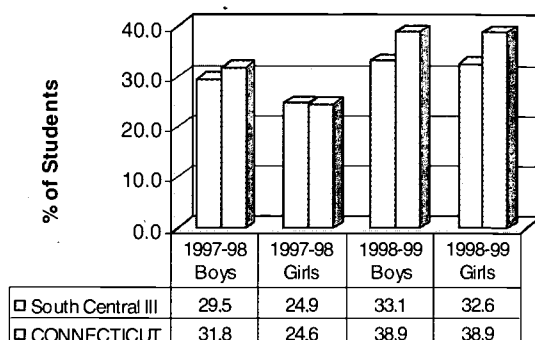


Preschool Experience



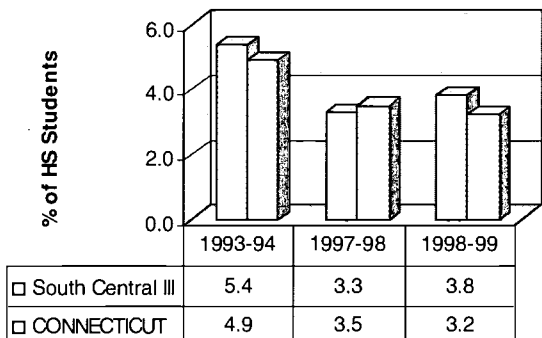
School Year

Physical Fitness Tests



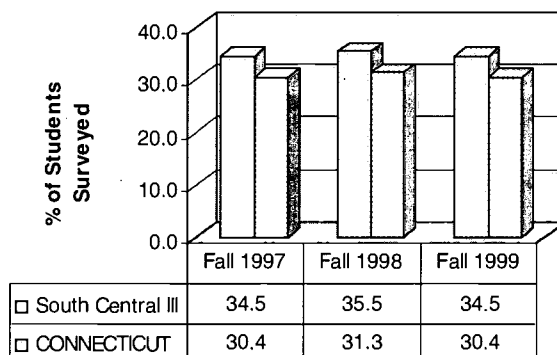
School Year

High School Dropouts



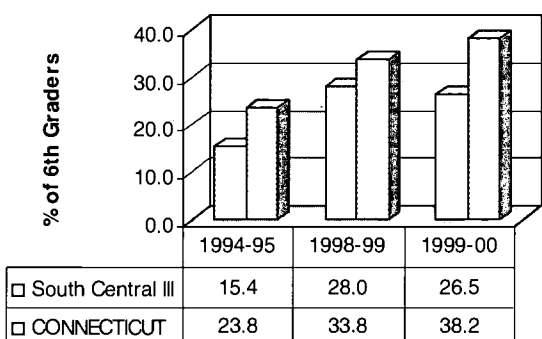
School Year

High School Employment



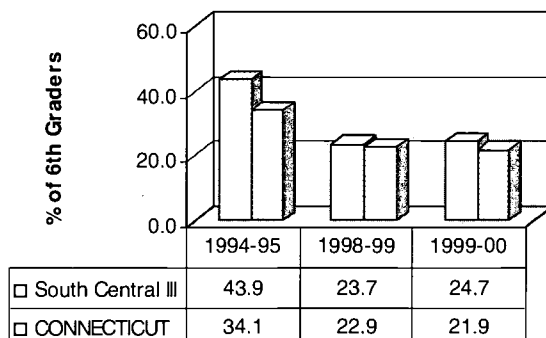
School Term

Meeting CMT Goal



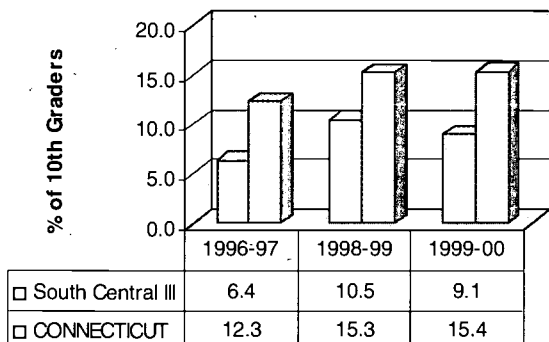
School Year

Below CMT Basic Level



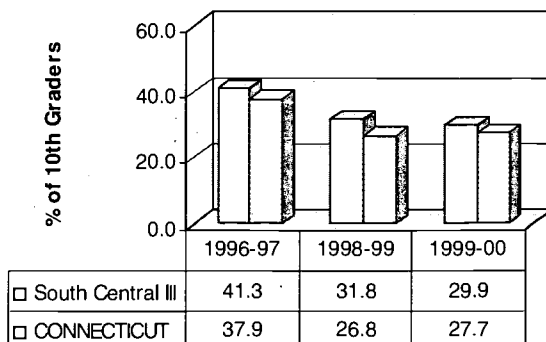
School Year

Meeting CAPT Goal



School Year

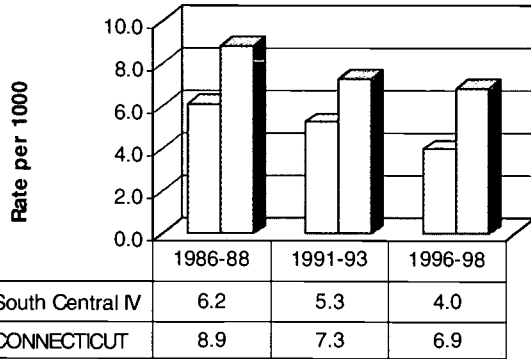
Below CAPT Basic Level



School Year

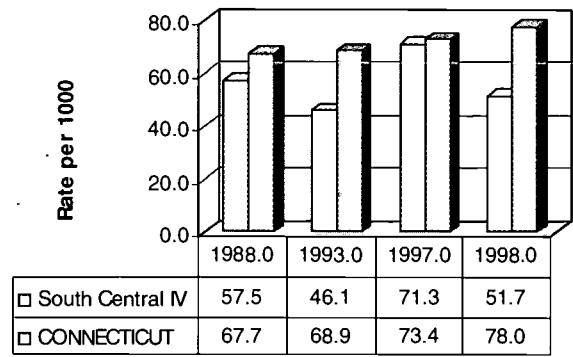
South Central IV

Infant Mortality



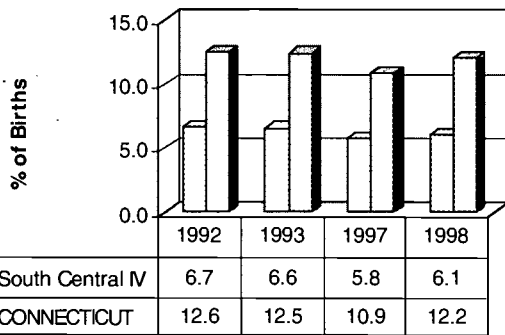
Time period

Low Birthweight



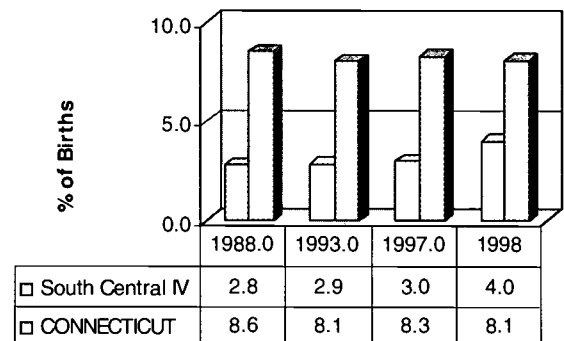
Year

Late or No Prenatal Care



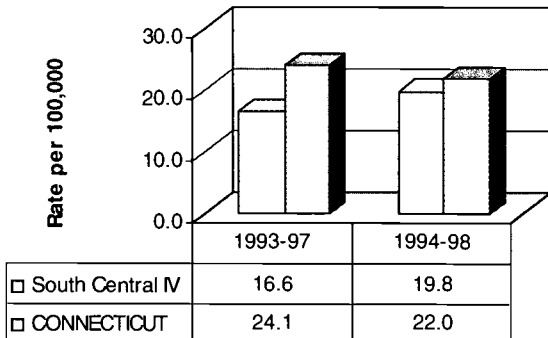
Year

Births to Teen Mothers



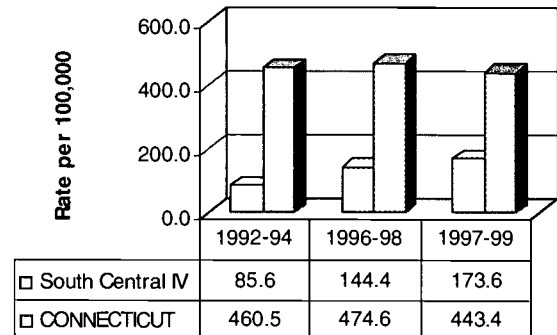
Year

Child Deaths



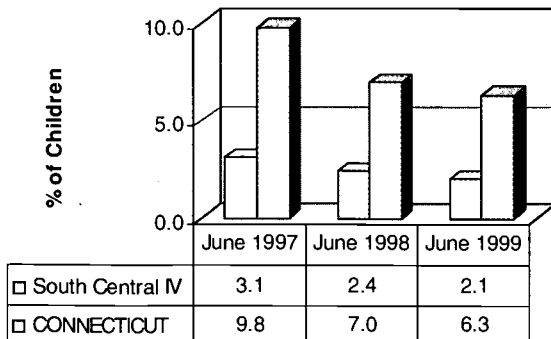
Time period

Juvenile Violent Crime Arrests



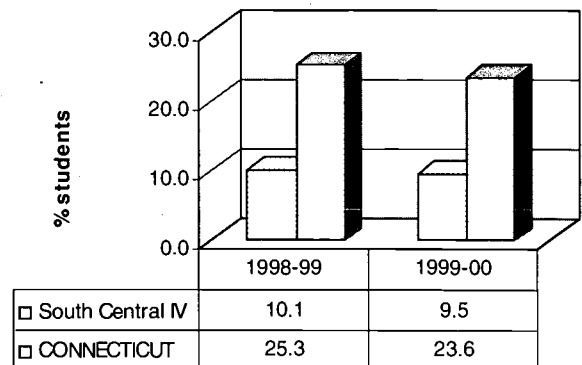
Time Period

Children Receiving TFA



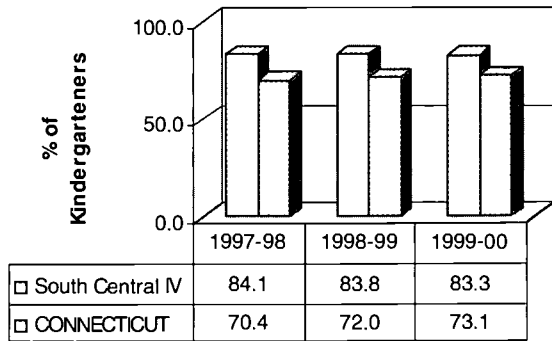
Month and Year

Free or Reduced-Price Meals



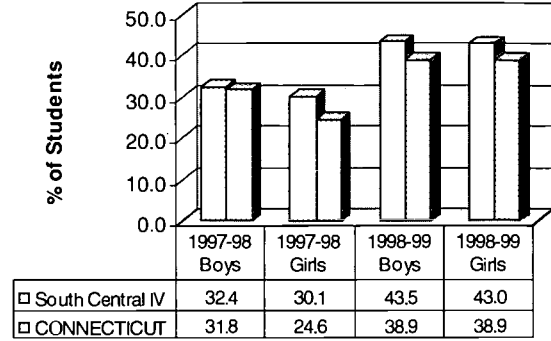
Year

Preschool Experience



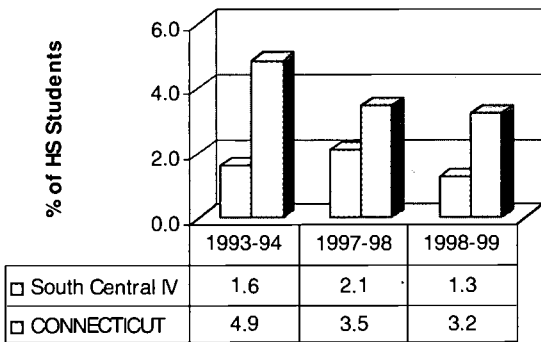
School Year

Physical Fitness Tests



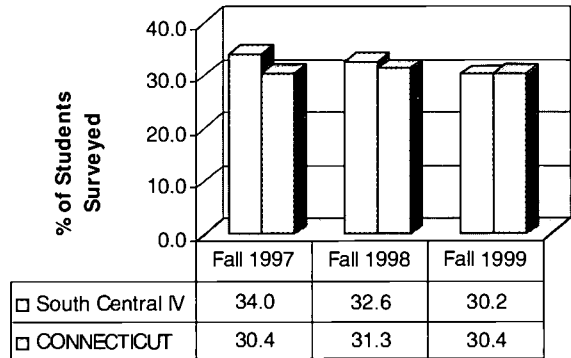
School Year

High School Dropouts



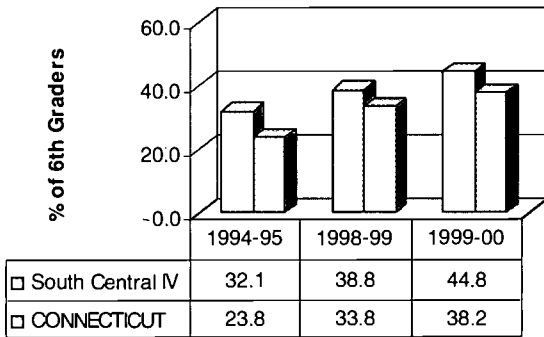
School Year

High School Employment



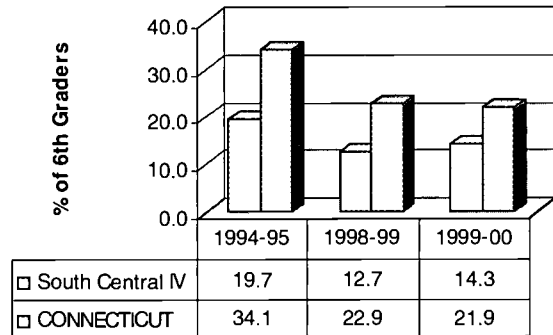
School Term

Meeting CMT Goal



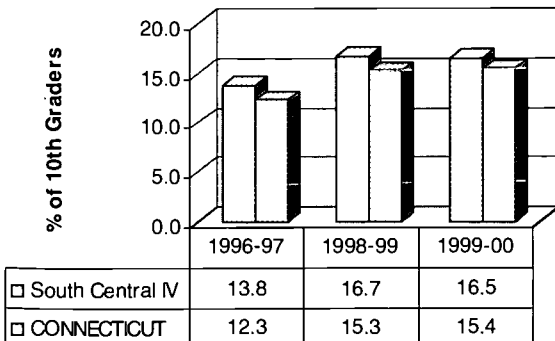
School Year

Below CMT Basic Level



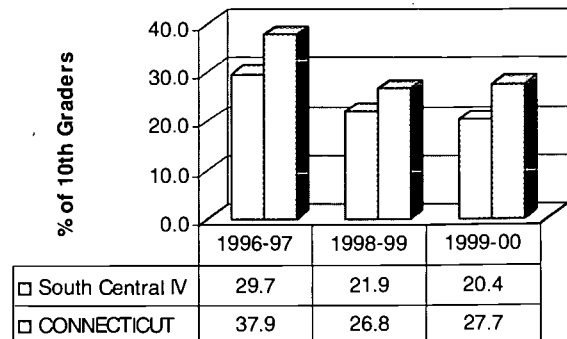
School Year

Meeting CAPT Goal



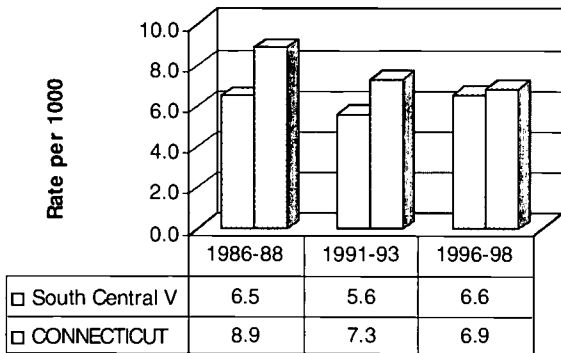
School Year

Below CAPT Basic Level



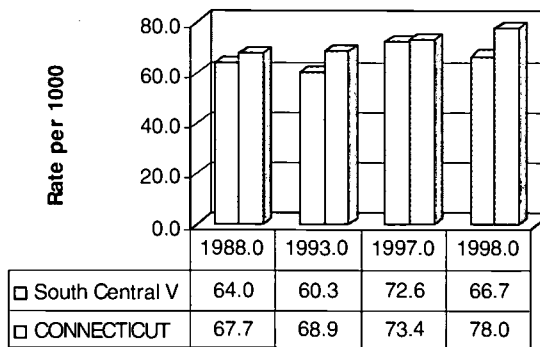
School Year

Infant Mortality



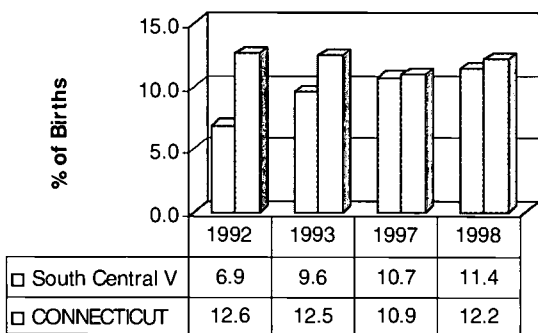
Time period

Low Birthweight



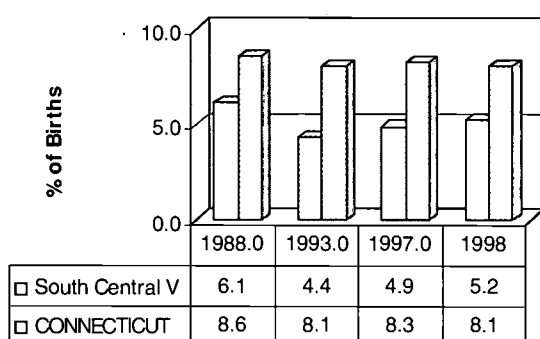
Year

Late or No Prenatal Care



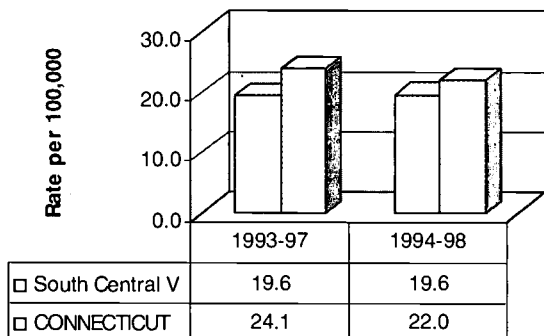
Year

Births to Teen Mothers



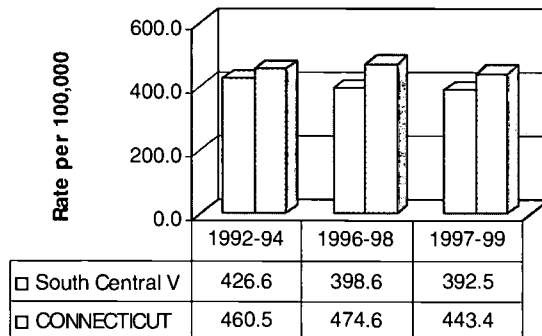
Year

Child Deaths



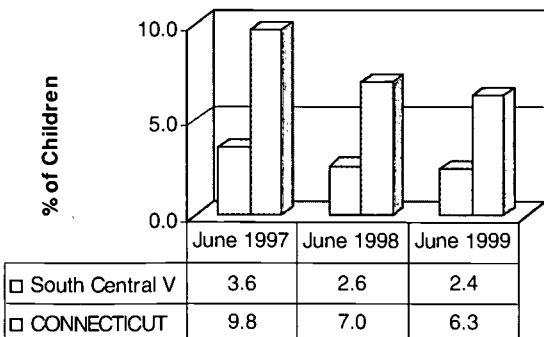
Time period

Juvenile Violent Crime Arrests



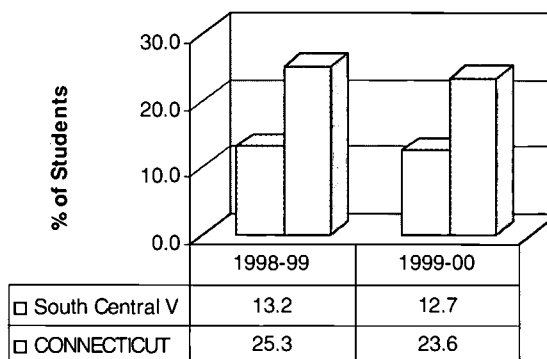
Time Period

Children Receiving TFA



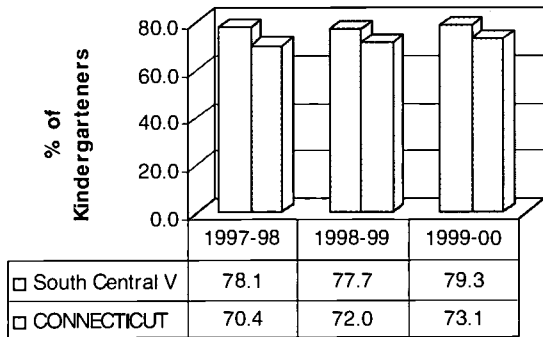
Month and Year

Free or Reduced-Price Meals



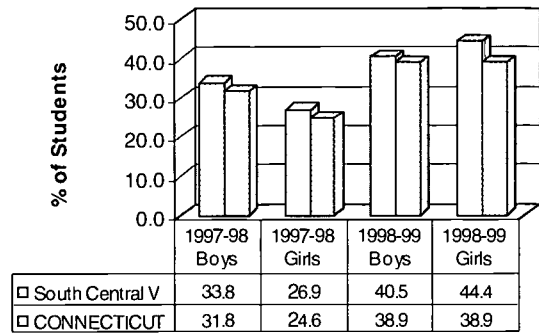
Year

Preschool Experience



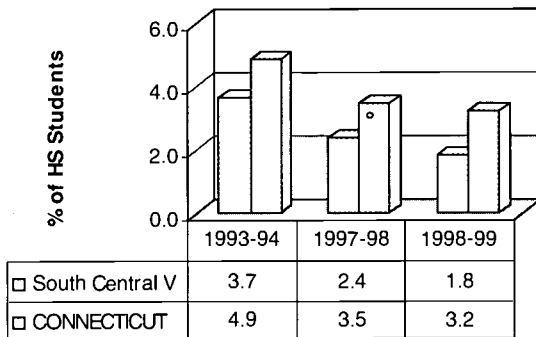
School Year

Physical Fitness Tests



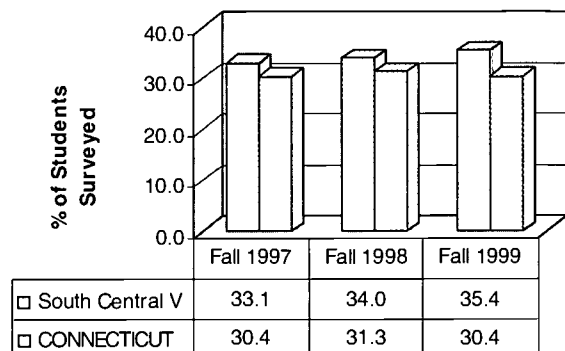
School Year

High School Dropouts



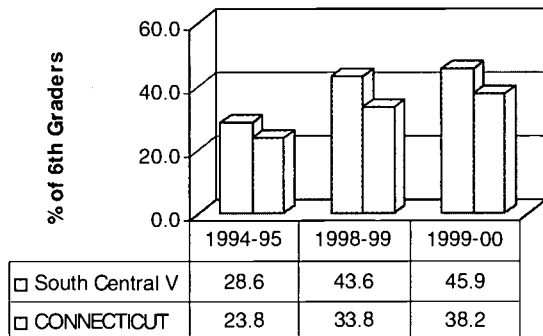
School Year

High School Employment



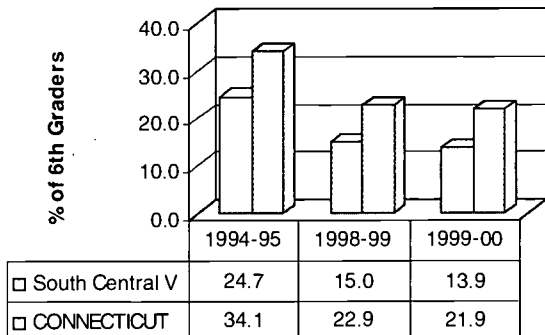
School Term

Meeting CMT Goal



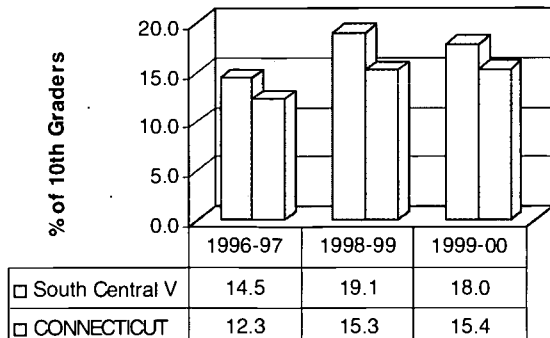
School Year

Below CMT Basic Level



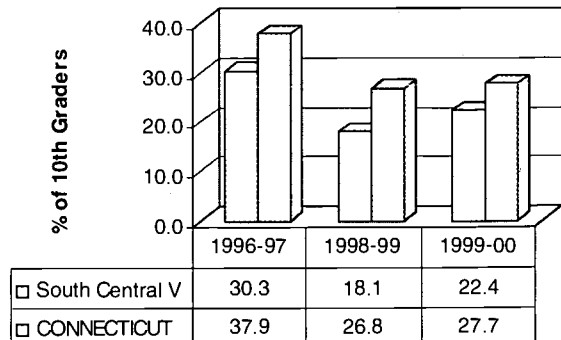
School Year

Meeting CAPT Goal



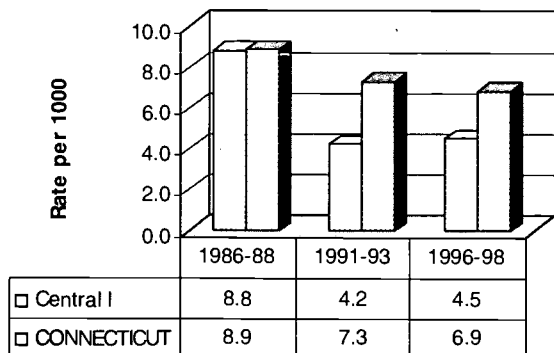
School Year

Below CAPT Basic Level



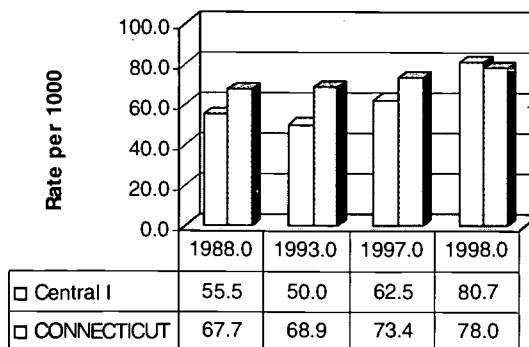
School Year

Infant Mortality



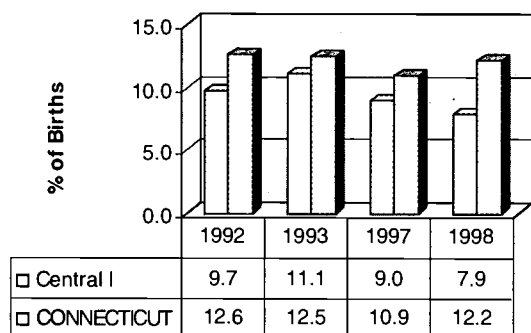
Time period

Low Birthweight



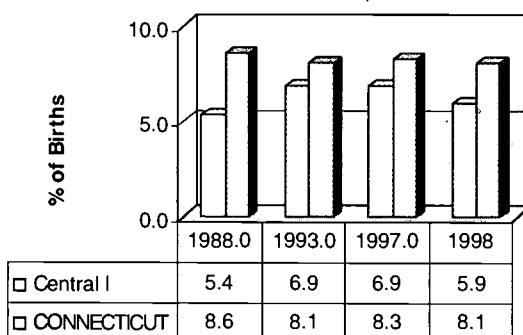
Year

Late or No Prenatal Care



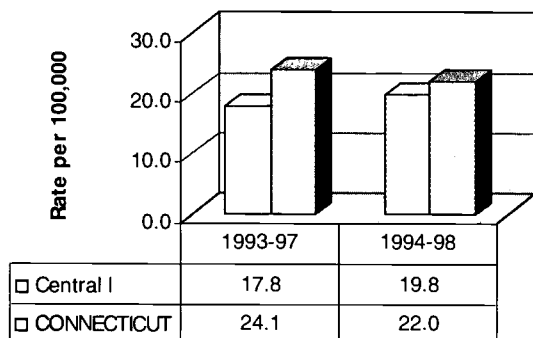
Year

Births to Teen Mothers



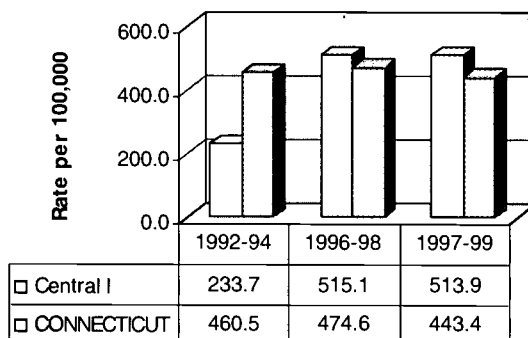
Year

Child Deaths



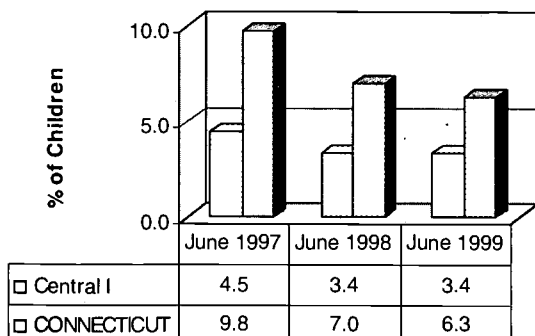
Time period

Juvenile Violent Crime Arrests



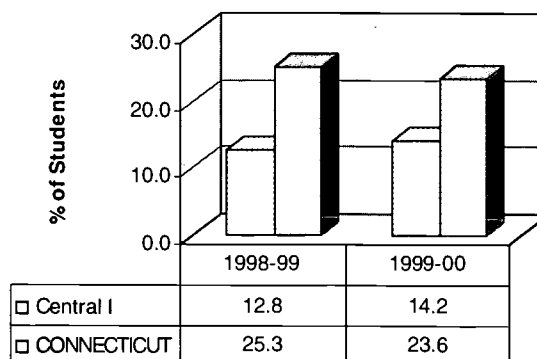
Time Period

Children Receiving TFA



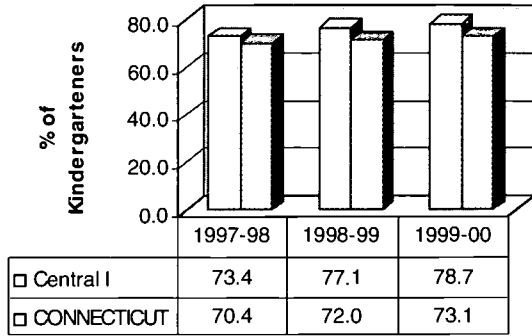
Month and Year

Free or Reduced-Price Meals

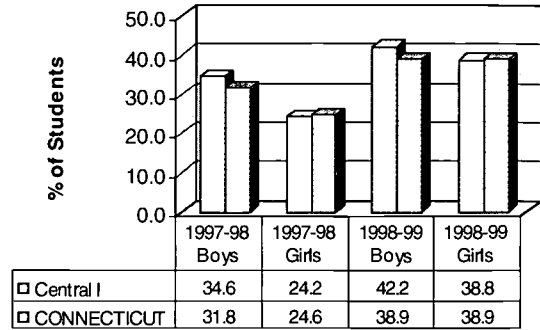


Year

Preschool Experience



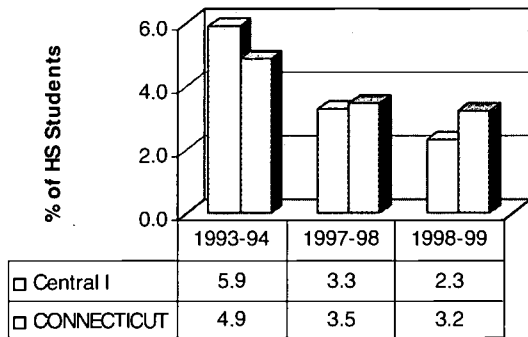
Physical Fitness Tests



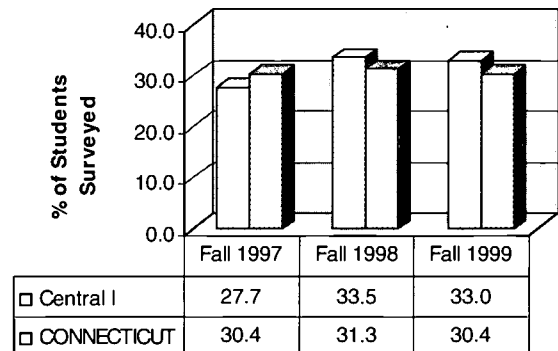
School Year

School Year

High School Dropouts



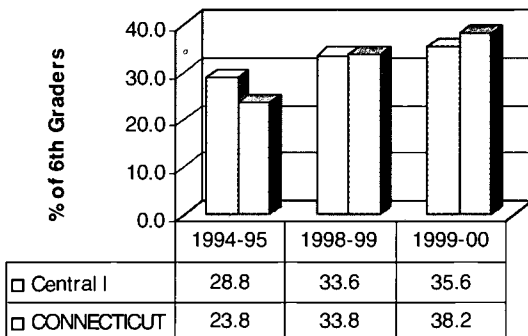
High School Employment



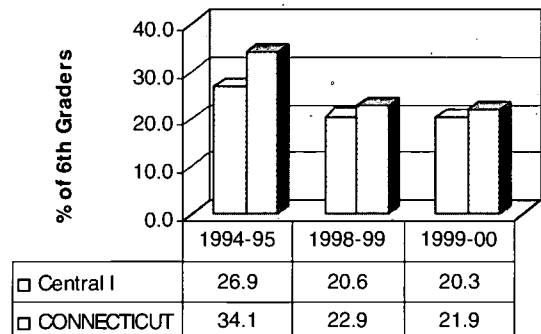
School Year

School Term

Meeting CMT Goal



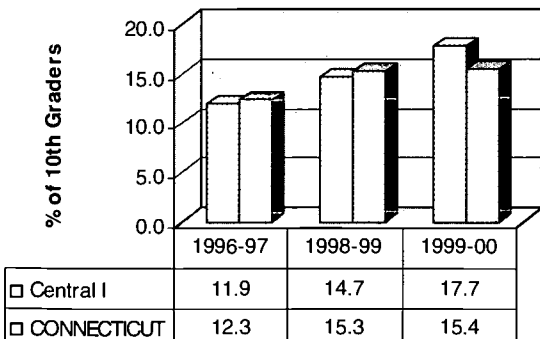
Below CMT Basic Level



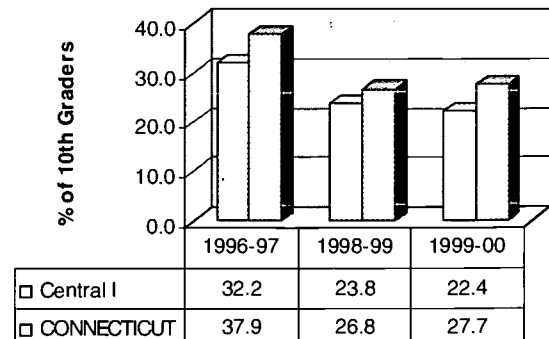
School Year

School Year

Meeting CAPT Goal



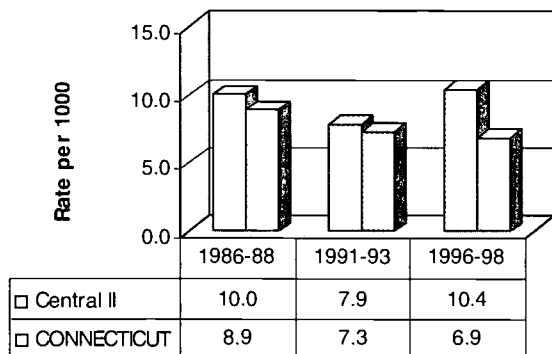
Below CAPT Basic Level



School Year

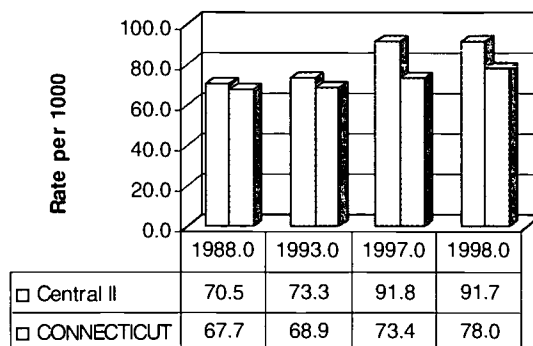
School Year

Infant Mortality



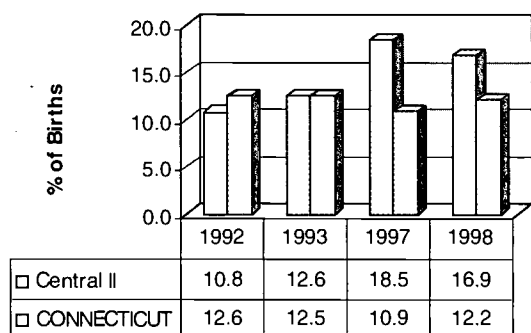
Time period

Low Birthweight



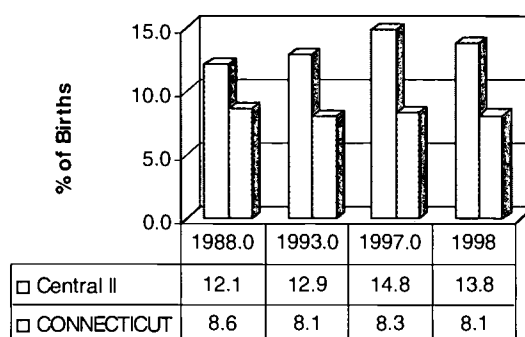
Year

Late or No Prenatal Care



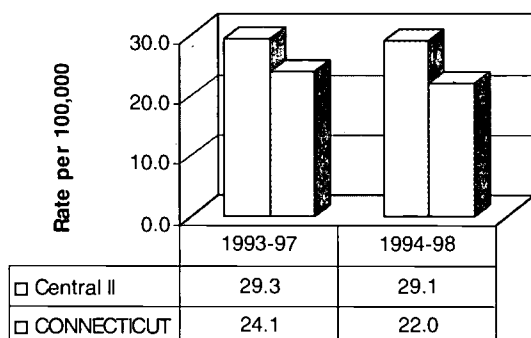
Year

Births to Teen Mothers



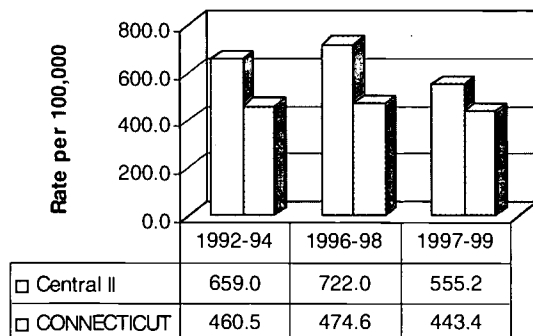
Year

Child Deaths



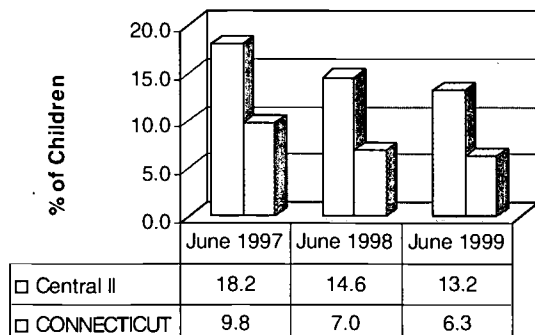
Time period

Juvenile Violent Crime Arrests



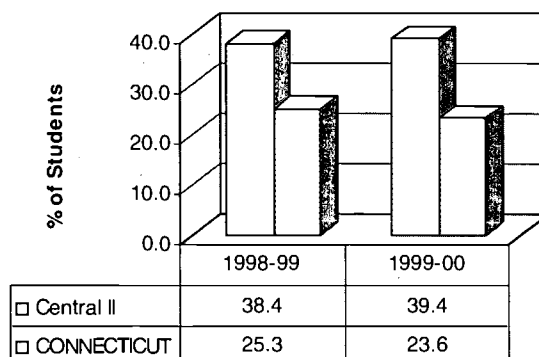
Time Period

Children Receiving TFA



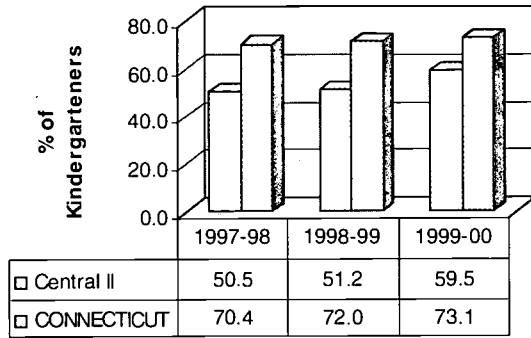
Month and Year

Free or Reduced-Price Meals



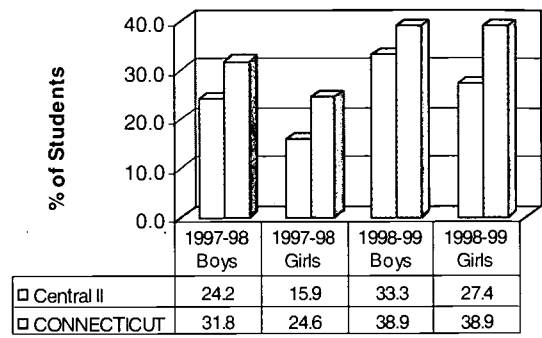
Year

Preschool Experience



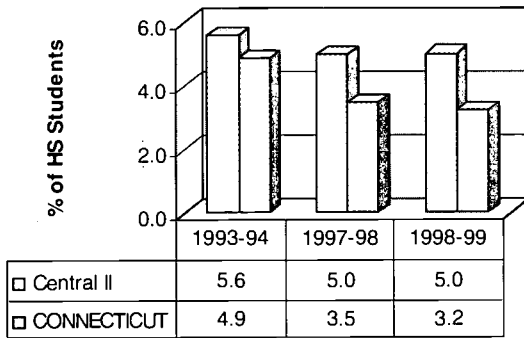
School Year

Physical Fitness Tests



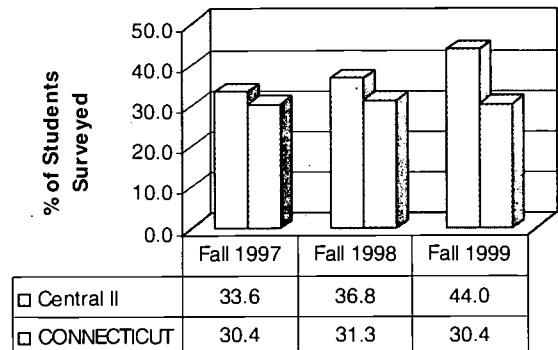
School Year

High School Dropouts



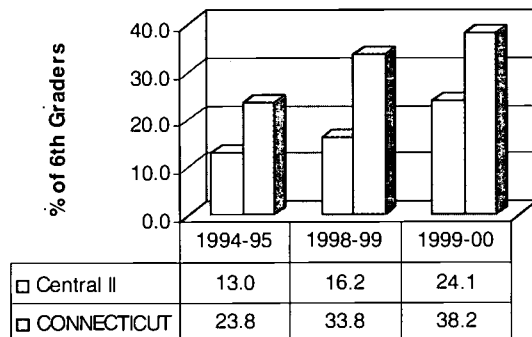
School Year

High School Employment



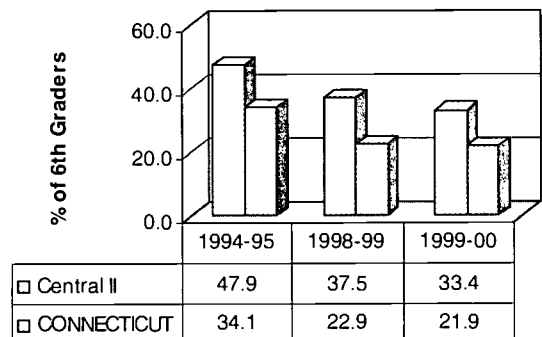
School Term

Meeting CMT Goal



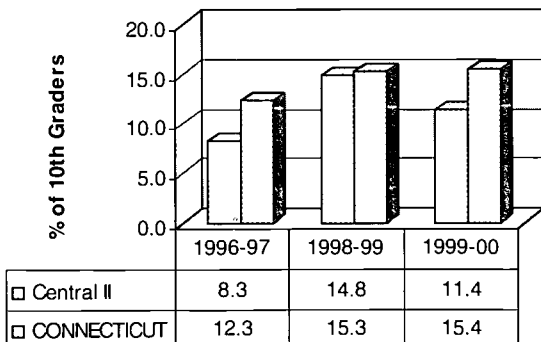
School Year

Below CMT Basic Level



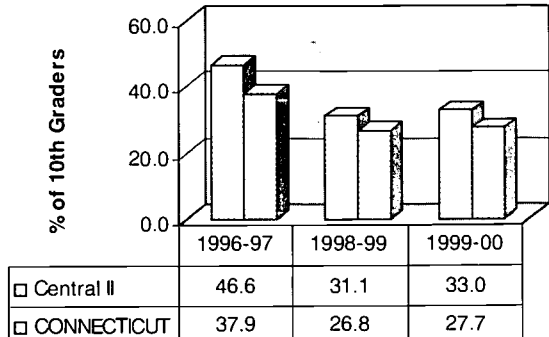
School Year

Meeting CAPT Goal



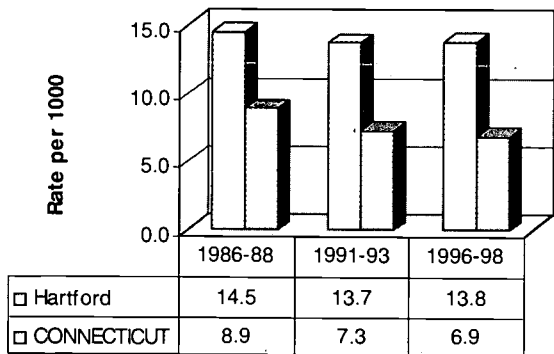
School Year

Below CAPT Basic Level



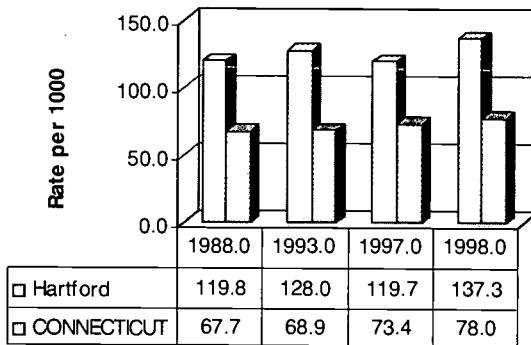
School Year

Infant Mortality



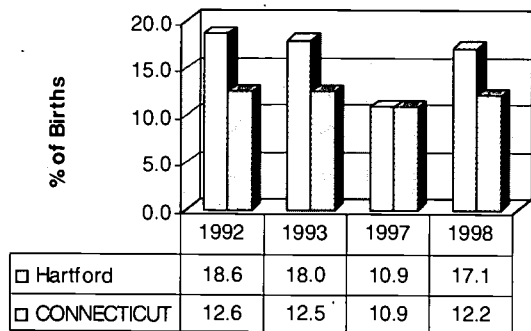
Time period

Low Birthweight



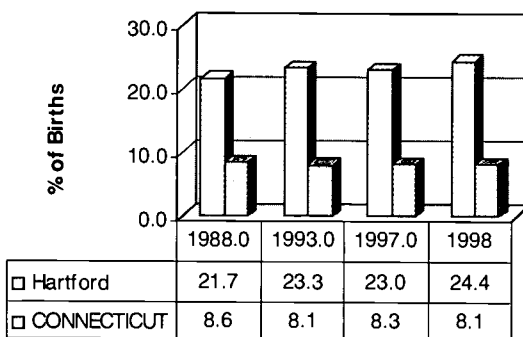
Year

Late or No Prenatal Care



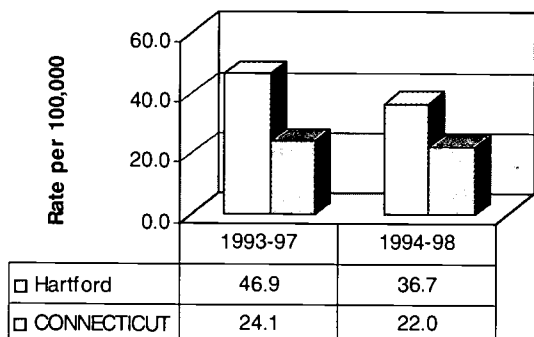
Year

Births to Teen Mothers



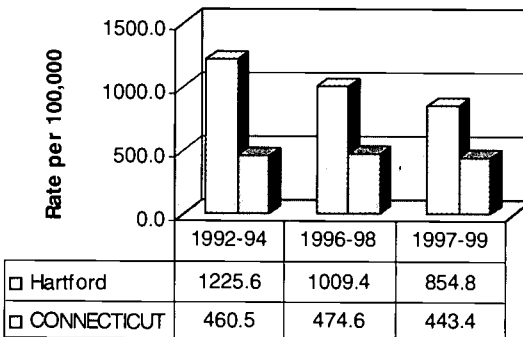
Year

Child Deaths



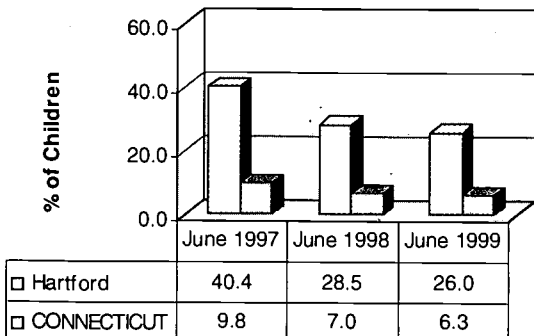
Time period

Juvenile Violent Crime Arrests



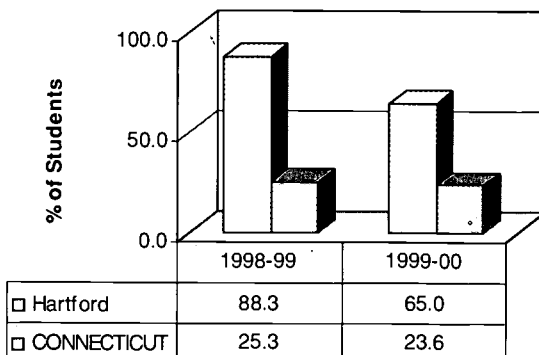
Time Period

Children Receiving TFA



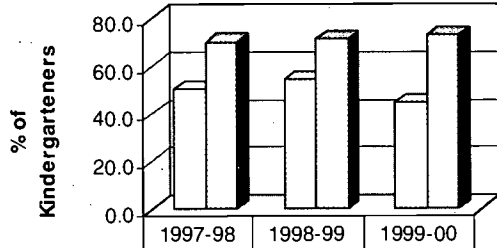
Month and Year

Free or Reduced-Price Meals



Year

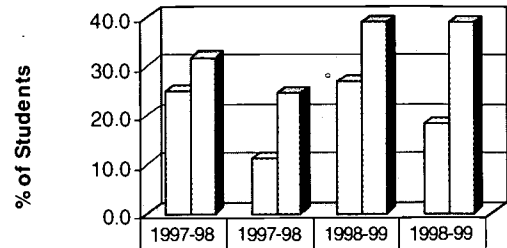
Preschool Experience



School Year	Hartford	CONNECTICUT
1997-98	50.5	70.4
1998-99	54.9	72.0
1999-00	45.0	73.1

School Year

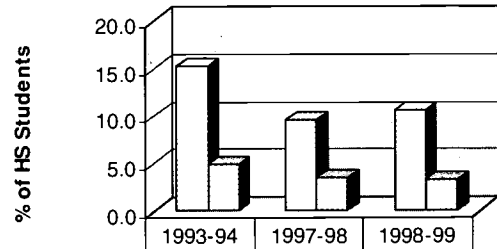
Physical Fitness Tests



School Year	Gender	Hartford	CONNECTICUT
1997-98	Boys	24.8	31.8
	Girls	11.2	24.6
1998-99	Boys	27.0	38.9
	Girls	18.2	38.9

School Year

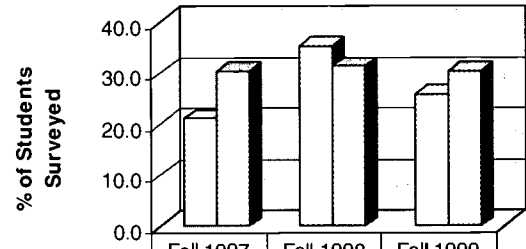
High School Dropouts



School Year	Hartford	CONNECTICUT
1993-94	15.2	4.9
1997-98	9.6	3.5
1998-99	10.6	3.2

School Year

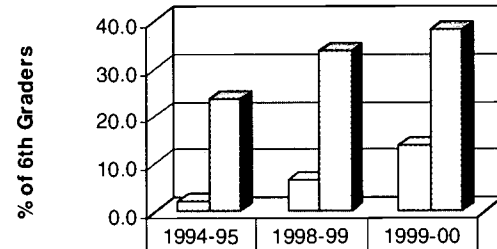
High School Employment



School Term	Hartford	CONNECTICUT
Fall 1997	21.2	30.4
Fall 1998	35.3	31.3
Fall 1999	25.8	30.4

School Term

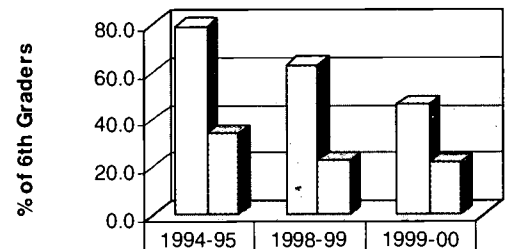
Meeting CMT Goal



School Year	Hartford	CONNECTICUT
1994-95	2.2	23.8
1998-99	6.6	33.8
1999-00	14.0	38.2

School Year

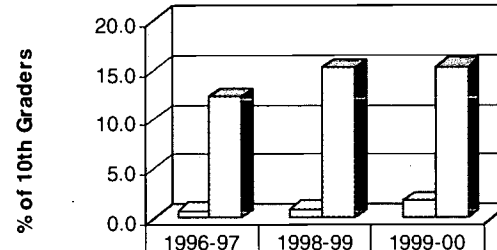
Below CMT Basic Level



School Year	Hartford	CONNECTICUT
1994-95	79.4	34.1
1998-99	63.1	22.9
1999-00	46.4	21.9

School Year

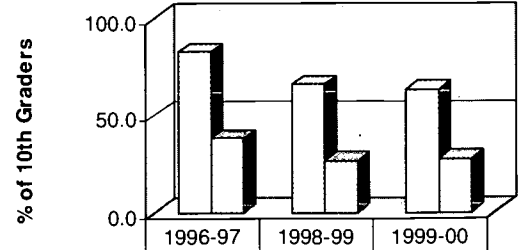
Meeting CAPT Goal



School Year	Hartford	CONNECTICUT
1996-97	0.7	12.3
1998-99	0.9	15.3
1999-00	1.8	15.4

School Year

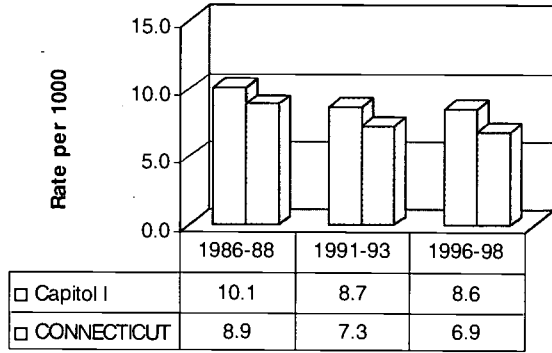
Below CAPT Basic Level



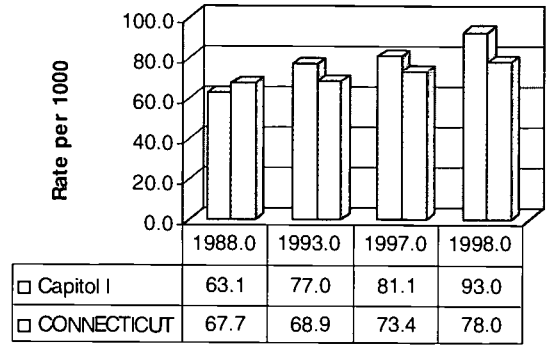
School Year	Hartford	CONNECTICUT
1996-97	82.6	37.9
1998-99	65.8	26.8
1999-00	63.2	27.7

School Year

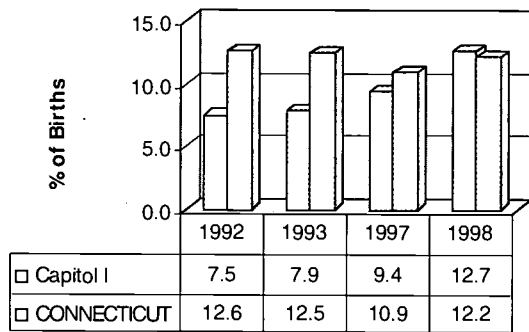
Infant Mortality



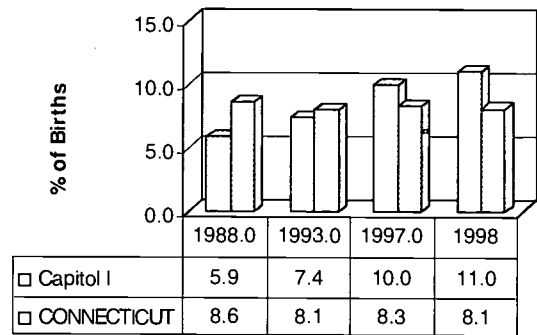
Low Birthweight



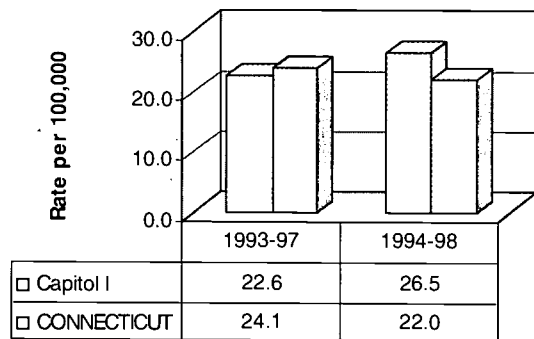
Late or No Prenatal Care



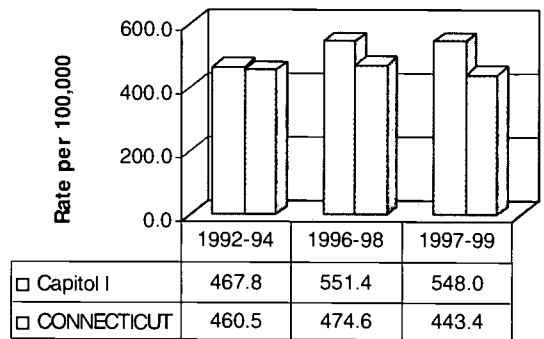
Births to Teen Mothers



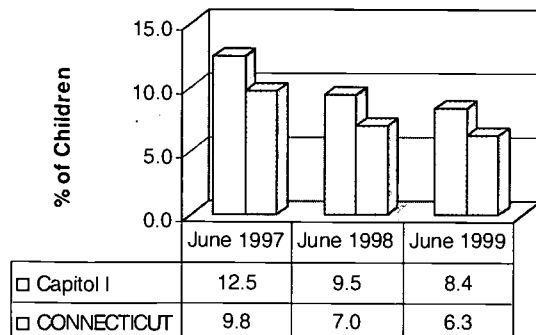
Child Deaths



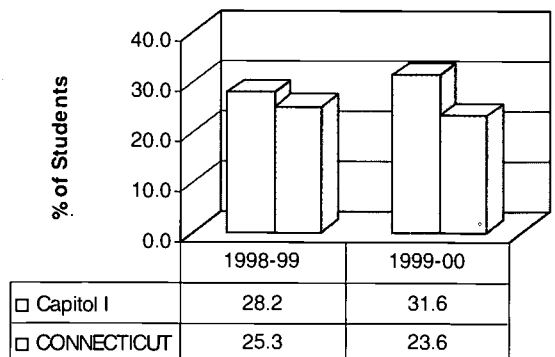
Juvenile Violent Crime Arrests



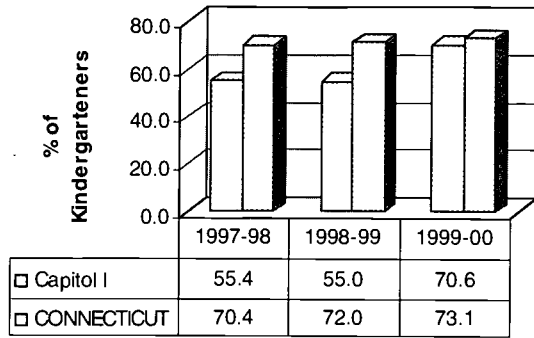
Children Receiving TFA



Free or Reduced-Price Meals

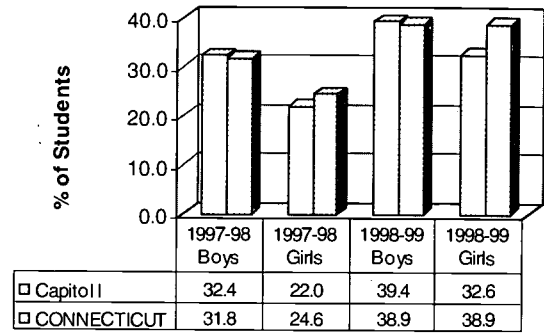


Preschool Experience



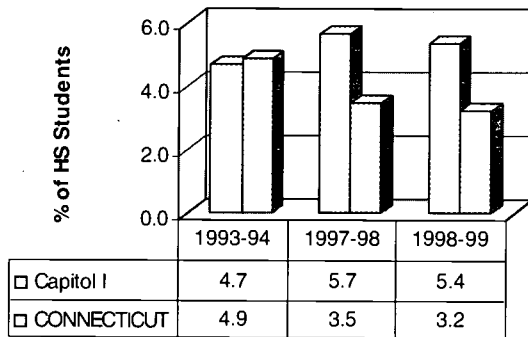
School Year

Physical Fitness Tests



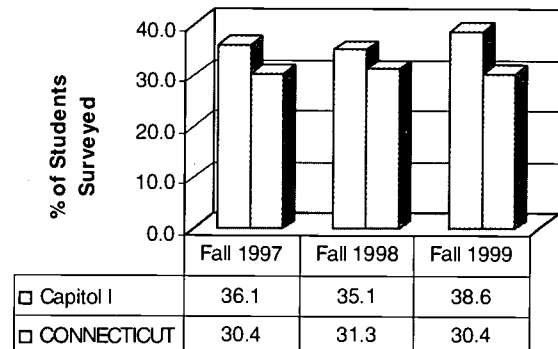
School Year

High School Dropouts



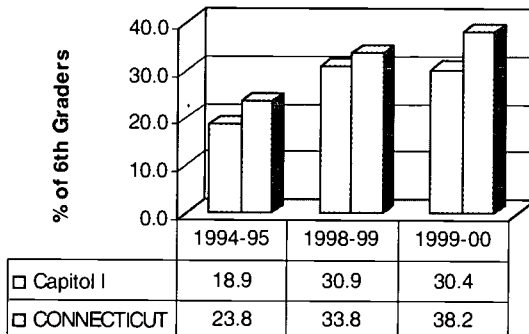
School Year

High School Employment



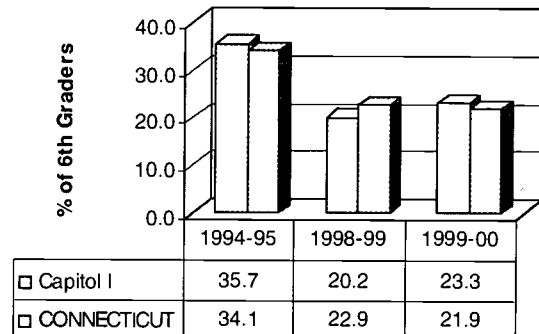
School Term

Meeting CMT Goal



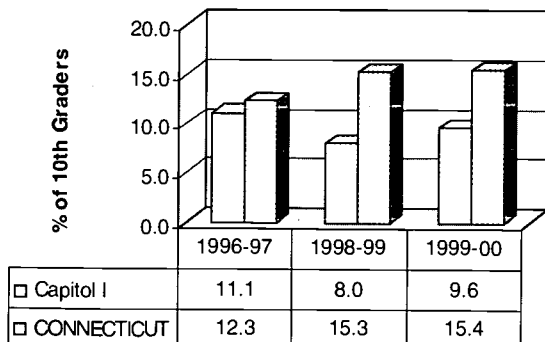
School Year

Below CMT Basic Level



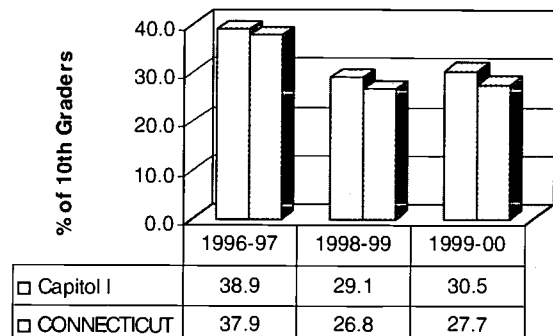
School Year

Meeting CAPT Goal



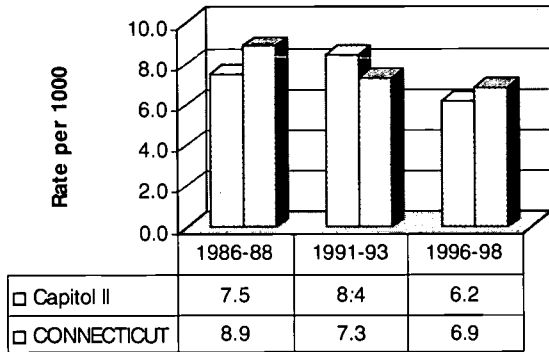
School Year

Below CAPT Basic Level



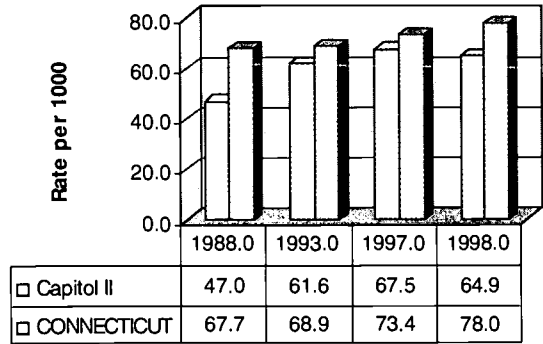
School Year

Infant Mortality



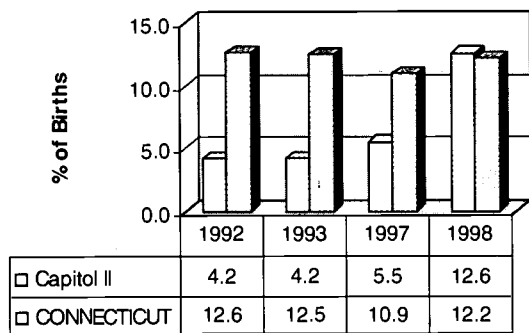
Time period

Low Birthweight



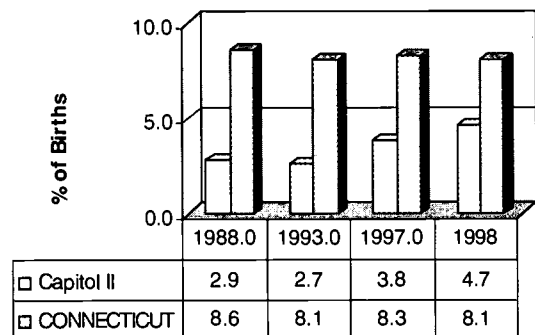
Year

Late or No Prenatal Care



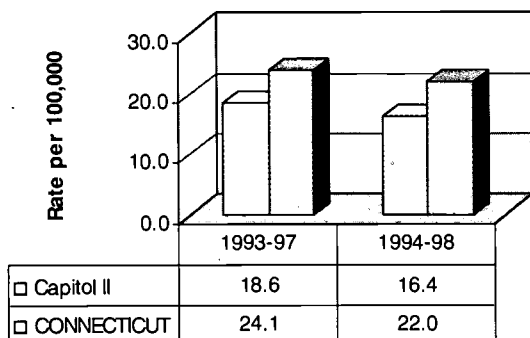
Year

Births to Teen Mothers



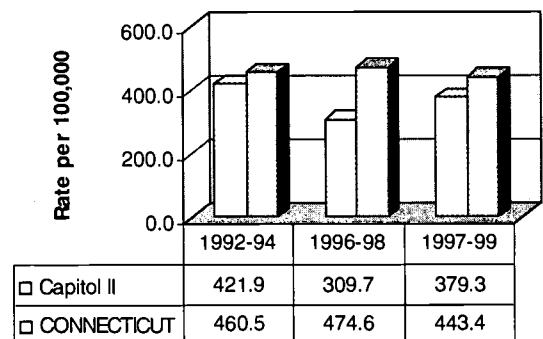
Year

Child Deaths



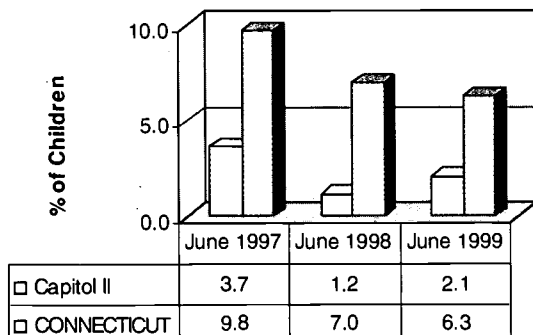
Time period

Juvenile Violent Crime Arrests



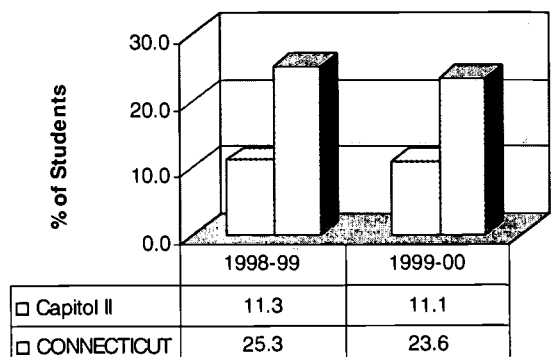
Time Period

Children Receiving TFA



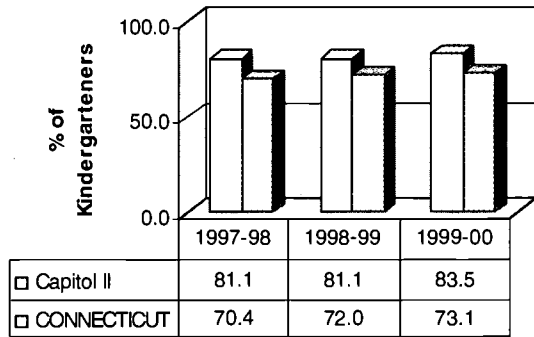
Month and Year

Free or Reduced-Price Meals



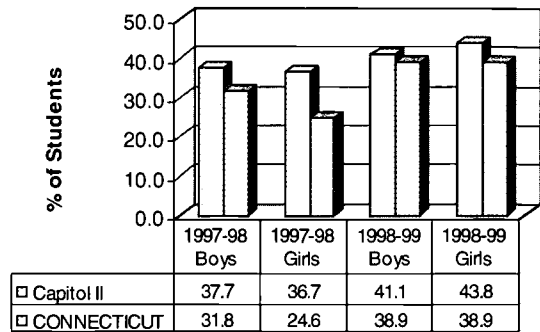
Year

Preschool Experience



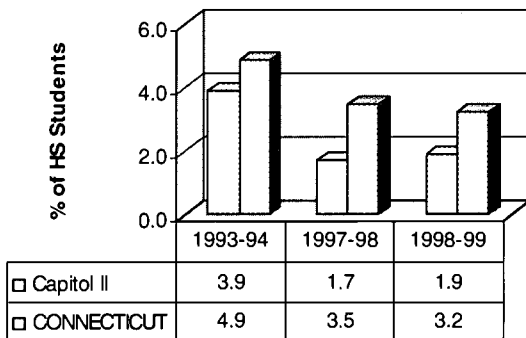
School Year

Physical Fitness Tests



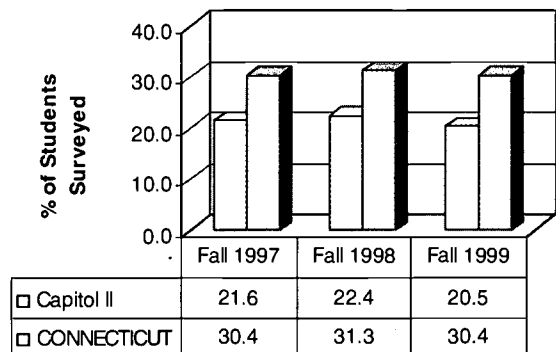
School Year

High School Dropouts



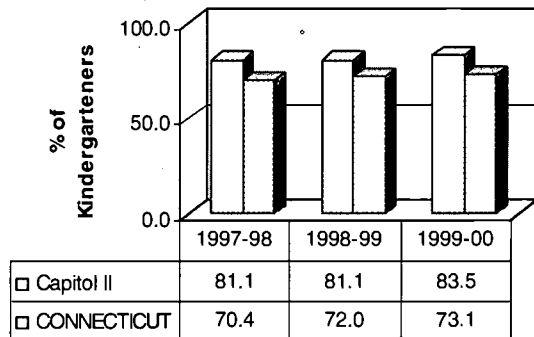
School Year

High School Employment



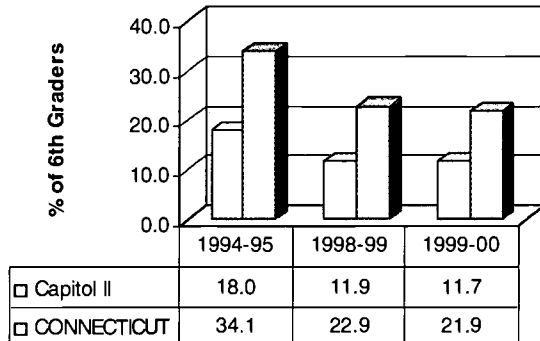
School Term

Preschool Experience



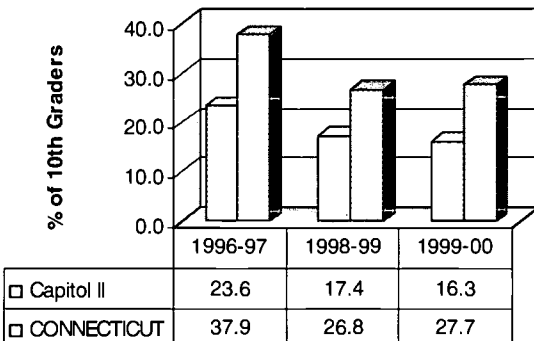
School Year

Below CMT Basic Level



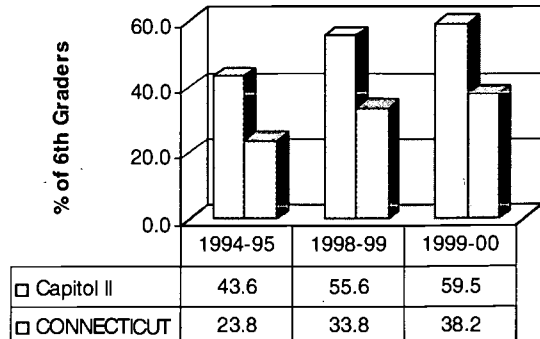
School Year

Below CAPT Basic Level



School Year

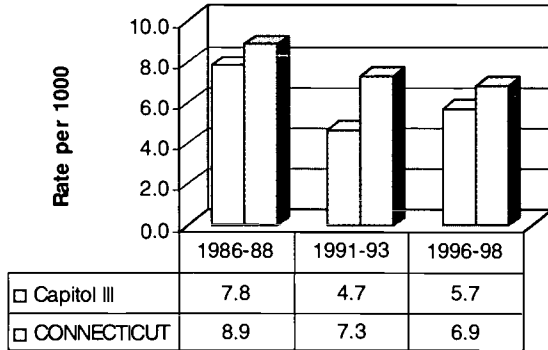
Meeting CMT Goal



School Year

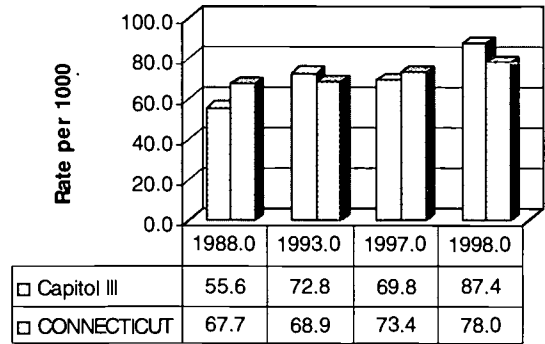
Capitol III

Infant Mortality



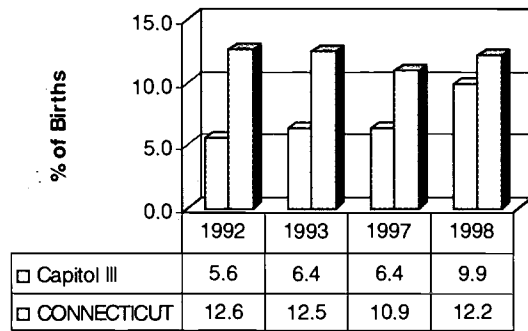
Time period

Low Birthweight



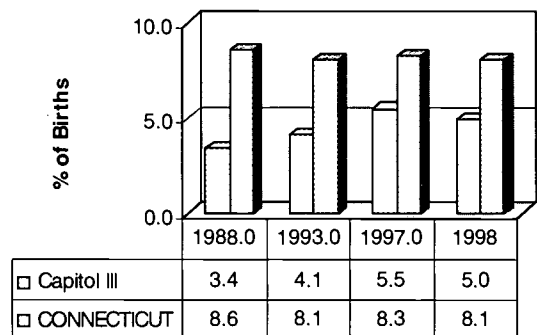
Year

Late or No Prenatal Care



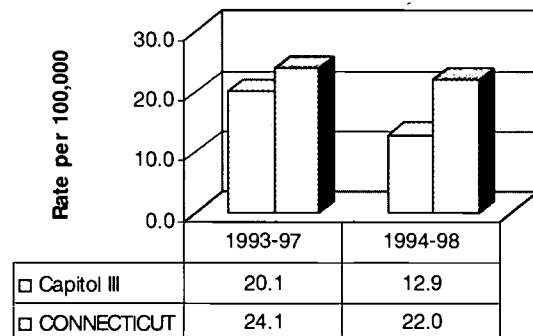
Year

Births to Teen Mothers



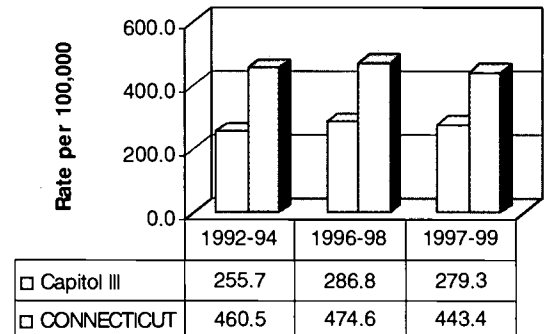
Year

Child Deaths



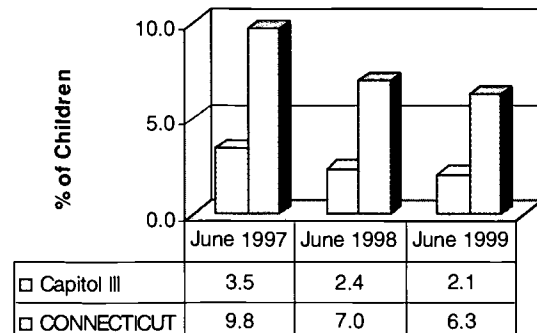
Time period

Juvenile Violent Crime Arrests



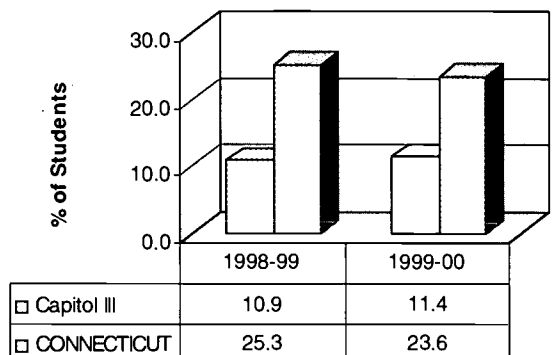
Time Period

Children Receiving TFA



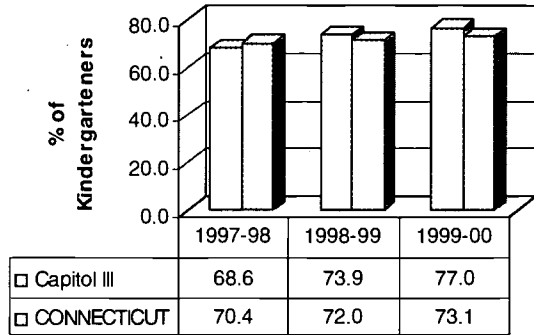
Month and Year

Free or Reduced-Price Meals



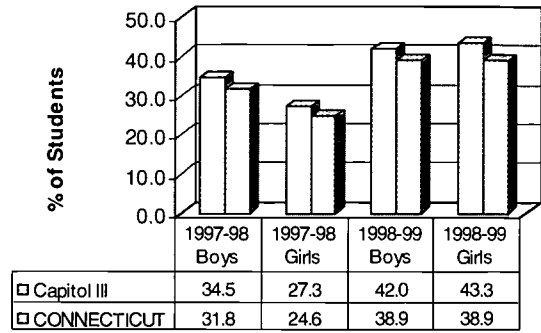
Year

Preschool Experience



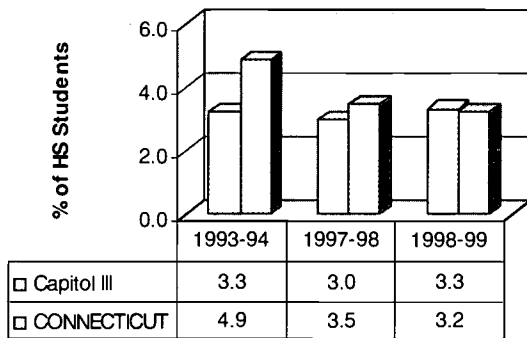
School Year

Physical Fitness Tests



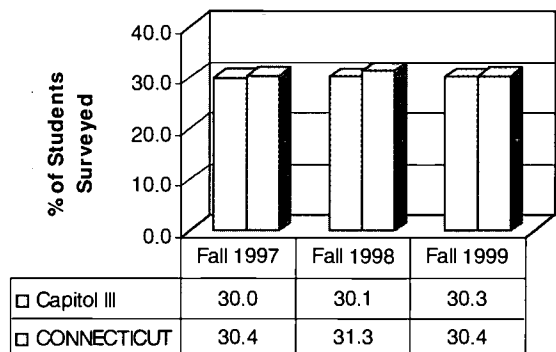
School Year

High School Dropouts



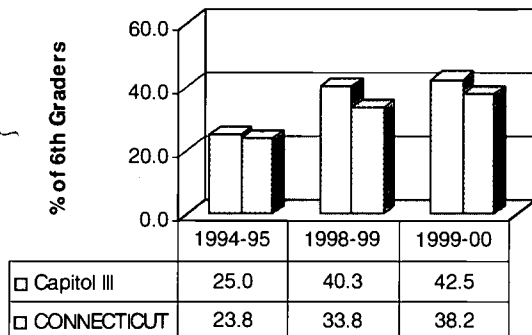
School Year

High School Employment



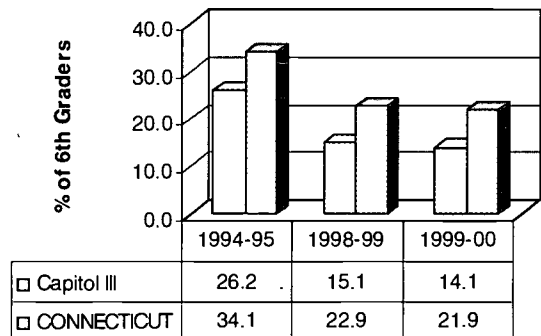
School Term

Meeting CMT Goal



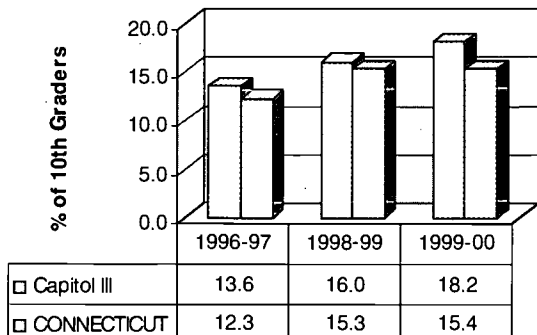
School Year

Below CMT Basic Level



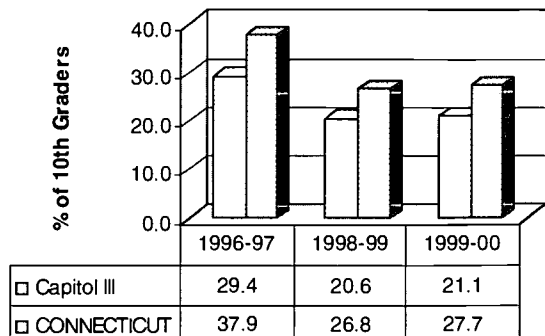
School Year

Meeting CAPT Goal



School Year

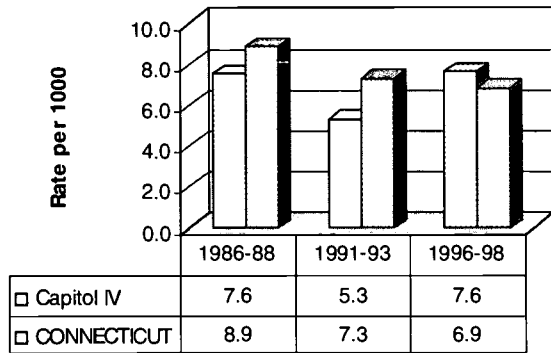
Below CAPT Basic Level



School Year

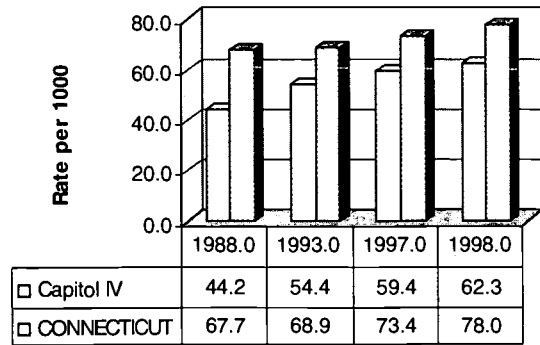
Capitol IV

Infant Mortality



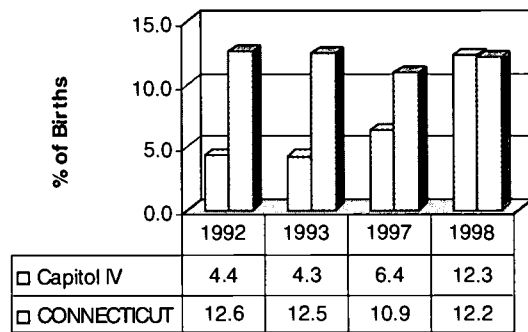
Time period

Low Birthweight



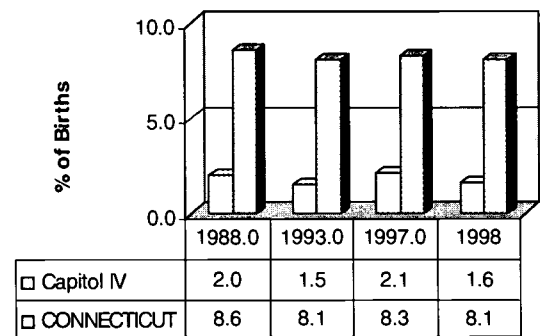
Year

Late or No Prenatal Care



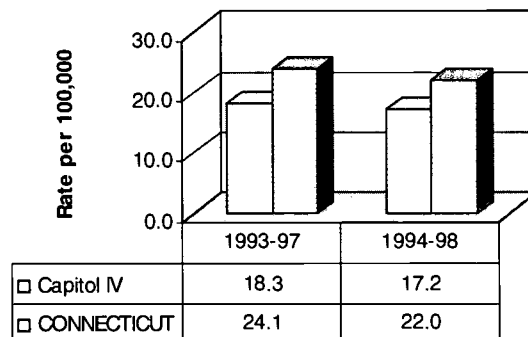
Year

Births to Teen Mothers



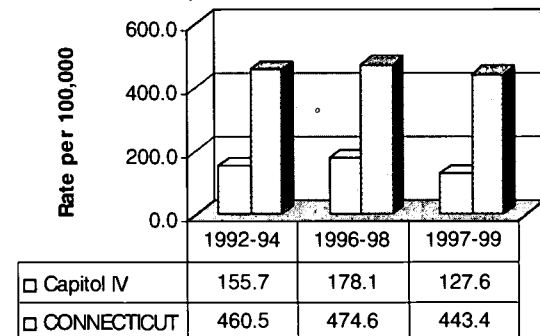
Year

Child Deaths



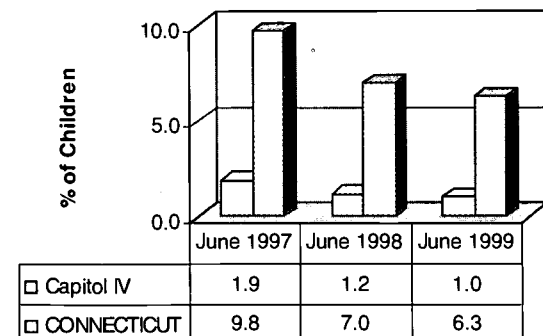
Time period

Juvenile Violent Crime Arrests



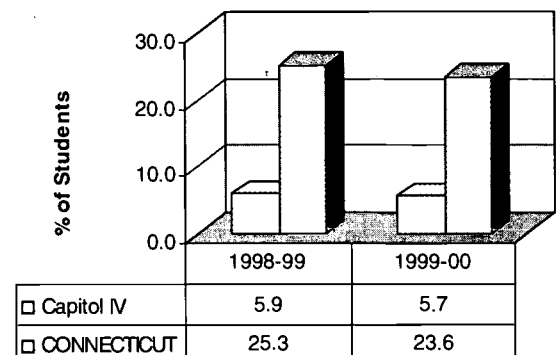
Time Period

Children Receiving TFA



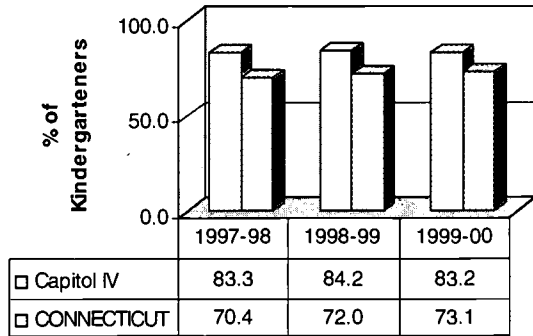
Month and Year

Free or Reduced-Price Meals



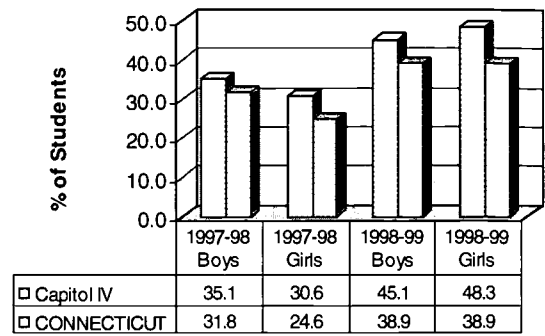
Year

Preschool Experience



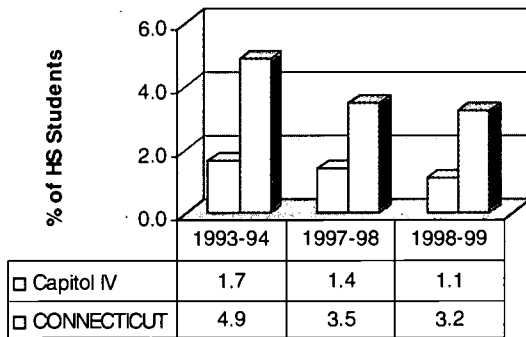
School Year

Physical Fitness Tests



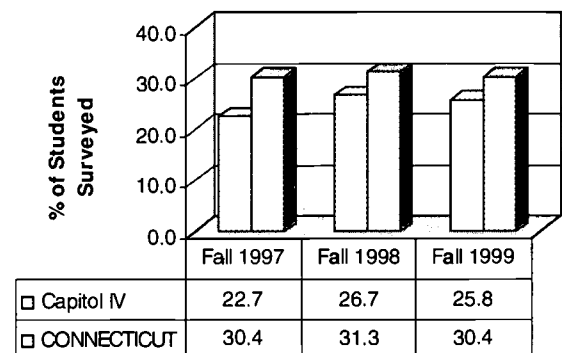
School Year

High-School Dropouts



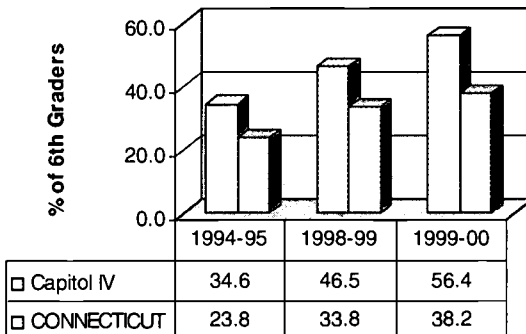
School Year

High School Employment



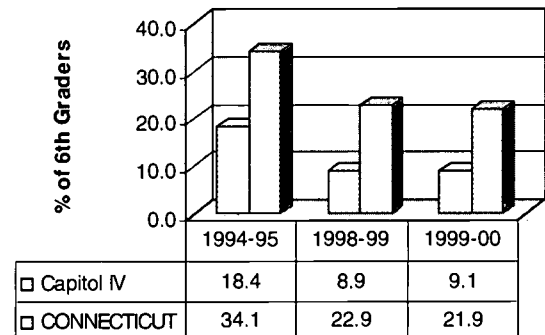
School Term

Meeting CMT Goal



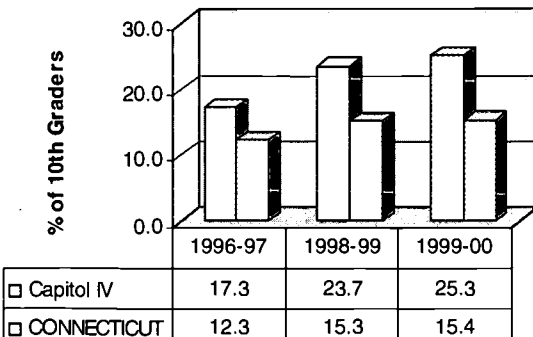
School Year

Below CMT Basic Level



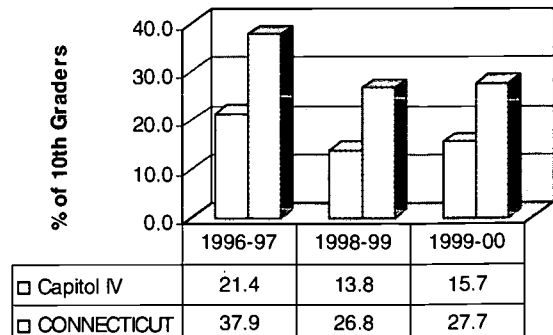
School Year

Meeting CAPT Goal



School Year

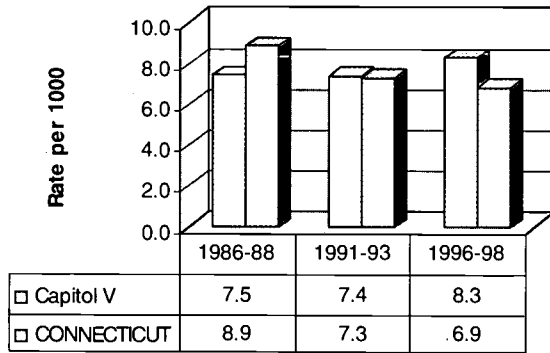
Below CAPT Basic Level



School Year

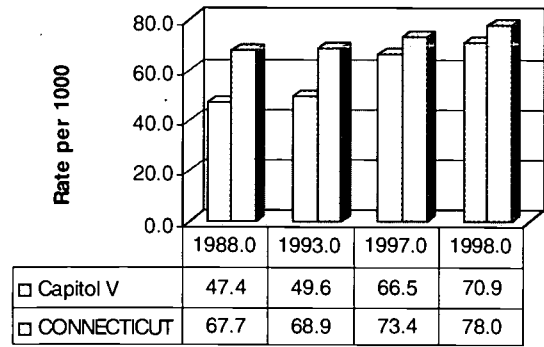
Capitol V

Infant Mortality



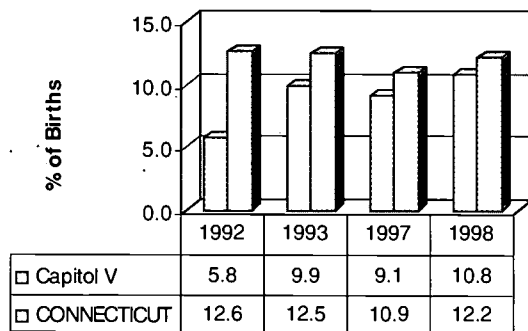
Time period

Low Birthweight



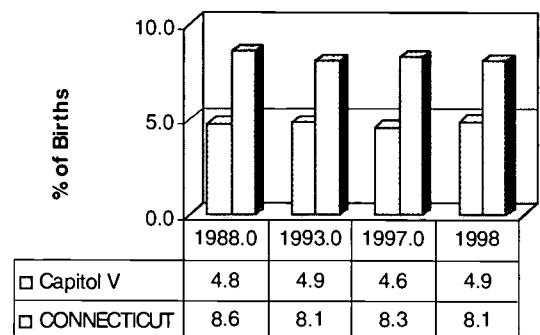
Year

Late or No Prenatal Care



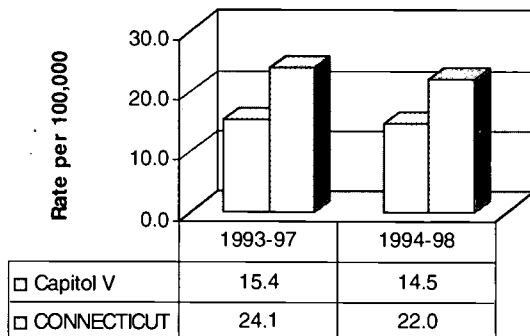
Year

Births to Teen Mothers



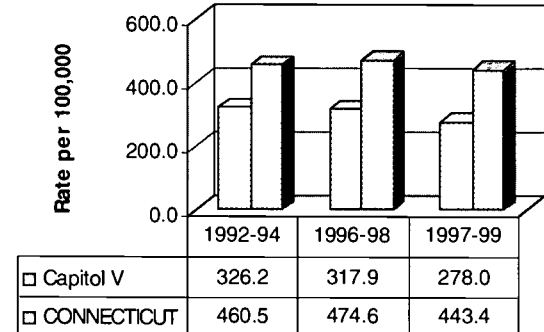
Year

Child Deaths



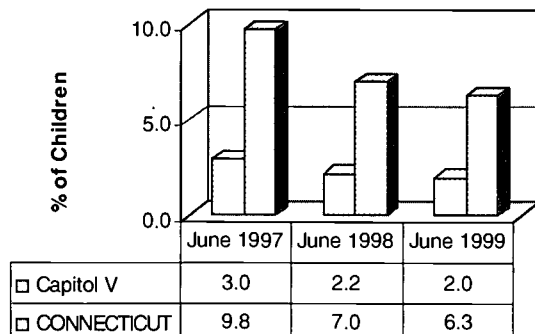
Time period

Juvenile Violent Crime Arrests



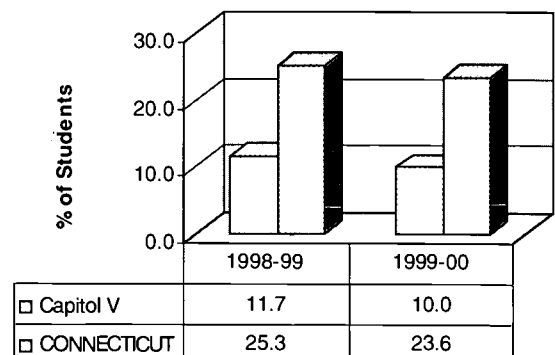
Time Period

Children Receiving TFA



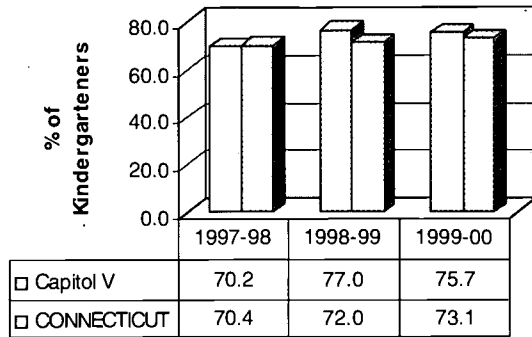
Month and Year

Free or Reduced-Price Meals

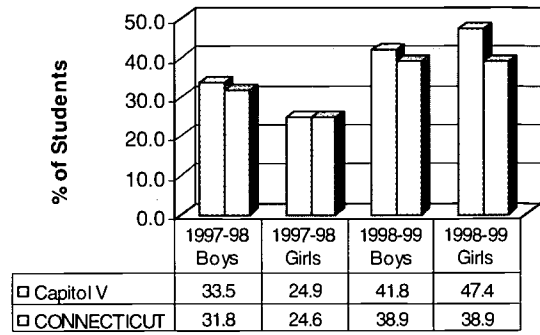


Year

Preschool Experience

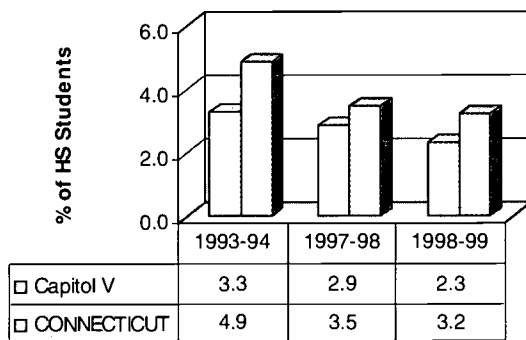


Physical Fitness Tests



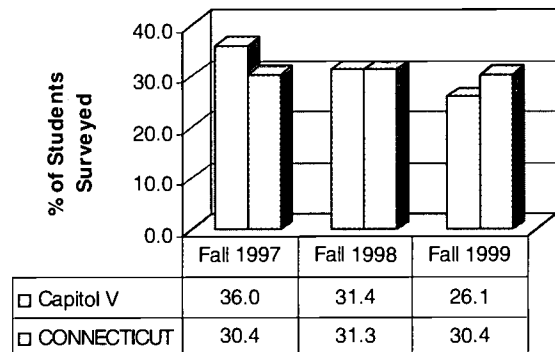
School Year

High School Dropouts



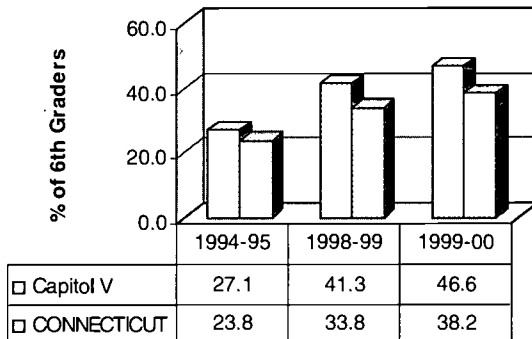
School Year

High School Employment



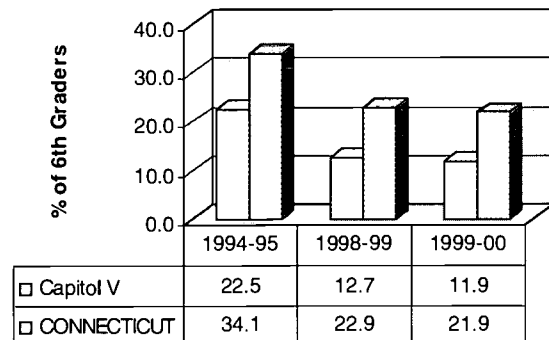
School Year

Meeting CMT Goal



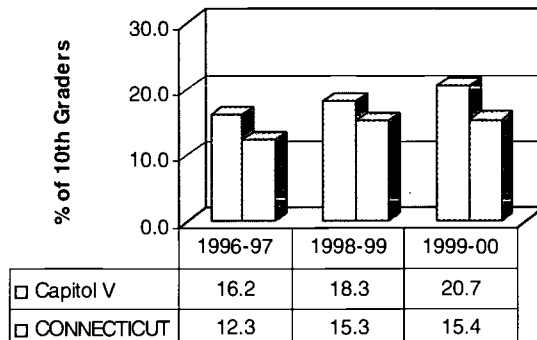
School Term

Below CMT Basic Level



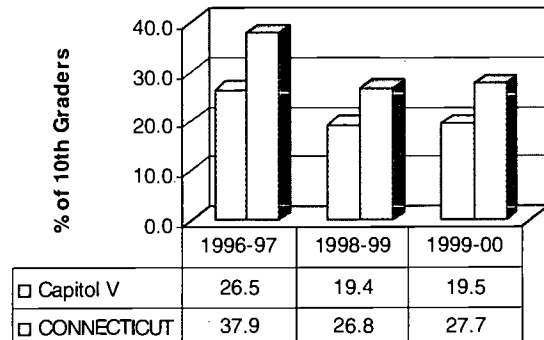
School Year

Meeting CAPT Goal



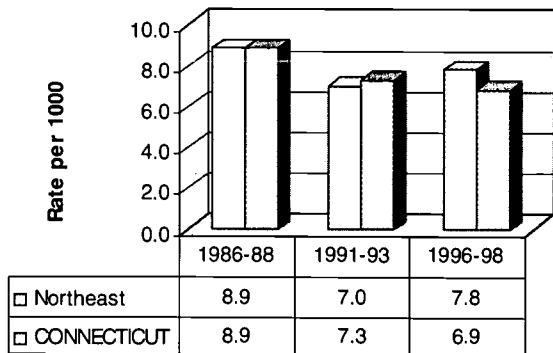
School Year

Below CAPT Basic Level



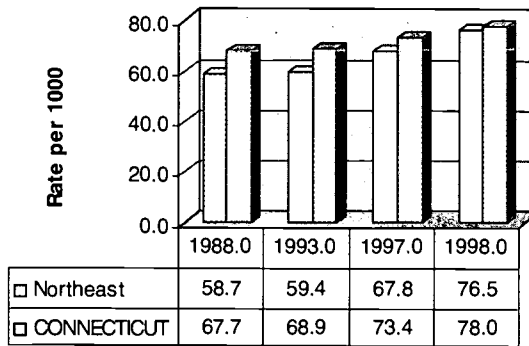
School Year

Infant Mortality



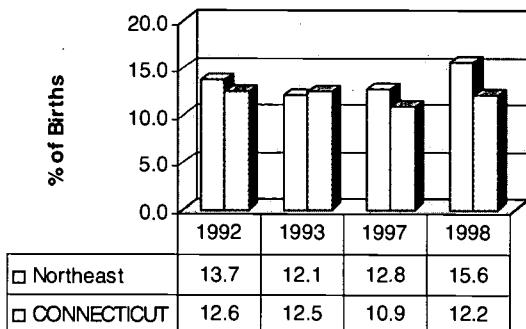
Time period

Low Birthweight



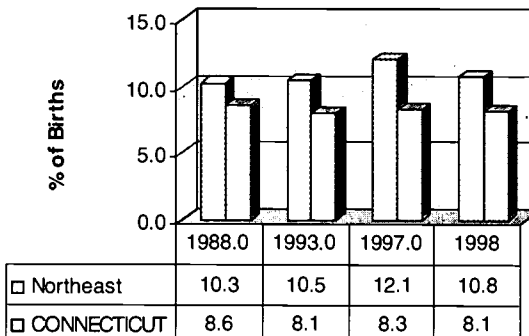
Year

Late or No Prenatal Care



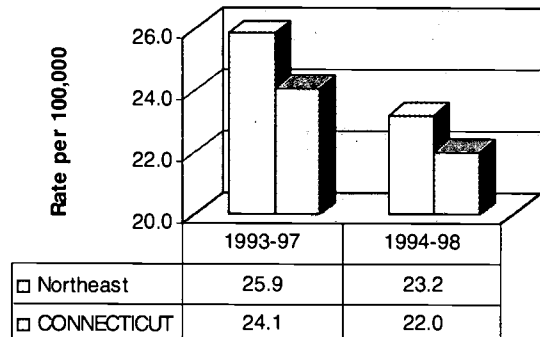
Year

Births to Teen Mothers



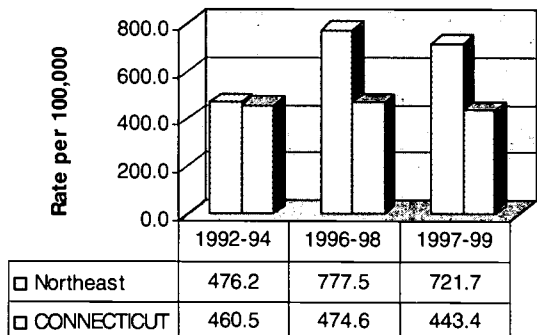
Year

Child Deaths



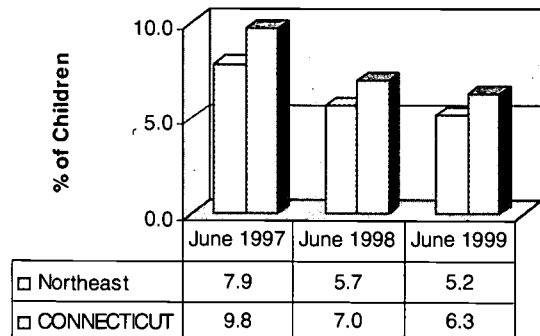
Time period

Juvenile Violent Crime Arrests



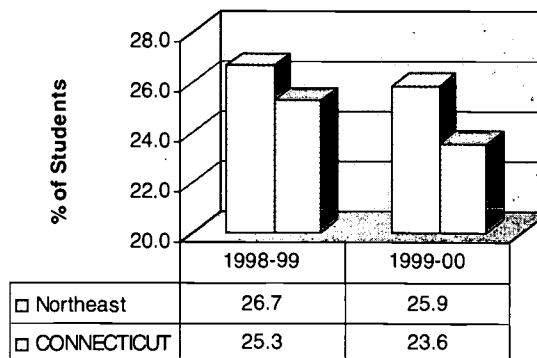
Time Period

Children Receiving TFA



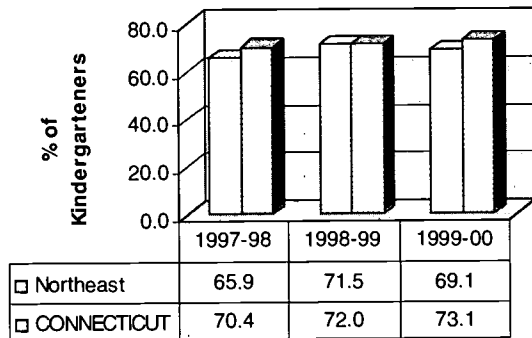
Month and Year

Free or Reduced-Price Meals



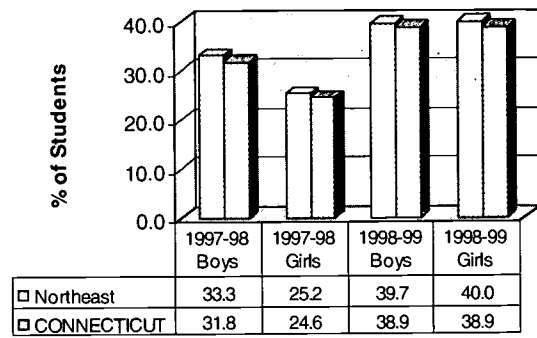
Year

Preschool Experience



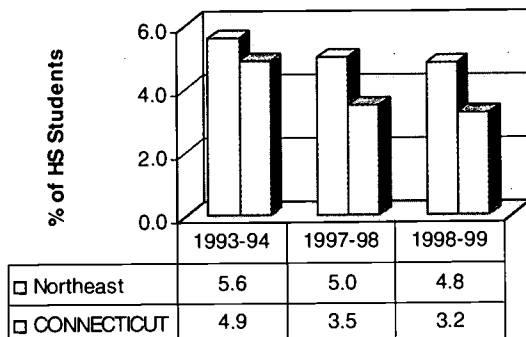
School Year

Physical Fitness Tests



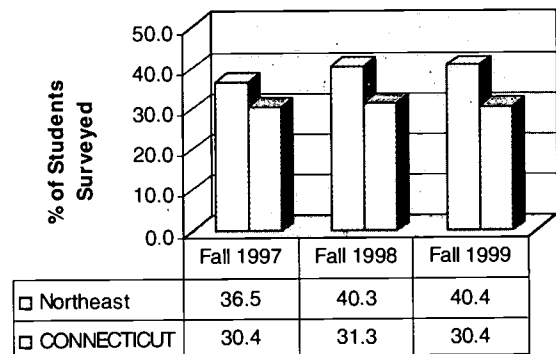
School Year

High School Dropouts



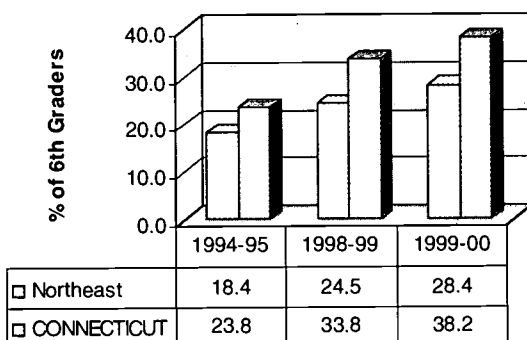
School Year

High School Employment



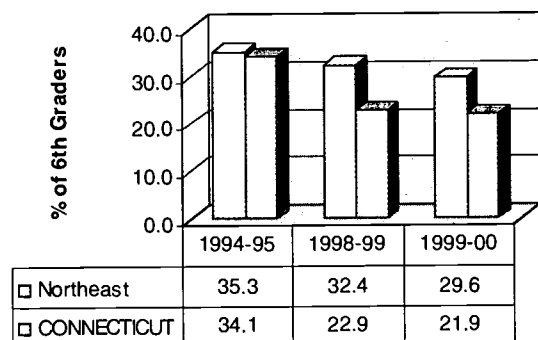
School Term

Meeting CMT Goal



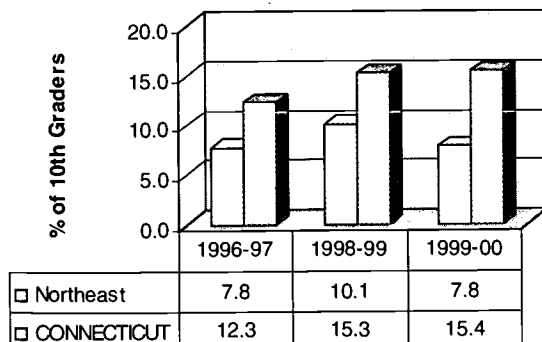
School Year

Below CMT Basic Level



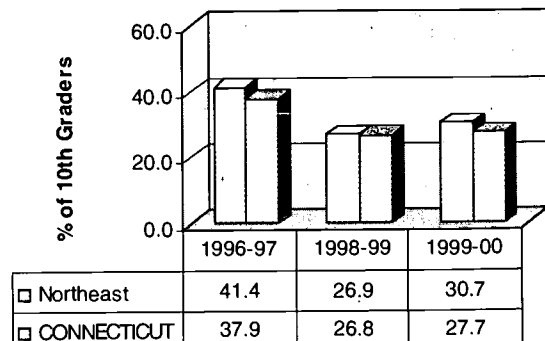
School Year

Meeting CAPT Goal



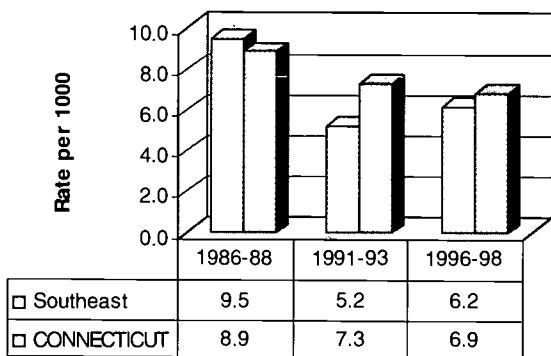
School Year

Below CAPT Basic Level



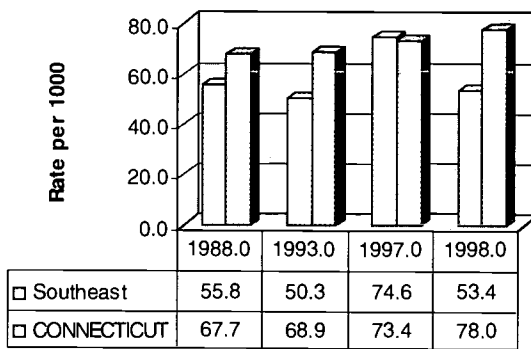
School Year

Infant Mortality



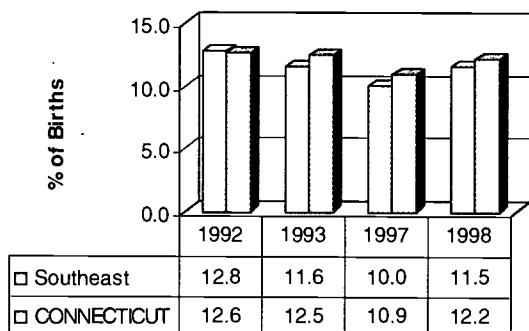
Time period

Low Birthweight



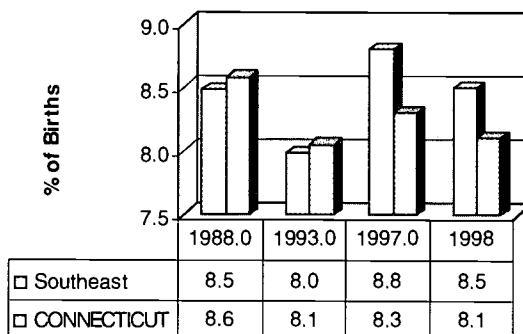
Year

Late or No Prenatal Care



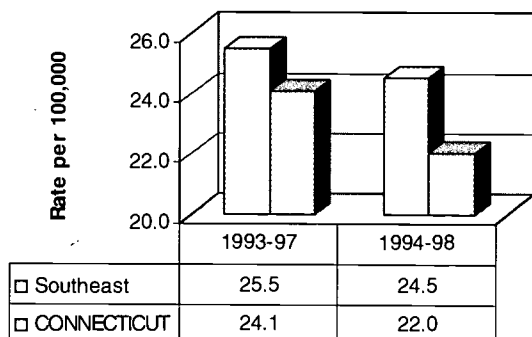
Year

Births to Teen Mothers



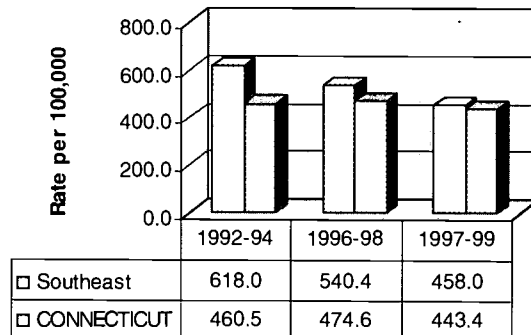
Year

Child Deaths



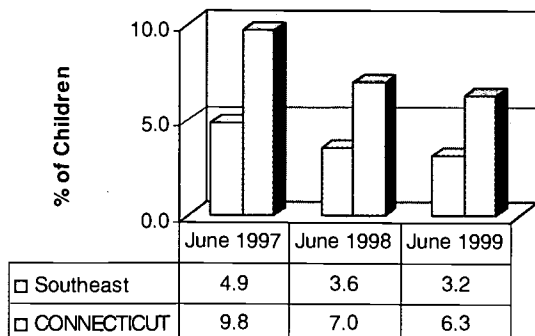
Time period

Juvenile Violent Crime Arrests



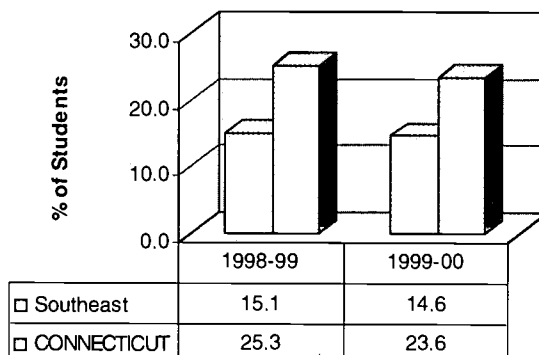
Time Period

Children Receiving TFA



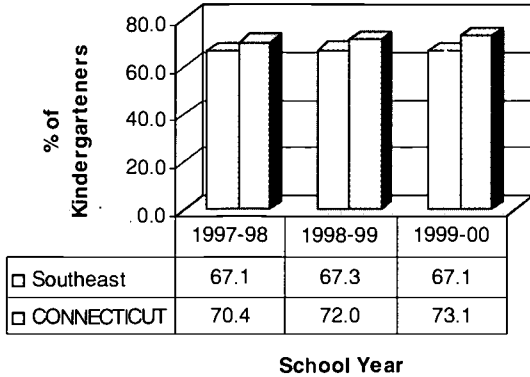
Month and Year

Free or Reduced-Price Meals

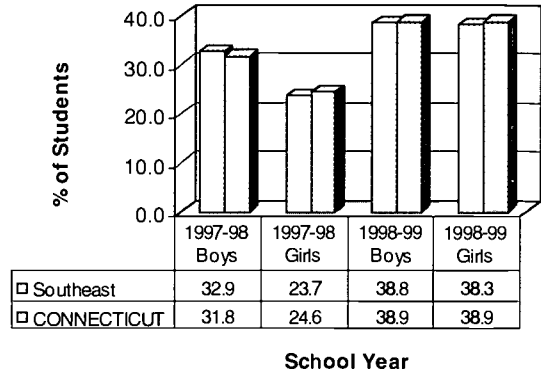


Year

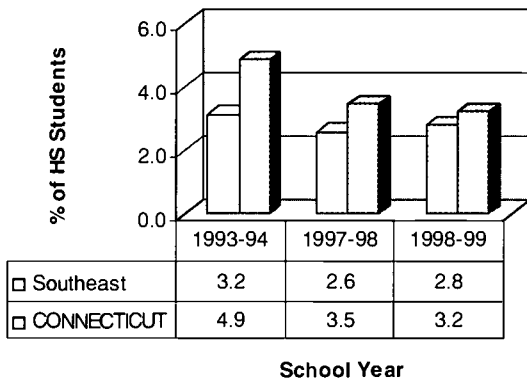
Preschool Experience



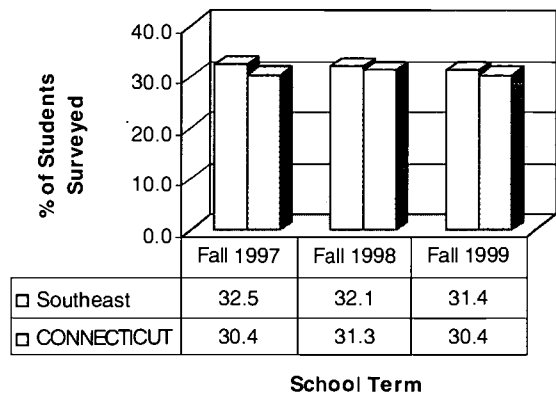
Physical Fitness Tests



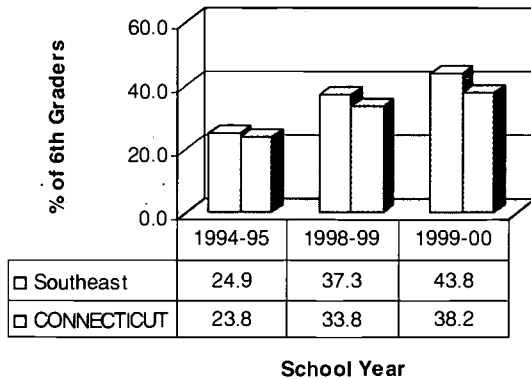
High School Dropouts



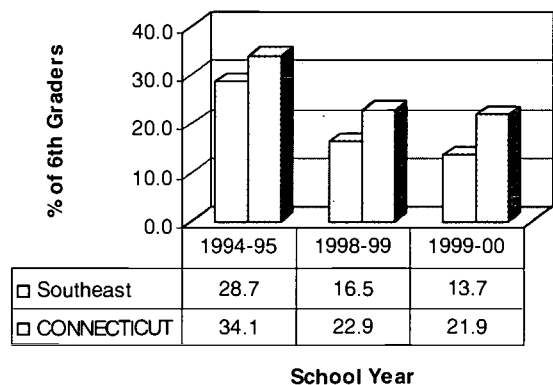
High School Employment



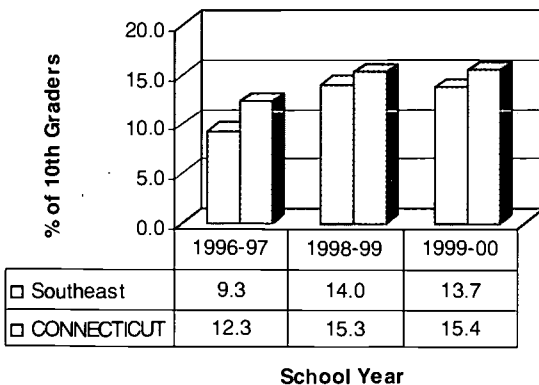
Meeting CMT Goal



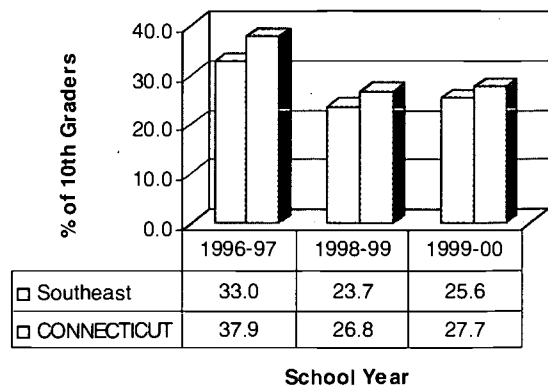
Below CMT Basic Level



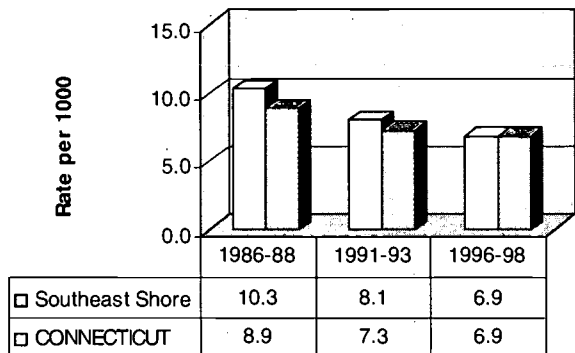
Meeting CAPT Goal



Below CAPT Basic Level

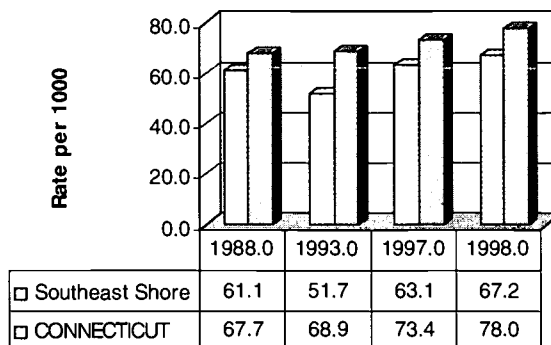


Infant Mortality



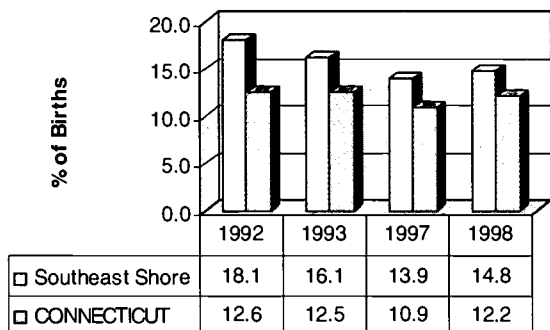
Time period

Low Birthweight



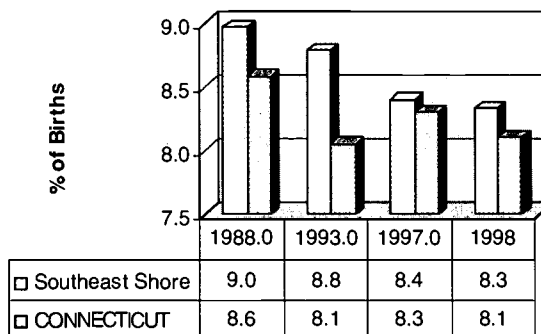
Year

Late or No Prenatal Care



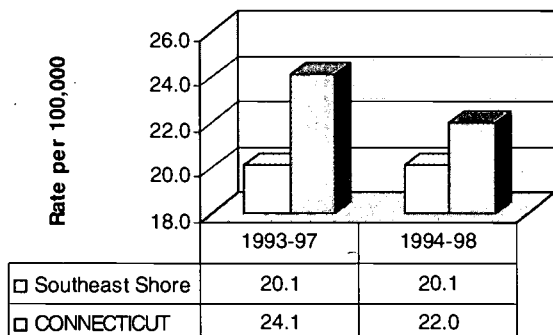
Year

Births to Teen Mothers



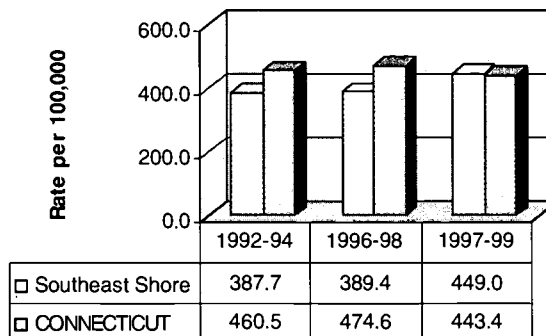
Year

Child Deaths



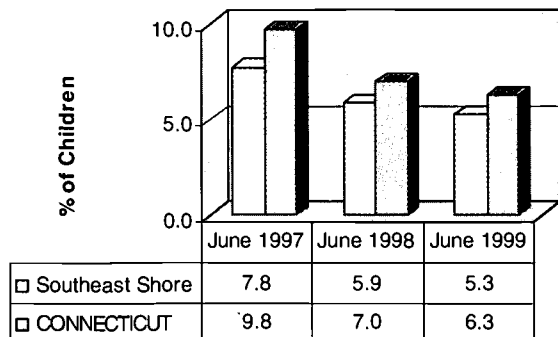
Time period

Juvenile Violent Crime Arrests



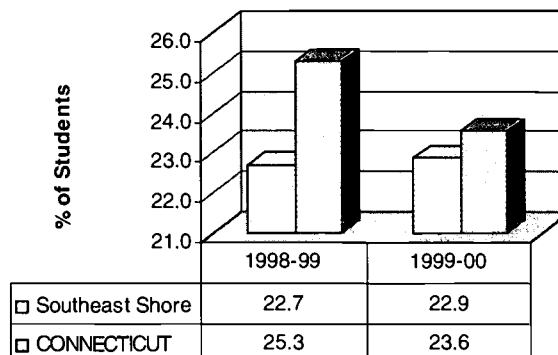
Time Period

Children Receiving TFA



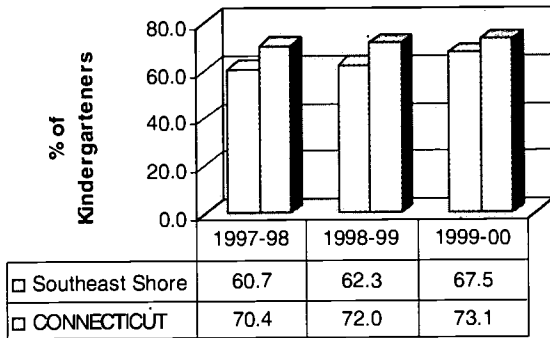
Month and Year

Free or Reduced-Price Meals



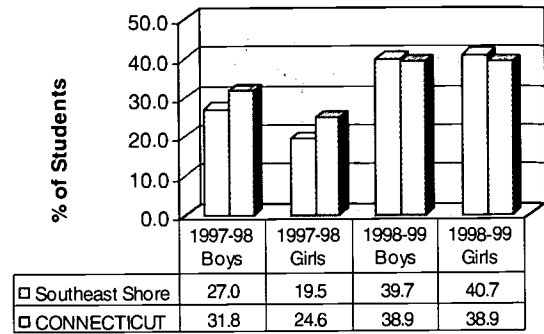
Year

Preschool Experience



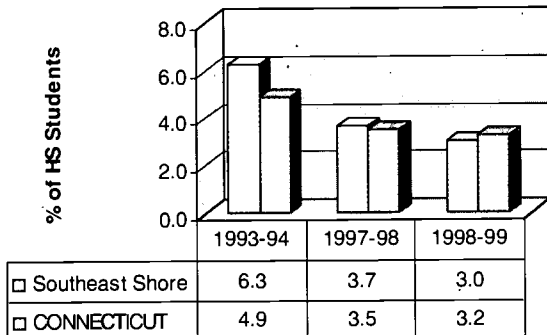
School Year

Physical Fitness Tests



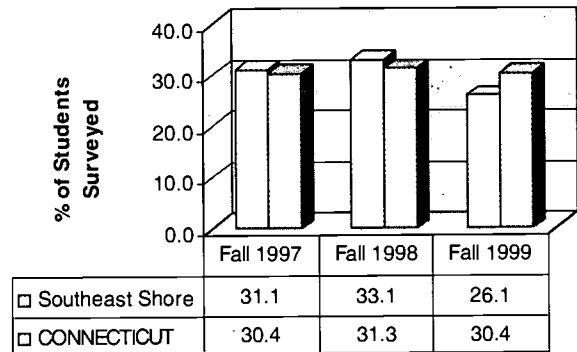
School Year

High School Dropouts



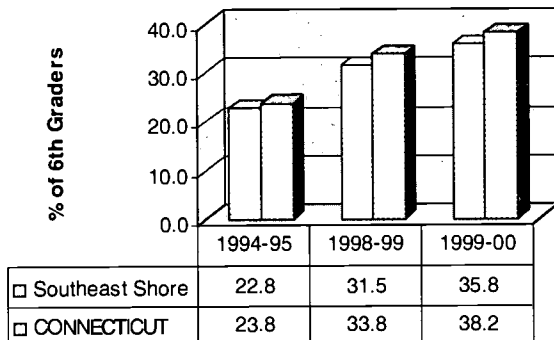
School Year

High School Employment



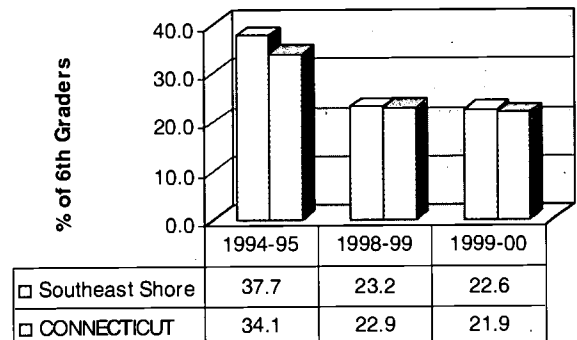
School Term

Meeting CMT Goal



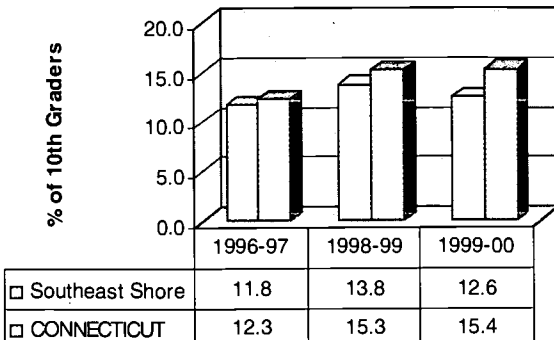
School Year

Below CMT Basic Level



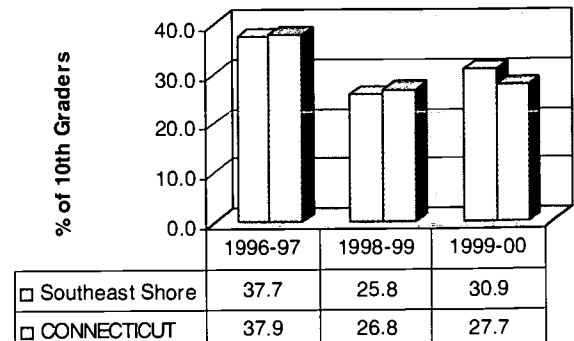
School Year

Meeting CAPT Goal



School Year

Below CAPT Basic Level



School Year

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GTE Corporation
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The Heritage
Heublein
Holley Dodge of Middletown, Inc.
HSB Industrial Risk Insurers
Industrial Riggers, Inc.
International Paper Company Foundation
JCPenney Manchester Catalog Fulfillment Center
Konica Business Machines USA, Inc.
Lambert Kay
LCD Lighting, Inc.
Liberty Bank
Light Sources, Inc.
Lydall, Inc.
Macy's East, Inc.
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The Marlin Firearms Company
Mechanics Savings Bank

Mechanics Uniform Service, Inc.
Mohegan Sun
Mutual of America Life Insurance Company
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New England Produce Council, Inc.
NIA/UIA Group, Inc.
Northeast Utilities
O&G Industries, Inc.
Olin Corporation
Omega Technologies, Inc.
Orion Capital Companies
Oxford Health Plans, Inc.
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Pitney Bowes, Inc.
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