Local Needs Assessment (LNA) Framework

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Directions

After reviewing the Local Needs Assessment Guidance, complete this customizable LNA Framework. The framework is organized into core sections with data prompts to help you document what you know about community strengths, needs, and priorities affecting young children and their families. You may use the table format provided or replace it with another format, as long as you address the main sections of the framework. You may also choose to include an Executive Summary at the beginning of your LNA report. If you have questions about modifying the framework, consult with your RESC for guidance. **As you move through the framework, note that you may not have data for every prompt in a given section, and you should choose which data to collect based on your local context.** You may also collect relevant information from additional sources that are not listed in the framework.

Initial LNAs are due by June 30, 2026. LGPs must upload their LNA to their Shine Google folders. Each LGP's LNA must receive final approval from their Fiduciary prior to submission.

LGP Information

LGP name: Collaborative for Colchester's Children (C3)
Town(s) included: Colchester
Primary LNA contact person: Cindy Praisner
Primary LNA contact email: cpraisner@colchesterct.org
LGP Fiduciary approval (name of Fiduciary contact and date LNA approved): Marina Pandolfi, Director of Finance 6/24/2026
Date submitted to Shine: 6/25/26

LNA Process

Who was involved in this LNA? (check all that apply)
☒ LGP Liaison/s
☒ LGP Parent Ambassador/s

☐ Parents Connecting Parents (POP) Ambassador/s (if applicable)
☐ OEC Parent Cabinet member/s (if applicable)
☒ Families
☒ Center-based program staff
☒ Family child care providers
☒ Public school staff
☐ Birth to Three staff
☒ Preschool special education staff
☐ Home visiting program staff
☒ Family child care networks, intermediaries, or other support groups
☐ Other service providers (please specify):
☒ Municipal government staff
☐ Other community partners (please specify): TVCCA Early Head Start/Head Start
☐ Other (please specify):

What data sources were used for this LNA? (check all that apply)

☒ OEC-provided datasets
☒ Community surveys (specify audience): Families with Children Ages 8 and Under
105 total responses (40 responses to childcare sub-section for those looking for or using childcare). Survey was updated from a past survey with an added childcare section; feedback from CoTa members was requested. One parent member provided a number of childcare questions for that section.
☒ Community interviews (specify audience): Liaison Interview with Multilingual Language Coordinator and Social Services Director about Families with English as Second Language
☒ Community focus groups (specify audience): Parent Council (approximately 7 people)
☐ Other community data (please describe):

Other LNA processes or methodology notes:

The Community Table (CoTa) was involved in conversation around the data and needs. Unfortunately, since the meeting was held in May, we had the lowest attendance at this meeting. Attendees represented the Intermediate School, public library, parents, Support group and network facilitator for family child care providers, one Early Start Program Provider, and C3 staff. Chat GPT was used to help with the data analysis and then reviewed by the Liaison. The Liaison shared an LNA draft via email and CoTa members were provided an opportunity to review and offer revisions and corrections.

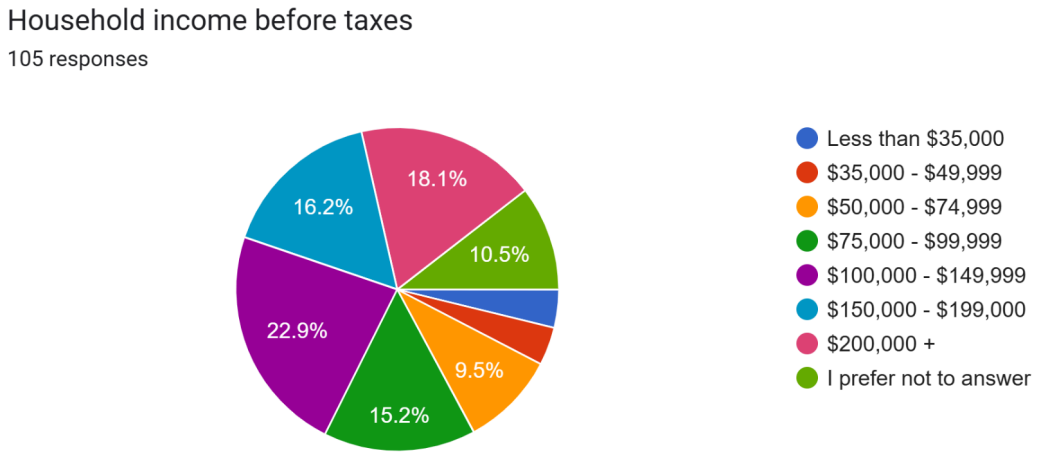
Children and Family Characteristics

Central question: You want to paint a picture of the children and families in your community. How would you describe them based on the data the OEC provided as well as other data you have collected?

Table 1. Children and Family Characteristics

Data descriptor	Source	Data value	Notes
Population size	OEC-provided ACS (2023)	15,505 ±32 Colchester	
Birth rate over time	OEC-provided CT DPH	136 (2022), 148 (2023), 157 (2024) 157 (2025-Town Clerk)	
Languages spoken	OEC-provided PUMA From CPS Multilingual Program Coordinator	Child Under 6 Households: Arabic, German, Japanese, Polish, Spanish 20 Languages in CPS across 53 MLs	
Race and Ethnicity	2026 Town Profile CT Data	89% White 4% Hispanic 3% Black 1% Asian 3% Other	

Household composition	OEC-provided ACS 2023	Married with own children <6; 517±248; Married with own children <6 and 6-17; 189 ± 89; Male Only <6 54 ±60; Male <6 and 6-17; 15 ±24; Female Only <6 17 ±27; Female Only <6 and 6-17 0 ± 21	
Median household income	OEC-provided 2023 ACS PUMA Inland SE	118839 ±13854 Colchester 93,760 ± 669 CT $111,678 ±12,901	
Population below federal poverty level	OEC-provided 2023 ACS	640 ±187; 4.2%±1.2 Colchester 351948 ± 8233 CT Under 5 0%±3.6% Colchester 13.4%±1% CT	
Relevant findings from surveys, focus groups, and any other local data collection	C3 Family Survey Responses were fairly evenly distributed across income levels.		



Describe and interpret the data: *What do you see? What do you notice? What does this tell you about the children and families in your community? What is missing? What themes and gaps can you identify?*

What do you see?

- The birth rate has fluctuated over the past five years but remains relatively stable overall, suggesting a consistent number of young children entered the community each year.
- There are approximately **748 children under age 5**, representing about **4.8% of the total population**.
- The total population appears stable at approximately **15,500 residents**.
- Federal poverty level data has error margins too large to draw conclusions from it.

What do you notice?

- The number of young children suggests there is likely ongoing and slightly increasing demand for early childhood services, family support programs, child care, and preschool opportunities.

What does this tell you about children and families in the community?

- Young children and families make up an important portion of the community and should remain a priority population.

What is missing?

- Needs of low incidence populations such as English as second language families, BIPOC, low income, single parent aren't seen in the data
- New housing developments have the potential to impact these numbers as early as the Fall.

Themes Emerging

- Stable population of young children creates an ongoing need for early childhood supports.
- Importance of understanding family voice, since quantitative data alone may not be reliable and reflective of the current population due to small sample sizes.

Potential Gaps

- Accuracy of data

Child and Family Basic Needs, Health, and Well-Being

Central question: How are the basic needs, health, and overall well-being of children and families in your community supported and addressed?

Notes on OEC-provided data: This is a section in which you may want to collect additional data to supplement the OEC-provided data. For example, you may have local data sources that offer a fuller understanding of children and families experiencing homelessness in your community than the OEC-provided data, which includes counts of PreK and Kindergarten students experiencing homelessness as reported by school districts.

Table 2. Child and Family Basic Needs, Health, and Well-Being

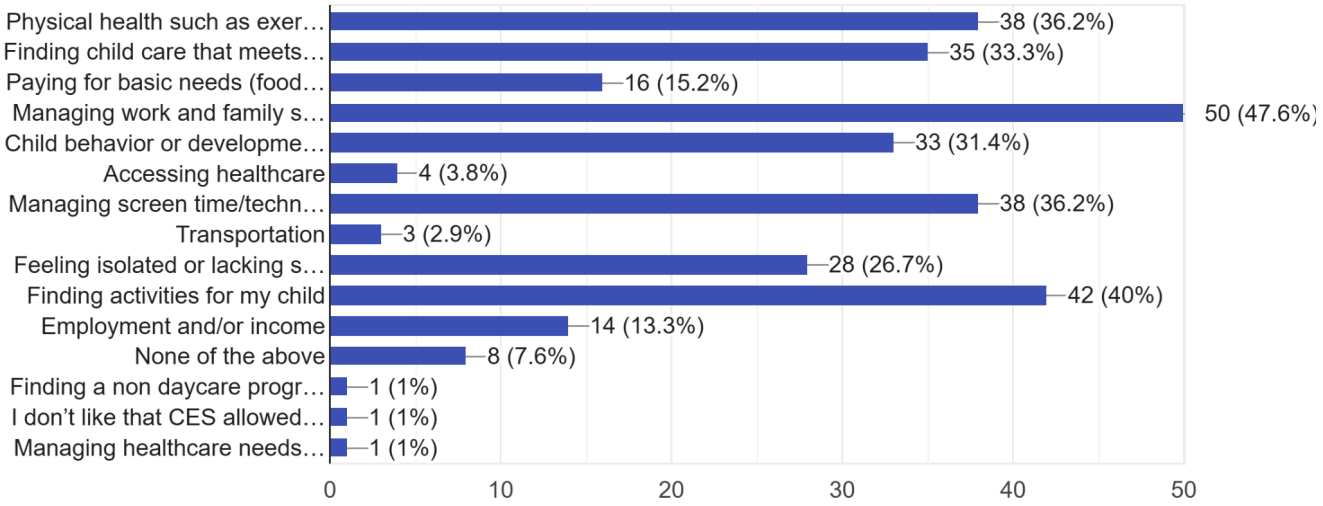
Data descriptor	Source	Data value	Notes
Child Opportunity Index (COI)	OEC-provided CT OEC 2025	71 Avg across CT 56.9	
Owner-occupied vs. Renter-occupied housing	OEC-provided 2023 ACS	Owner Occupied 4789±302 Renter 1349±271 Col Owner Occupied 939912±5867 Renter 480258±4568 CT	
Median rent	OEC-provided 2023 ACS	$1398±$140	
Cost-burdened households	OEC-provided 2023 ACS	1435 ± 288.8; 23.9% 479072 ± 5644.3; 34.6% CT	
ALICE Data	UW SE CT	26% of Colchester Households are below ALICE Threshold	Though not as high as some surrounding towns, it is still significant. Municipal and Town budget conversations often refer to those that can't afford to pay more.

Median household income (also included in Table 1)	OEC-provided 2023 ACS PUMA Inland SE	118839 ±13854 93,760 ± 669 CT $111,678 ±12,901	
Children experiencing homelessness	OEC-provided	PreK Homeless 0 K Homeless 0 2024-25 CT SDE	This is not accurate. Anecdotal information indicates that the number is greater than 0 at some points in time.
Households receiving SNAP	OEC-provided 2023 ACS 2024 PUMS Microdata	Under Children under 18 50±59 13.8% ± 14.5% With at least one child <6 receiving SNAP 22% ± 11%	
Children receiving WIC	OEC-provided 2025 CT DSS	Total Served Under 5- 76 Total Served Under 1- 16	
Number of people served by Medicaid	OEC-provided Available back to 2015; CT DSS	3207 (2024), 3651 (2023), 3556 (2022) 3346 (2021), 3160 (2020), 3045 (2019) Total People Under 1 52 (2024) Total People ages 1-4 232 (2024)	
Number of people served by CHIP	OEC-provided Available back to 2015; CT DSS	120 (2024), 102 (2023), 91 (2022) 112 (2021), 123 (2020), 124 (2019)	
Number of people served by TFA	OEC-provided	38 (2024), 44 (2023), 26 (2022) 14 (2021), 44 (2020), 66 (2019)	

Children referred to Birth to Three	OEC-provided	46 FY 25 54 FY24	
Children evaluated for Birth to Three	OEC-provided	45 FY 25 45 FY24	
Children determined eligible for Birth to Three	OEC-provided	27 FY 25 29 FY24	
Children served in Birth to Three	OEC-provided	62 FY 25 56 FY24	
Number of Birth to Three programs	OEC-provided	3 FY 25	
Preschool children with an IEP or ISP for primary disability of Developmental Delay	OEC-provided 10/01/24 Federal Child Count File	39	
Transportation needs	2026 C3 Family Survey	*27.5% of the 44 Child care subquestion responses on Family Survey indicate transportation to and from programs as a challenge; 2.9% had a general transportation challenge in the past year*	
Child welfare indicators (e.g., children in foster care, protective services)	Consider collecting	*2015-2022 # of substantiated abuse and neglect cases <10-20*	
Relevant findings from surveys, focus groups, and any other local data collection	15.2% of Family Survey Respondents had difficulty paying for basic needs (food, housing, utilities); 13.4% of respondents chose “somewhat difficult or very difficult” to find information about child care, programs, and services for young children in Colchester. 82.9% stated they knew where to go if they “have concerns about your child's development, behavior, or learning.” The majority of respondents were aware of a number of local and regional resources for families.		

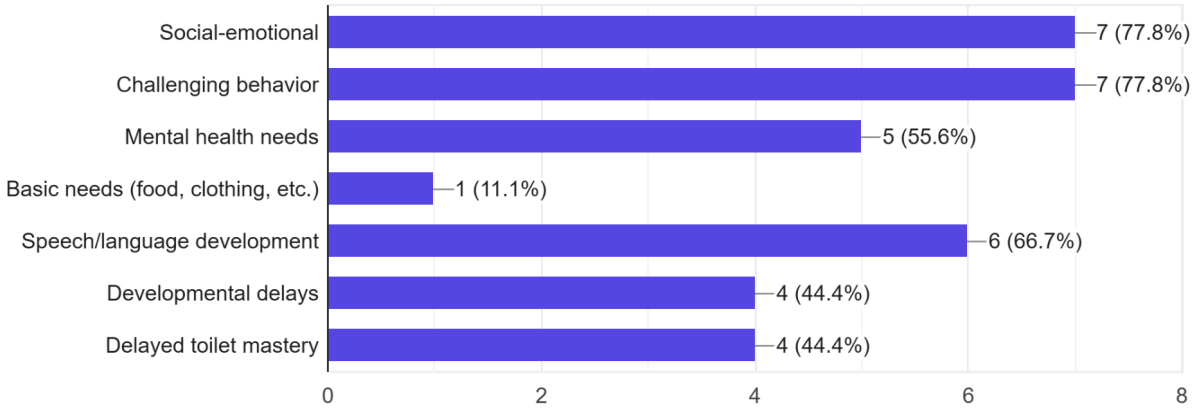
Which of the following have been challenges for your family in the past year? (Select all that apply).

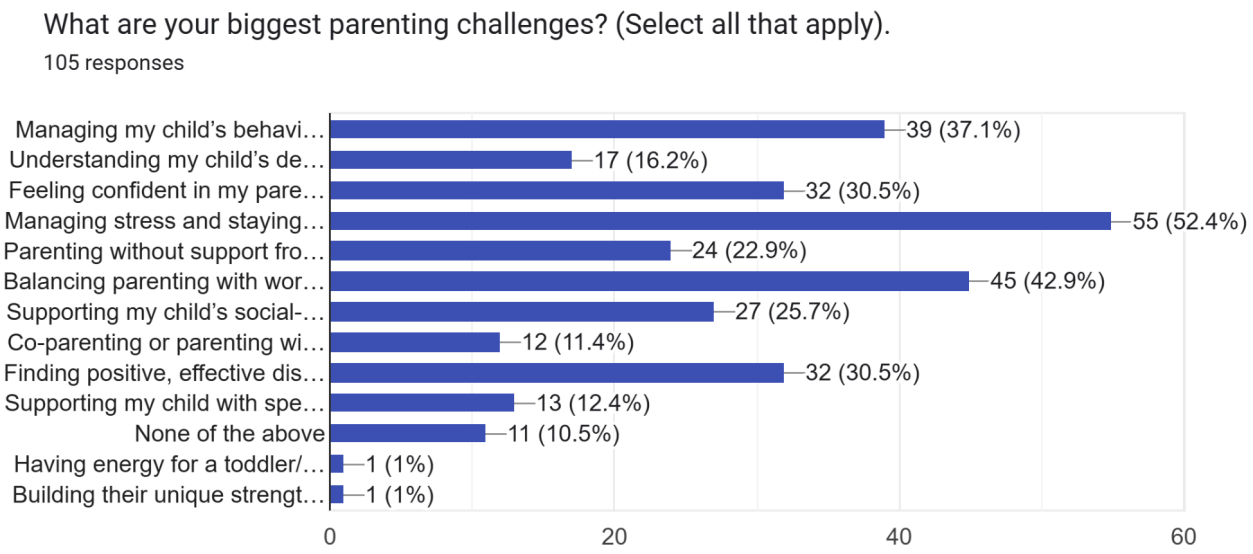
105 responses



What needs are you seeing most often among the children you serve? (Select all that apply).

9 responses





Describe and interpret the data:

What do you see? What do you notice? What does this tell you about the overall well-being of children and families in your community? What is missing? What themes and gaps can you identify?

What do you see?

Strong economic indicators overall

- *Colchester has a high median household income (**~$112,000**) compared to the Connecticut average (**~$94,000**).*
- *Homeownership is high, with approximately **78% owner-occupied housing** (4,789 owner-occupied vs. 1,349 renter-occupied units).*
- *The community appears relatively stable, with **no reported homeless preschool or kindergarten children**.*

Hidden financial stress exists

- *Despite higher incomes, **26% of households fall below the ALICE threshold**, meaning they earn above the federal poverty level but still struggle to afford basic necessities.*
- *Nearly **24% of households are cost-burdened**, spending more than 30% of income on housing.*
- *Median rent is approximately **$1,400/month**, which may be challenging for lower-income families, single parents, and young families entering the housing market.*

A significant number of families rely on public supports

- *More than **3,200 residents receive Medicaid**, including **284 children under age 5**.*
- ***76 children under age 5 receive WIC**, including **16 infants**.*
- *Some families continue to rely on SNAP, CHIP, and Temporary Family Assistance (TFA), indicating pockets of economic need despite the community's overall affluence.*

Early identification and intervention systems are active

- *Birth to Three referrals, evaluations, and service numbers have remained relatively consistent.*
- *Nearly **60 children annually receive Birth to Three services**, and **39 preschoolers have an IEP or ISP due to developmental delay**.*
- *This suggests families are accessing developmental screening and intervention services when concerns arise.*

Transportation is a notable barrier

- *More than **one-quarter (27.5%)** of child care survey responses identified transportation to and from programs as a challenge.*
- *Transportation appears to be a larger issue for accessing child care and programs than broader community transportation needs alone.*

C3 Family Survey Summary

The survey data paint a picture of families who are deeply committed to their children but are feeling stretched by the competing demands of work, parenting, child development, and personal well-being. Across both surveys, several interconnected themes emerged.

Managing Stress and Balancing Responsibilities

The most significant challenge reported by parents was **managing stress and staying patient (52.4%)**, followed closely by **balancing parenting with work and other responsibilities (42.9%)**. Families also identified **managing work and family schedules (47.6%)** as one of their biggest overall challenges.

These findings suggest that many parents are experiencing time pressures, competing responsibilities, and stress related to juggling work, child care, school schedules, and family life.

Child Behavior, Development, and Social-Emotional Needs

Parents frequently reported concerns related to child development and behavior:

- 37.1% struggle with managing their child's behavior.
- 31.4% identified child behavior or developmental concerns as a family challenge.
- 25.7% reported challenges supporting their child's social-emotional development.
- 16.2% reported difficulty understanding their child's development.
- 12.4% reported challenges supporting a child with special needs.

These findings align with provider feedback indicating a need for additional behavioral and mental health supports within early childhood programs. Together, they suggest a growing need for parenting education, developmental guidance, behavioral consultation, and family support services.

Need for Parenting Support and Connection

Many parents expressed a desire for greater support and confidence:

- 30.5% reported difficulty finding positive, effective discipline strategies.
- 30.5% reported the challenge of feeling confident in their parenting.
- 22.9% reported parenting without support from family or friends.
- 26.7% reported feeling isolated or lacking support.

These responses highlight the importance of parent education programs, peer support opportunities, family events, and community-building efforts that help reduce isolation and strengthen parent confidence.

Child care

Child care continues to be a significant concern:

- 33.3% reported difficulty finding child care that meets their needs.
- Previous survey results showed that cost, lack of openings, scheduling conflicts, and transportation are major barriers.

Families are looking for child care that is affordable, available, flexible, and compatible with work schedules.

Opportunities and Activities for Children

Parents want more opportunities for their children:

- 40% reported difficulty finding activities for their child.

This suggests demand for affordable recreation, enrichment programs, family activities, and opportunities for children to build social connections and developmental skills.

Health and Technology Concerns

Families are also navigating broader wellness challenges:

- 36.2% reported concerns related to physical health such as exercise, healthy eating, and adequate sleep.
- 36.2% reported challenges managing screen time/technology use.

These responses suggest interest in programs that support healthy lifestyles, physical activity, and positive technology habits.

Financial Pressures

Although financial concerns were not the most frequently reported challenges, they remain important:

- 15.2% reported difficulty paying for basic needs.
- 13.3% reported employment or income challenges.

These findings align with broader community data showing that 26% of households fall below the ALICE threshold and nearly one-quarter of households are cost-burdened.

What do you notice?

The community is doing well overall, but not all families are thriving. This suggests that averages mask the experiences of families who are struggling. Many families are struggling with stress and parenting.

What does this tell us about children and families?

Strengths

- Families generally have economic stability compared to many Connecticut communities.

- Children experiencing homelessness are extremely rare.
- Early childhood intervention systems appear accessible and utilized.
- Colchester offers robust and useful programs for families including C3 Programs, Library programs, and Community Events.
- The community has access to playgrounds and parks; some developmental sports are available for very young children.
- The community offers a variety of educational opportunities, including good preschool and school options, preschool programs at CES, and support from special education teams and Birth to 3 services.

Challenges

- Working families may earn too much for some assistance programs but still struggle with housing, child care, and daily expenses.
- Transportation creates barriers to accessing child care and family programs.
- Economic need may be less visible because it is spread across a relatively affluent community.
- Many families seek opportunities for greater social connection and support, including informal social gatherings to discuss parenting challenges, resources for finding other parents in similar situations (e.g., military, special needs), parent roundtables on child care experiences, a community parental support system, and groups like a "moms group" or baby playgroups.
- Flexible Scheduling for Activities: Many families need programs and events offered outside of traditional working hours (8 AM - 5:30 PM), requesting weekend or evening options for classes, playgroups, and general community events for infants, toddlers, and preschoolers.

What is missing?

To fully understand family well-being, additional information would be helpful regarding equity and access

- Differences in outcomes by income, race, ethnicity, language, or neighborhood
- Whether vulnerable families are accessing available services

Themes Emerging

1. Many families appear financially stable, yet ALICE, Medicaid, WIC, and cost-burden data reveal ongoing economic pressures indicating a hidden need within the larger, more financially stable community. Community needs to ensure that services and supports remain accessible, affordable, and responsive to those who may be struggling beneath the surface.

2. Families are experiencing significant stress related to balancing work, child care, and family responsibilities. Parents are looking for support in managing child behavior, understanding development, strengthening social-emotional skills, and building confidence in their parenting, while also navigating child care, financial pressures, and limited support networks.

3. Consistent Birth to Three and preschool special education numbers highlight the importance of developmental screening and support services.

Potential Gaps

- Affordable child care and transportation solutions.
- Support for ALICE families who may not qualify for many assistance programs.
- Strategies to ensure families can access services regardless of transportation or work schedules.
- Information on family experiences and barriers.
- Understanding whether vulnerable or underserved families are being reached.
- Coordination between community resources, schools, healthcare providers, and family support organizations.

Availability and Affordability of Early Care and Education

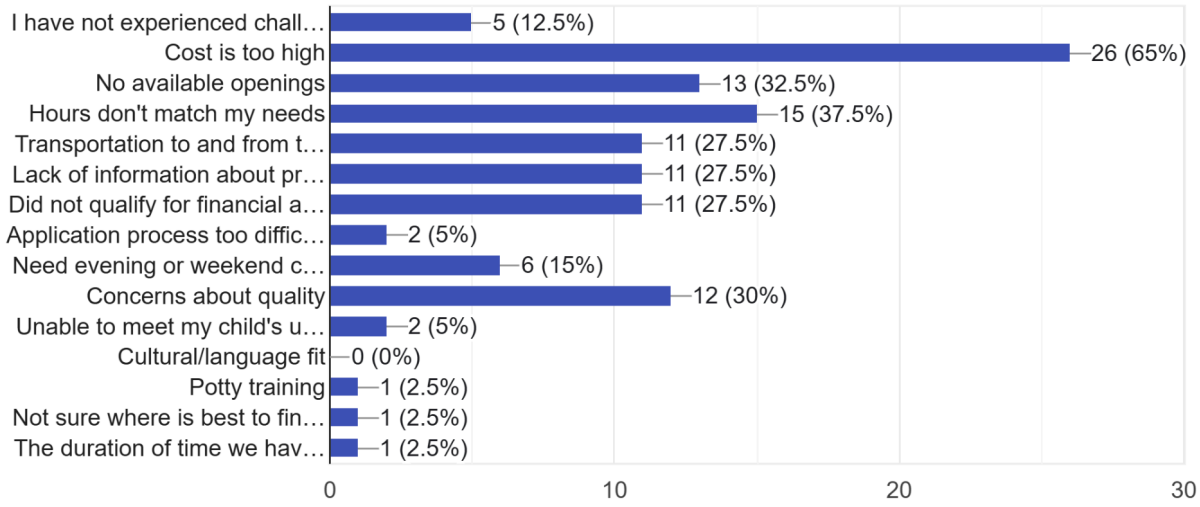
Central question: How accessible and affordable is early care and education in your community? How does the existing early care and education available in your community align with what families need and want (for example, along dimensions such as type of care setting, hours of care offered, and/or others), and what families can afford?

Notes on OEC-provided data:

- The provided child care capacity, enrollment, and openings data (United Way) is based on annual self-reported survey data from licensed and license-exempt child care providers. It represents an estimated snapshot in time and will not reflect ongoing fluctuations in capacity and enrollment. As with all provided data, you should ask probing questions to determine if this data reflects your understanding of current child care availability in your community.
- Some children are funded through multiple federal- or state-funded programs (e.g., federal Head Start and Early Start, Early Start and Care 4 Kids).
- The provided Early Start and State Head Start utilization data is from November 2025. It is point-in-time data; utilization data may change over time, and your LGP liaison/s may have additional information on utilization in your community.

Table 3. Demand – Local families' preferences

Data descriptor	Source	Data value	Notes
Birth rate (per 1,000 population)	OEC-provided CT DPH	8.9 (2020), 11.2 (2021), 8.7 (2022), 9.5 (2023), 10 (2024)	
Total population under 5	OEC-provided ACS Birth data	1168 ± 410; 7.5% ± 2.6% (2023) Approximately 748 children	
Total population	OEC-provided ACS	15,505 (2023) ±32	

211 inquiries related to child care & parenting	OEC-provided United Way	Child care and Parenting 2	
211 inquiries related to education	OEC-provided United Way	Education 0 Col	
Relevant findings from surveys, focus groups, and any other local data collection	What challenges have you experienced when looking for child care and/or preschool? (Select all that apply). 40 responses  		

Describe and interpret the data

Use the below prompts to guide your thinking. These are not all required questions; you should select the questions most helpful for capturing your community's context.

- *What does this tell you about the **demand** for early care and education from families in your community? What themes and trends can you identify?*
- *How do families' work and school schedules influence demand for non-traditional hours (night, weekend, early morning) or wrap-around care? What patterns do you see in the need for part-time versus full-day care?*
- *Are there any policies or practices in the current local or state early care and education system that are misaligned to parent needs?*

What does this tell us about the demand for early care and education in Colchester? How do work and school schedules influence demand?

The data suggest that **demand for early care and education remains strong and is likely exceeding the availability and flexibility of current options**. With approximately **748 children under age 5** and a stable birth rate over the past five years, there is a consistent pipeline of young children who will need child care, preschool, and early learning opportunities. Very few 211 inquiries were made regarding child care and parenting (2 inquiries) and education (0 inquiries).

The survey results indicate that families are not simply looking for any child care—they are looking for care that is **affordable, available, accessible, and compatible with their work schedules**.

Key Themes and Trends

Affordability is the biggest challenge

- 65% of respondents identified cost as a barrier, making it by far the most common challenge.
- This aligns with other community data showing:
    - 26% of households fall below the ALICE threshold
    - Nearly 24% of households are cost-burdened
- Many families may earn too much to qualify for assistance but still struggle to afford child care.

Families cannot find care that matches their schedules

- 37.5% reported that program hours do not meet their needs.
- 15% specifically identified a need for evening or weekend care.
- These findings suggest that traditional Monday–Friday, daytime child care schedules do not align with the realities of many working families. Many families likely work healthcare shifts, retail and service jobs, manufacturing schedules, and/or multiple jobs.

- The survey suggests a strong need for child care options that accommodate the schedules of working families. These findings indicate demand for:

    - Extended-day programs
    - Before- and after-work care
    - Early morning care
    - Evening and weekend care
    - Wraparound care that bridges gaps between preschool, school, and parents' work schedules

Supply may not meet demand

- 32.5% reported no available openings**.**
- This suggests shortages in available child care slots, particularly for certain ages or times of day.

Families need better information

- 27.5% reported a lack of information about available programs. From comments, it appears that respondents know about programs but want program specifics such as hours and cost more readily available.
- Families may not know where to look for child care resources or available openings. Potential disconnect between need and resource utilization, as reflected in the very low 211 inquiry numbers. The extremely low number of 211 inquiries may not necessarily indicate low need. It may suggest that families:
    - Are accessing support through other channels.
    - Are unaware of 211 as a resource.
    - Do not perceive 211 as a source for child care or parenting assistance.

- Face barriers to seeking help.

Quality remains important

- 30% expressed concerns about quality.
- Families are not simply seeking available care; they are looking for programs they trust and believe will support their children's development.

What patterns do you see in part-time versus full-day care?

While the survey or data does not directly address part-time versus full-day care, anecdotal and space use data indicate:

- Cost concerns may lead families to seek part-time options.
- Some families may need care only on specific days or during work shifts.
- Some families prefer part-time care to allow for family time with the child.
- One local non-profit provider stays viable by offering a very flexible mix of time and cost options.

Are there policies or practices that appear misaligned with parent needs?

Several potential misalignments emerge from the data.

Eligibility thresholds create a gap for working families as many families earn too much to qualify for assistance but do not earn enough to comfortably afford child care. The high percentage of ALICE households and the number of families reporting cost barriers suggest a "middle-income gap" in child care affordability.

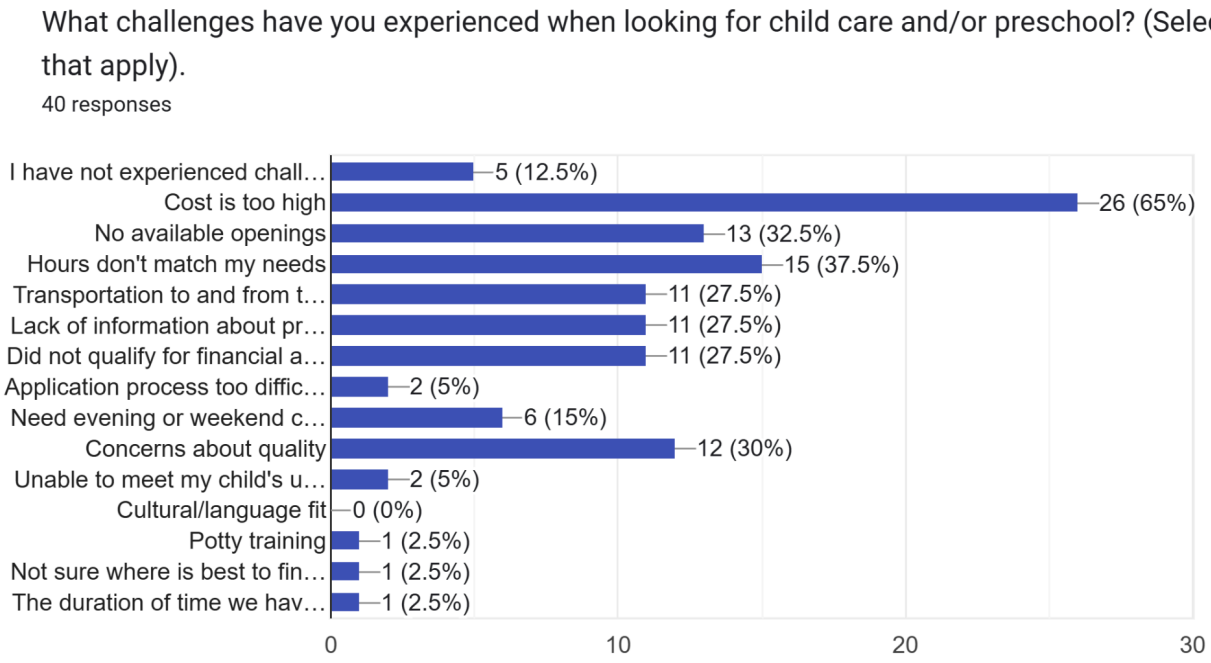
Traditional operating hours may not reflect workforce realities. The survey indicates that current schedules may not match community needs.

Child care information systems may not be reaching families or have all the information that they seek. Community relationships, informal support networks, schools, pediatricians, faith communities, and social media may be playing a larger role in connecting families to resources than formal systems like 211.

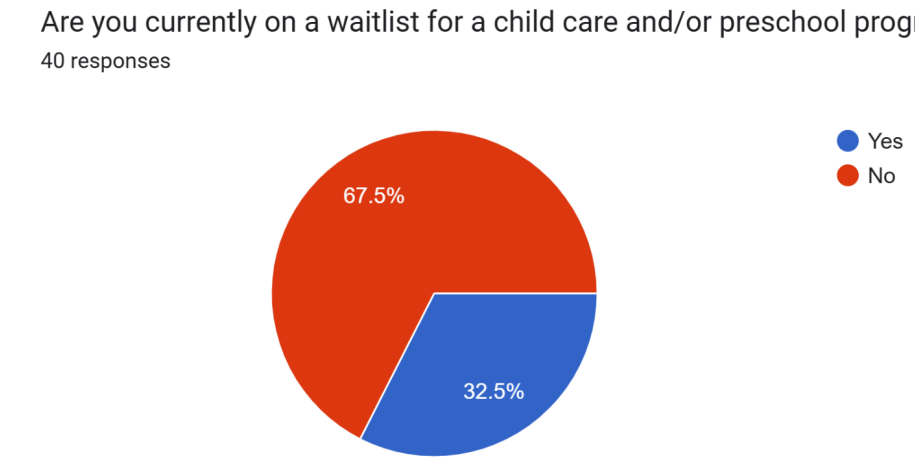
Transportation needs remain for many families. Families may technically have child care options available but are still unable to access them because affordability, transportation, and work schedules create barriers.

Table 4. Availability - Child care providers by setting

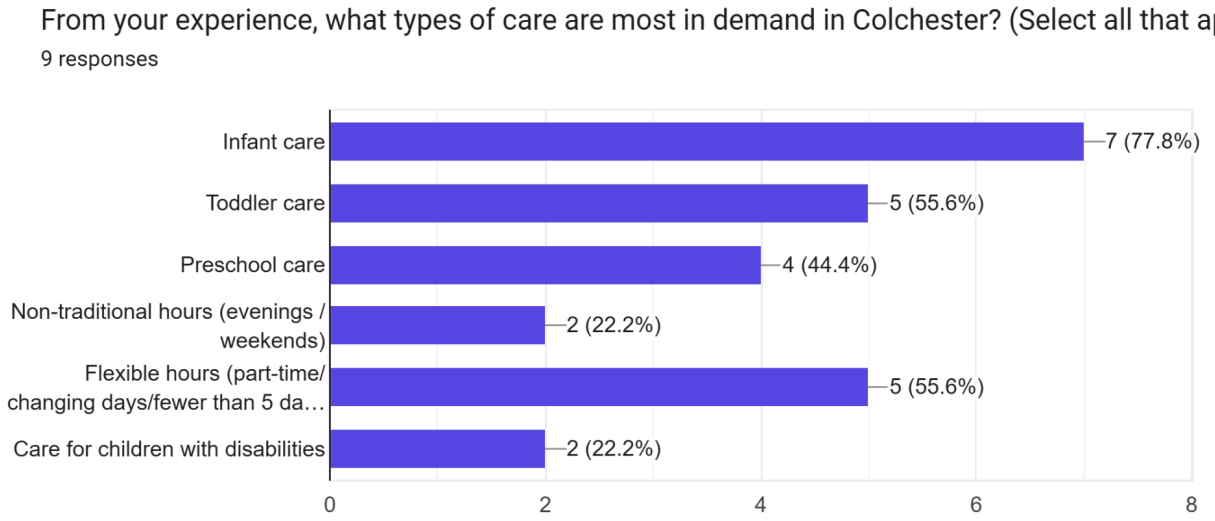
Data descriptor	Source	Data value	Notes
Child care access score	OEC-provided CT OEC 2025	.414	
Child care capacity – United Way	OEC-provided	646.2115	These data are inflated.
Child care enrollment – United Way	OEC-provided	492.6278	
Child care openings – United Way	OEC-provided	153.5837	These data are inflated.
Number of licensed child care centers	OEC-provided CT OEC	8	Incorrect data- only 7 Early Head Start is not a child care center
Number of licensed group child care homes	OEC-provided CT OEC	0	
Number of licensed family child care homes	OEC-provided CT OEC	8	
Number of child care centers (exempt), e.g., school-based	OEC-provided CT OEC	1	
Data on prior ECE history for children entering kindergarten	CPS SY24,SY25,SY26	Average of at least 55% over the past three years;	Missing data
Capacity of local ECE settings to meet the needs of children with disabilities	2026 C3 Early Care and Education Survey	5/9 providers indicated Mental Health/Behavioral Supports would be helpful to their program	
Distance / time local families travel to access child care	2026 C3 Family Survey	27.5% of Family Survey Respondents reported Transportation	

		to and from the program is a challenge.	
Parent satisfaction in searching for child care	2026 C3 Family Survey	12.5% of Family Survey Respondents reported having no challenges in looking for child care and/or preschool	
Relevant findings from surveys, focus groups, and any other local data collection From Family Survey			

From Family Survey



From Provider Survey



Describe and interpret the data:

Use the below prompts to guide your thinking. These are not all required questions; you should select the questions most helpful for capturing your community's context.

- *What does this tell you about the **availability** of early care and education in your community? What themes, trends, and gaps can you identify about…*
    - *Different types of settings (centers, FCC, school-based, etc.)?*
    - *Hours provided?*
    - *Age groups served?*
    - *Priority populations served?*
- *Do the capacity, enrollment, and openings data reflect your understanding of child care availability in the community?*
- *Does access to early care and education differ based on geography/location within the community? Is transportation a barrier for families to access care? Do families prefer providers who speak languages other than English?*
- *Please describe any plans in your community for the creation of new child care classrooms or sites. (e.g., X number of new spaces FY27, Y number of spaces FY28)*
- *Please describe any innovative practices making care more accessible for families in your communities.*
- *How has the change in the birthday requirement and local public school district option to offer the waiver affected enrollment and utilization?*
- *Please describe the process of collaboration between private providers and the local public school district for kindergarten transition. What quantitative and/or qualitative data do you learn from this collaboration?*
- *How are services delivered to children with disabilities, including those enrolled in community-based programs (e.g., LEA provides push-in services, itinerant services, or transportation to another location)? How does your community/district define itinerant services? What themes and gaps can you identify?*
- *What are themes in families' experiences searching for care that meets their needs and wants?*

The data suggest that Colchester has a relatively diverse mix of early care and education options, including licensed child care centers, family child care homes, and a school-based program. However, family survey responses indicate that the

existence of programs does not necessarily translate into access. Families continue to report challenges related to affordability, hours of operation, transportation, and finding available openings.

The Child Care Access Score of **0.414** indicates moderate access and suggests that the local supply of care may not fully meet community demand, particularly for certain age groups and family circumstances.

Types of Settings

Colchester currently has:

- 7 licensed child care centers (after correcting state data)
- 8 licensed family child care homes
- 1 exempt school-based program
- No licensed group child care homes

The mix of center-based and family child care programs provides families with some choice in care settings. Family child care homes may be particularly important for families needing smaller settings, mixed-age care, or more flexible schedules.

Hours Provided

Family survey data reveal a significant mismatch between provider schedules and family needs:

- 37.5% reported that available hours do not meet their needs.
- 15% specifically identified a need for evening or weekend care.

These findings suggest that while programs may have available seats, many families require more flexible care arrangements, including:

- Extended-day care
- Before- and after-work care
- Evening or weekend care

- Wraparound care connected to preschool or school schedules

Traditional operating hours may not align with the schedules of healthcare workers, service industry employees, shift workers, and families with multiple jobs.

Age Groups Served

The community has approximately **748 children under age five**, with stable birth rates suggesting continued demand for infant, toddler, and preschool care.

While capacity data indicate available slots, family reports of unavailable openings suggest that shortages may exist for specific age groups, particularly:

- Infants and toddlers
- Children needing full-day care
- Children requiring specialized supports

Additional age-specific enrollment and waitlist data would help clarify where the greatest shortages exist.

Priority Populations

Several populations may face greater barriers to accessing care:

- ALICE households (26% of households)
- Families who do not qualify for financial assistance but still struggle with costs
- Children with developmental delays or disabilities
- Families requiring nontraditional work-hour care
- Families experiencing transportation challenges

Although language does not currently appear to be a significant barrier based on survey responses, continued monitoring is important as community demographics evolve.

Capacity, Enrollment, and Openings

The reported United Way data show:

- Capacity: 646
- Enrollment: 493
- Openings: 154

However, local stakeholders have identified these numbers as inflated. Family reports of:

- No available openings (32.5%)
- Difficulty finding care
- Hours that do not meet family needs

as well as an inaccurate number of centers suggests that actual access may be more limited than the data indicate.

This highlights an important distinction between:

- Available slots on paper
- Available slots that match family needs for age, location, hours, affordability, and specialized supports

Geography and Transportation

Transportation emerged as a significant theme:

- 27.5% of survey respondents identified transportation to and from programs as a challenge.

This suggests that geography impacts access even in a relatively small community. Families may face challenges when:

- Programs are located far from work or home.
- Parents have limited transportation options.
- Multiple drop-offs and pick-ups are required.

Transportation appears to be a more significant barrier than overall community transportation data alone would suggest.

New Child Care Classrooms or Sites

At this time, no confirmed plans for new classrooms or sites have been identified through the available data. One center does have physical space that is not yet open for preschool age. They applied for Early Start funding in the last RFA process and intend to apply again in July 1, 2027.

Innovative Practices

- Colchester has a microsite in the Colchester Elementary School. The child care is provided by an outside provider and Colchester Public School staff are given first priority. It has been a successful partnership that helps with teacher retention and provides the hours that teachers need. The care is more cost effective as it is not available over school vacations and therefore teachers can pay less for their child's space.

Kindergarten Transition Collaboration

Colchester Public Schools offers a number of Transition to K activities for families. One program that is in close proximity is able to bring children in their care to the daytime K storytimes without the need for a parent to be able to attend. Most providers in the community complete a Transition to K card with developmental information on students and can share with the district once given parent permission. This assists the Elementary School with placement. Data on children's prior early childhood experiences before kindergarten entry has many blank responses making interpretation difficult. Improved collection could help us better understand pre-kindergarten experiences.

Children with Disabilities

- *How are services delivered to children with disabilities, including those enrolled in community-based programs (e.g., LEA provides push-in services, itinerant services, or transportation to another location)? How does your community/district define itinerant services? What themes and gaps can you identify?*

Children with disabilities are serviced alongside their non-disabled peers through a continuum of early childhood programming (ages 3-5) in a comprehensive preschool program in the school district, located at the elementary school. Based on evaluative data and level of performance, students with disabilities who meet the criteria set by the CT SDE can receive services in a full day, part day or itinerant model. We have periodic screenings throughout the year (December, February and May). Alternative screening times can also be available based on need. As part of the screening and

evaluation model CPS staff will go out to community based programs to assess student needs and conduct observations. This is done on an individual basis by referral. There is information on the district website to connect families to the process.

The itinerant model is often parent choice and available for students with speech and language needs that may opt to not attend programming in the collaborative preschool program provided by the school district. In such cases when the parent chooses to have the child attend a community based program, itinerant speech and language services and consultation from school district staff on developmental, behavioral, language, or other areas of need are also provided, including observation are provided. Itinerant services can be provided from staff going out in person to the community based program, or by parents bringing their child in for services. This model is also used for students who do not meet the criteria for Developmental Delay but may have some specific areas of speech/language that would benefit from direct instruction. These are PPT based decisions.

The data suggest that early identification systems are functioning well:

- 62 children served through Birth to Three in FY25.
- 39 preschool children identified with developmental delays through IEPs or ISPs.

Provider survey results identified an important gap:

- 5 of 9 providers reported that mental health and behavioral supports would be helpful.

This suggests that while developmental services are available, programs may need additional support in:

- Behavioral consultation
- Mental health services
- Inclusion practices
- Staff training

These findings align with statewide trends showing increased demand for social-emotional and behavioral support in early childhood settings.

Table 5. Affordability – Program and cost details

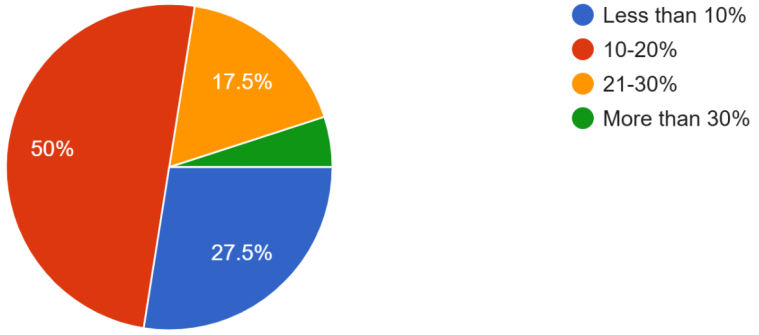
Data descriptor	Source	Data value	Notes
Number of Head Start Preschool funded centers	OEC-provided CT OEC	0	Closed due to inability to maintain a full class in Colchester.
Number of Early Head Start funded centers	OEC-provided CT OEC	1	Share caseload of 10 with multiple other communities. 5 families from Colchester with a total of 16 children in those families.
Number of Early Head Start funded family child care homes	OEC-provided	0	
Care4Kids waitlist, children *(incl. each age group)*	OEC-provided	NA	
Care4Kids waitlist, families *(incl. each age group)*	OEC-provided	NA	
Care4Kids enrollment – families served licensed centers *(incl. each age group)*	OEC-provided	I/T 15 Preschool 25 School Age 17	
Care4Kids enrollment – licensed group homes *(incl. each age group)*	OEC-provided	0	
Care4Kids enrollment – licensed family child care *(incl. each age group)*	OEC-provided	NA	

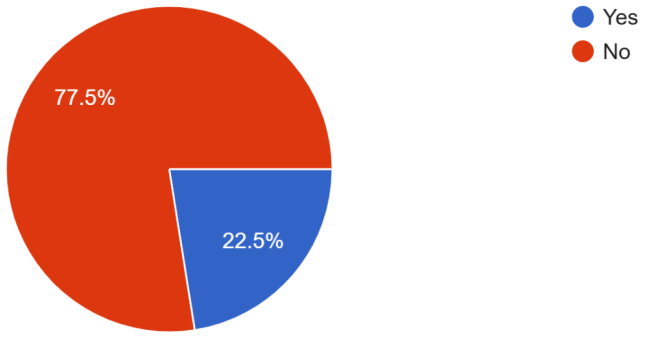
Care4Kids enrollment – licensed youth camps *(incl. each age group)*	OEC-provided	0	
Care4Kids enrollment – total *(incl. each age group)*	OEC-provided	I/T 19 Preschool 34 School Age 33	
Care 4 Kids FFN (family, friend, and neighbor) providers	OEC-provided	7	
Early Start CT infant/toddler state-funded spaces *(incl. each space type, e.g., Full-Time, Half-Time)*	OEC-provided	16 Full-Time as of Jan 1	
Early Start CT infant/toddler spaces utilized *(incl. each space type, e.g., Full-Time, Half-Time)*	OEC-provided	12	
Early Start CT preschool state-funded spaces *(incl. each space type, e.g., Full-Time, Half-Time)*	OEC-provided	32 Half-Time; School Yr 15 Quarter-Time; SY 13 Full-Time as of Jan 1	
Early Start CT preschool spaces utilized *(incl. each space type, e.g., Full-Time, Half-Time)*	OEC-provided	32 Half-Time; School Yr 15 Quarter-Time; SY	
Early Start CT school age state-funded spaces	OEC-provided	0	
Early Start CT school age spaces utilized	OEC-provided	NA	

Public school PreK enrollment *(add up enrollment for all schools)*	OEC-provided	105	
Average full-price tuition for full-day infant toddler care	Consider collecting	$250-$385/week	
Average full-price tuition for full-day preschool care	Consider collecting	$205-$355/week	
Tuition at Colchester Public Schools Preschool	CPS SY27	Annual tuition cost of $3600 ($360 per month) for part-day classrooms and $7300 ($730 per month) for school day.	
% of total families who work less or not at all to care for child(ren) because cost of child care is too high	2026 C3 Family Survey	30% of respondents indicated that they were working less; 25% that they were not working at all due to child care challenges	
Relevant findings from surveys, focus groups, and any other local data collection	Family Survey- 33% of respondents (105 total) answered “Finding Child care that meets my needs” as a challenge for their family		

Approximately what percentage of your monthly household income is spent on child care and/or preschool?

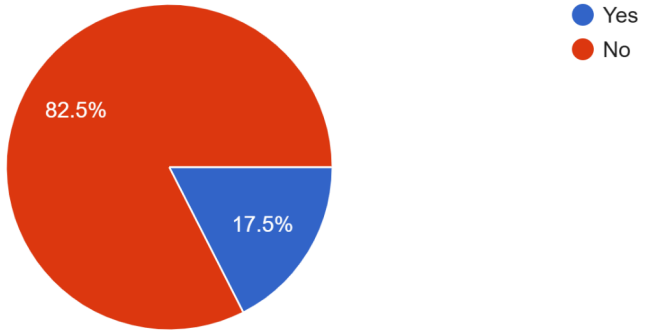
40 responses

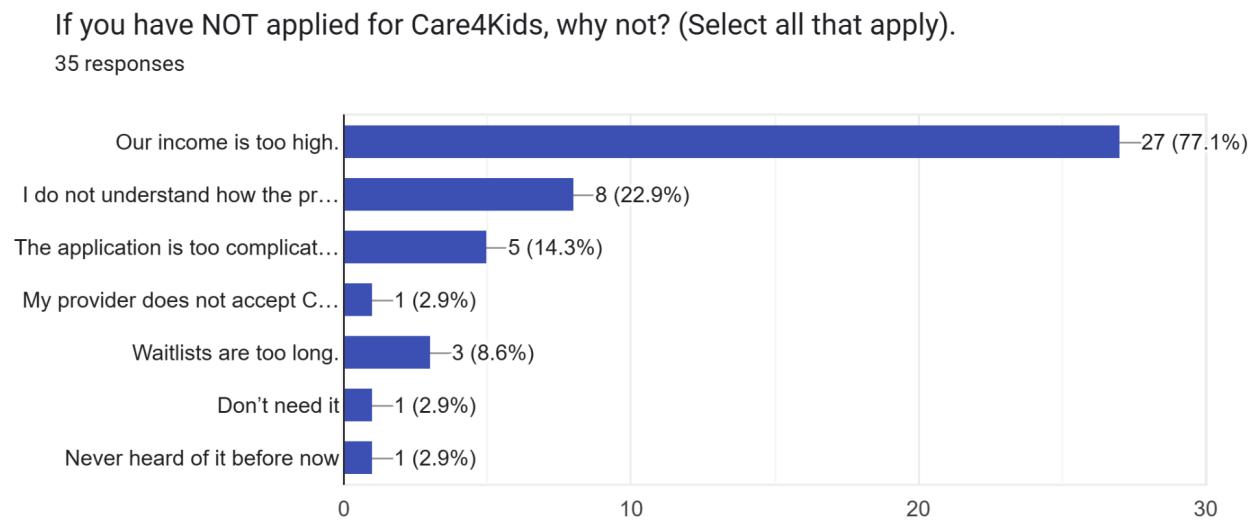


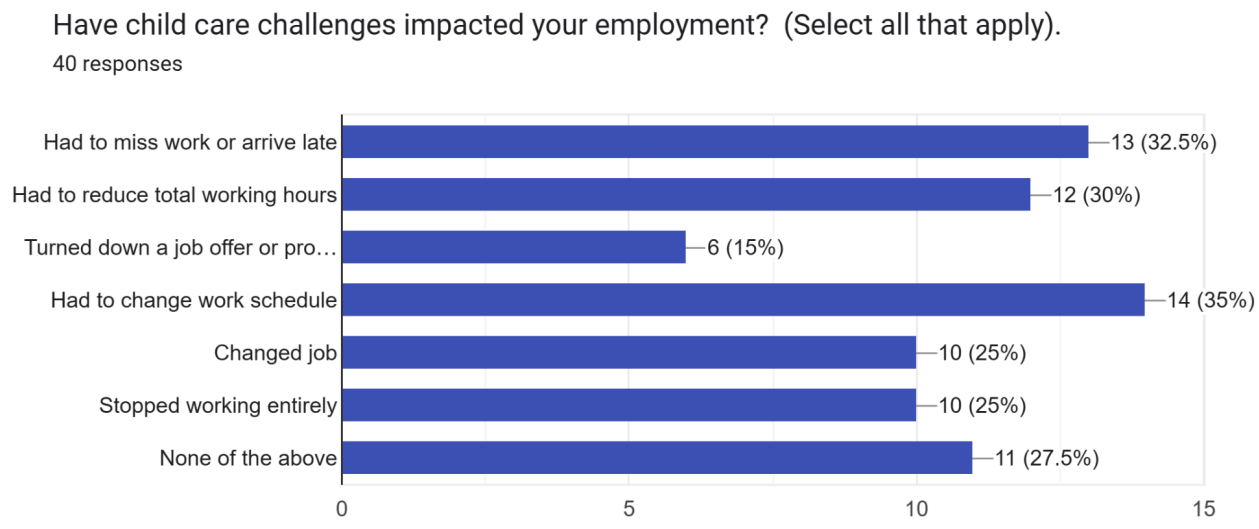
	In the past 12 months, have you had to choose between paying for child care and other essentials (rent, food, utilities) 40 responses 

The Care 4 Kids program helps low to moderate income families in Connecticut pay for child care costs. Have you ever applied for Care4Kids assistance?

40 responses




If you have NOT applied for Care4Kids, why not? (Select all that apply).
35 responses
Our income is too high.
27 (77.1%)
I do not understand how the pr…
8 (22.9%)
The application is too complicat…
5 (14.3%)
My provider does not accept C…
1 (2.9%)
Waitlists are too long.
3 (8.6%)
Don't need it
1 (2.9%)
Never heard of it before now
1 (2.9%)
0
10
20
30



Describe and interpret the data:

Use the below prompts to guide your thinking. These are not all required questions; you should select the questions most helpful for capturing your community's context.

- *What does the data suggest about families' ability to access **affordable** care (Care 4 Kids, Head Start, Early Start CT, etc.)? What themes, trends, and gaps can you identify?*
- *Where are the biggest gaps between full-price tuition (market rate) and what families can afford?*
- *What barriers to affordable care appear most significant?*
- *Are there child care programs with waitlists in your community? What trends do you see around waitlists and waitlist management?*
- *If there are un-utilized subsidized spaces in your community, please share the reasons you have identified and note any common themes across providers.*
- *If there are open private pay spaces in your community, please share the reasons you have identified and note any common themes across providers.*

- *What are providers [or others?] doing to address underutilization?*
- *Please describe any innovative practices making care more affordable for families in your communities (e.g., scholarships, grants).*
- *How do providers use hardship policies in your community?*

What does the data suggest about families' ability to access affordable care (Care 4 Kids, Head Start, Early Start CT, etc.)? What themes, trends, and gaps can you identify?

There is no longer a Head Start program in Colchester. Early Head Start is still available and based in Colchester Elementary School though the caseload now includes many non-resident families. Though we have a strong relationship with our provider TVCCA, they had to pull the preschool Head Start class due to low enrollment. It seems unlikely that we have fewer high needs families so it would be worth investigating why enrollment for EHS/HS has become so challenging. It may be that many of the preschool families are now in Early Start spaces or using Care4Kids.

Currently we have Early Start spaces in:

- Castle- 10 School Day/School Year- history of 100% utilization
- CECP (CPS preschool)- 22 School Day/School Year; 15 Part Day/School Year - history of 100% utilization
- Enchanted Jungle- 16 Infant/Toddler; 13 Preschool Full Day/ Full Year - new program has 44% utilization
    - Note: all of these spaces are not open for Early Start families until current families age out

As of June 10, 2026, approximately 83 children with family incomes under 75% of the SMI are in subsidized spaces through Early Start or Care4Kids. That is about 11% of children under 5. The data suggests that there are many more families in Colchester that would benefit from financial assistance especially for full-day/full year and infant/toddler spaces.

What barriers to affordable care appear most significant?

- Care4Kids waitlist
- Eligibility thresholds

- Available spaces with subsidies; especially for families in the ALICE family income range
- Early Start spaces in Full-Day / Full Year programs

Are there child care programs with waitlists in your community? What trends do you see around waitlists and waitlist management? In general, it seems that waitlists are shorter than in years past. Many families are on multiple waitlists which complicates the data interpretation.

If there are un-utilized subsidized spaces in your community, please share the reasons you have identified and note any common themes across providers. Only our new program has un-utilized subsidized spaces. I think confusion over Early Start requirements is the main reason for this. The program has over-income private pay families currently in those spaces and cannot open them to income-eligible families until the current families age up or leave the program.

If there are open private pay spaces in your community, please share the reasons you have identified and note any common themes across providers.
One program has open spaces in a beautiful, newly renovated building. Their market price is on the higher side and they have classroom space for preschoolers that is currently being used for school age children. They applied for the January expansion spaces but were not selected. Input from the LGP Liaison would have been helpful in program selections / space allocations for Early Start funding as would have had the open spaces to accept new families. It is a newer program and are in process for their NAEYC Accreditation. Sister facilities are already Early Start programs so they would have been well-supported for meeting the ES requirements.

Please describe any innovative practices making care more affordable for families in your communities (e.g., scholarships, grants).
The school district preschool program has about 100 students and meets a majority of **preschool** needs in Colchester. Though they charge tuition and have been increasing the rate each year, it is still very affordable compared to other programs. Additionally, their part day spaces make preschool more affordable for many families. It is not child care,

however, and many families find it difficult to work around the more limited hours and school calendar. The large numbers of children served can also make it more challenging for community providers to maintain stable enrollments.

How do providers use hardship policies in your community?

Each provider has their own hardship policies. Within Early Start programs, families can be given a reduced fee, waiver, or payment plan depending on circumstances.

Quality of Early Care and Education

Central question: How would you describe the quality of early care and education in your community?

Table 6. Quality of Early Care and Education

Data descriptor	Source	Data value	Notes
Number of programs at Member level in Elevate	OEC-provided 2026 CT OEC	12 / 17	
Number of programs at Member Plus level in Elevate	OEC-provided 2026 CT OEC	1	
Number of programs at Member Accredited level in Elevate	OEC-provided 2026 CT OEC	4	
Number of programs with NAEYC accreditation	OEC-provided 2026 CT OEC	4	

Number of programs with NAFCC accreditation	OEC-provided 2026 CT OEC	0	
Number of Teachers in OEC Registry	OEC-provided 2026 CT OEC	16	
Number of Teachers in OEC Registry with BA Degree or higher	OEC-provided 2026 CT OEC	11 3 MA	
Number of Teachers in OEC Registry with AA Degree	OEC-provided 2026 CT OEC	5	
Number of Teachers in OEC Registry with CDA	OEC-provided 2026 CT OEC	0	
Number of Teacher Assistants/Aides in OEC Registry	OEC-provided 2026 CT OEC	34	
Number of Teacher Assistants/Aides in OEC Registry with BA Degree or higher	OEC-provided 2026 CT OEC	9 1 with MA	
Number of Teacher Assistants/Aides in OEC Registry with AA Degree	OEC-provided 2026 CT OEC	5	
Number of Teacher Assistants/Aides in OEC Registry with CDA	OEC-provided 2026 CT OEC	0	
Kindergarten readiness (KEI)	OEC-provided	Level 3 in all areas ranging from 49.5% to 70.1%; Level 1 7.4-17.1%; Language is lowest at 17.1, 33.5 and 49.5%. Commensurate with towns with higher median incomes.	

Relevant findings from surveys, focus groups, and any other local data collection			

Describe and interpret the data:

Use the below prompts to guide your thinking. These are not all required questions; you should select the questions most helpful for capturing your community's context.

- *What are our community's current strengths in quality?*
- *What are the most significant gaps? Do these gaps disproportionately affect certain neighborhoods or populations?"*
- *How have Quality Enhancement funds and other sources of funding or resources focused on quality improvement (e.g., scholarship funding, professional development offerings) been utilized in your community?*
- *Does the ECE workforce in your community reflect the languages and cultures of the children and families served?*

What are our community's current strengths in quality?

Kindergarten readiness outcomes are generally strong

- Children scored at Level 3 (meeting expectations) in all Kindergarten Entry Inventory domains at rates ranging from approximately 50% to 70%.
- Results are generally consistent with other communities with similar income levels.

This suggests that many children are entering kindergarten with foundational skills needed for school success.

High levels of accreditation

- Four programs hold NAEYC accreditation, a nationally recognized indicator of program quality.

- Given the relatively small number of providers in the community, having four accredited programs represents a significant strength.
- Accredited programs demonstrate strong practices in curriculum, family engagement, child assessment, and program administration.

What are the most significant gaps? Do these gaps disproportionately affect certain neighborhoods or populations?

- Language readiness
    - Language scores were the lowest of all Kindergarten Entry Inventory domains.
    - Approximately:
        - 17.1% of children entered at Level 1 (significantly below expectations)
        - 33.5% at Level 2
        - 49.5% at Level 3
- Access to behavioral and mental health supports. Not all programs have ready access to inclusion supports, behavioral consultation, one to one staffing levels, or mental health expertise.
    - 5 of 9 providers identified mental health and behavioral supports as a need.
- Workforce education levels - Though the data indicates a highly educated workforce among teachers in the OEC Registry many of them work for the school district. Many community providers have a hard time finding and retaining qualified staff members.
- Limited progression of programs into higher quality tiers.
    - 12 of 17 programs are still at the entry level.
- Lack of family child care accreditation.

Potential inequities in access for families facing financial, transportation, or scheduling barriers who are not accessing high-quality programs. Additionally, children with developmental or behavior needs may not be able to have their needs met in community child care programs. The district program which can better meet these needs does not provide more than a school day offering and no vacation care.

How have Quality Enhancement funds and other sources of funding or resources focused on quality improvement (e.g., scholarship funding, professional development offerings) been utilized in your community?

Quality Enhancement funds have been used to provide free professional development to any community provider. Additionally, funds have been used for the purchase of materials and curricula for programs.

Does the ECE workforce in your community reflect the languages and cultures of the children and families served? Our community's diversity is growing. The ECE workforce has few staff that represent other languages and cultures.

Additional Supports for Children and Families

Central question: What additional supports are needed and exist for children and families in our community, including for children and families with specific needs?

Notes on OEC-provided data: When completing your LNA, keep in mind that not all programs participate in Sparkler. Some programs may use paper-based ASQ or ASQ: SE forms, or other developmental screening tools. You may want to talk with providers to learn more about which tools they use and how screenings are conducted, to gain a fuller understanding of local practices when summarizing findings or identifying areas of need.

Table 7. Additional Supports for Children and Families

Data descriptor	Source	Data value	Notes
Number of children served through home visiting	OEC-provided	5 families through Early Head Start	
Total number of ASQs completed using Sparkler	OEC-provided 2025	76 ASQ-3 Parent 3 ASQ-3 Admin User 44 ASQ-SE 1 ASQ-SE Admin User Total 124	
Total parent accounts in Sparkler (with children who haven't aged out)	OEC-provided 2025	220 280 Children	

Number of active Sparkler accounts	OEC-provided 2025	85 105 Children	

Describe and interpret the data:

What do you see? What do you notice? What does this tell you about the additional supports available in our community? What is missing? What trends and gaps can you identify?

What do you see?

The data show that Colchester has several developmental support resources available to families, including home visiting, developmental screening, Birth to Three services, and the Sparkler platform. There is evidence that families are engaging with developmental screening tools, but participation levels suggest there are opportunities to expand awareness and utilization.

Key data points include:

- 5 families participated in Early Head Start home visiting services.
- 220 parent Sparkler accounts representing approximately 280 children.
- 85 active Sparkler accounts representing approximately 105 children.
- 124 developmental screenings completed through Sparkler, including:
    - 79 ASQ-3 screenings
    - 45 ASQ-SE screenings

What do you notice?

Developmental screening through Sparkler is being used, but not by all families. With approximately 748 children under age 5 in the community, the completion of 124 screenings suggests that developmental screening is reaching some families but not a majority of young children. While Sparkler appears to be a valuable tool, there is room to increase participation and ensure more children receive routine developmental and social-emotional screening.

Family engagement drops after enrollment. There are 220 parent accounts but only 85 active accounts. This suggests that many families initially enroll but may not continue using the platform regularly. Understanding why families become inactive could help improve engagement.

Home visiting services appear limited. Only 5 families participated in Early Head Start home visiting. This may reflect limited program availability, eligibility restrictions, lack of awareness, low demand, and/or stigma attached to home services. Without additional context, it is difficult to determine whether this represents sufficient capacity or unmet need.

What does this tell us about the additional supports available?

Strengths

- Families have access to developmental screening tools.
- Sparkler provides an accessible way for parents to monitor child development.
- Birth to Three referrals and participation suggest successful identification of developmental concerns.
- Multiple systems exist to support early identification and intervention.

Opportunities

- Increase family awareness and participation in screening opportunities.
- Strengthen follow-up after screening to ensure families connect with needed services.
- Improve ongoing engagement with Sparkler after account creation.
- Expand outreach to families who may not be connected to existing services.

What is missing?

Several important data points would help paint a fuller picture:

The following measures are currently unavailable:

- Percentage of parents who found developmental services easy to access.
- Percentage of parents who felt services met their children's needs
- What percentage of children under 5 receive a developmental screening annually.
- Whether screening rates differ by age, income, or program participation
- Number of families eligible for home visiting / using other home visiting programs.
- Waitlists for home visiting services.
- Family awareness of home visiting opportunities
- Follow-through after screening
    - How many children were referred for additional evaluation.
    - Whether families successfully connected to services.
    - Outcomes following referrals.

What trends and gaps can you identify?

The primary opportunities for growth appear to be expanding participation, increasing family engagement over time, improving outreach to underserved families, and collecting more information about whether families find services accessible, helpful, and responsive to their needs. Limited understanding of whether all families, particularly those experiencing financial stress, transportation barriers, or developmental concerns, are accessing available supports.

LGP Structure

Central question: How effective is our current LGP structure?

Table 8. LGP Structure

Guiding prompt	Response
What is the role of our Liaison/s? If there are multiple Liaisons, how do they divide up responsibilities?	One individual who is employed year-round to coordinate and assist the efforts of the LGP to deliver services and activities, supervise the Parent Ambassador(s), and visit ESCT programs to support and enhance quality and compliance. The Liaison gets support for program implementation and classroom observations from contracted individuals.
What is the role of our Parent Ambassador/s?	Parent ambassadors are parent leaders and trusted messengers who spread the word about the programs and services provided within Colchester and engage parents and caregivers in designing and implementing the LGP work.
Who is part of our Community Table and how often does it meet? Are there any small-group or committee structures?	All required members are at the Community Table except a health care provider. We meet 6 times per year. There is a Parent Council that meets separately 4-6 times per year and an Early Care and Education Network that meets about 3-4 times per year.
How do we make decisions as an LGP?	Decisions of all groups shall be made by consensus, with the exception of those decisions requiring a vote as specified in our bylaws.
How do we communicate with providers? Which providers do we communicate with regularly (e.g., centers, FCC, public schools), and who are we missing?	C3 tries to host 1-2 meetings with community providers to talk about their needs and any changes occurring in Early Education or Kindergarten. We also provide 1-3 professional development opportunities based on community need and/or provider request. We communicate with all center programs and most family child care providers via email. Not all centers or family child care providers attend our meetings.
Describe and interpret the data: *What do you see? What do you notice? What trends and gaps can you identify? What parts of the structure are working well today? What changes would most improve our effectiveness over the next 6–12 months?*	

Our Community Table generally operates smoothly with many strong partnerships in place. Attendance ebbs and flows over the meetings and over the years depending on staff and school/town leadership. Parent representation also changes over time as some families age out of our programs and move on to other commitments. Today, we have strong staff and community organization partnerships. Parent Council is active and building membership. The Early Care and Education Network is also meeting more regularly. In the next 6-12 months, we need to focus on finding a health care provider as well as rebuilding our parent representation.

Strengths, Gaps, and Focus Areas

Based on all the data you collected and your initial interpretations of the data above, discuss the strengths, gaps, and focus areas for young children and the families your community, utilizing the below prompts as a guide.

Overall Discussion

- **What do you know about our community? What do we not know?**

Colchester is a relatively affluent and stable community with approximately 15,500 residents and an estimated 748 children under age five. Birth rates have remained stable over the past five years, indicating a consistent need for early childhood services. The community benefits from high homeownership rates, low levels of homelessness, and a higher than state average median household income. The Collaborative for Colchester's Children and the Cragin Memorial Library provide a variety of programs that are well received by families.

At the same time, community averages mask the experiences of many families who are struggling. Twenty-six percent of households fall below the ALICE threshold, nearly one-quarter of households are cost-burdened, and many families rely on Medicaid, WIC, SNAP, CHIP, and other supports. Families consistently report challenges related to the cost of child care, finding care that matches work schedules, transportation, and the stress of parenting and work.

Several important pieces of information are missing. We do not have comprehensive data on child care waitlists, age-specific shortages, utilization of developmental screenings across the entire birth-to-five population, family satisfaction with developmental services, or outcomes disaggregated by income, race, ethnicity, or language. Additional information on family well-being, mental health, and informal support networks would strengthen understanding of community needs.

- **What trends have emerged?**

Several consistent trends emerged across the data:

- Stable birth rates and a steady population of young children indicate ongoing demand for early childhood services.
- Child care affordability is the most significant challenge identified by families.
- Families need care that aligns with nontraditional and changing work schedules.
- Transportation is a meaningful barrier for many to accessing child care and family programs.
- Developmental screening, Birth to Three referrals, and special education identification systems are functioning, suggesting strong early identification practices.
- Providers report increasing need for behavioral and mental health supports.
- Families are stressed and many are looking for help with behavior challenges with their children.
- Physical wellness and support with screen/technology use were also identified as wellness needs.
- The community has a variety of child care and preschool providers but many remain at entry-level quality designations.
- Language emerged as the weakest area within kindergarten readiness data.

- **What are your existing strengths? What assets can we build on?**

The community has many strengths on which to build:

- Stable population and strong community infrastructure.
- Seven licensed child care centers, eight family child care homes, and a school-based program.
- Four NAEYC-accredited programs.
- Strong Birth to Three referral, evaluation, and service participation.
- Existing developmental screening infrastructure through Sparkler and community partners.
- Strong partnerships among providers, schools, town departments, and community organizations.
- Positive kindergarten readiness outcomes overall.

These assets provide a strong foundation for expanding access, improving quality, and supporting children and families with additional needs.

- What are the gaps in services for young children and families? Are there barriers to families receiving the services they need?

Affordable programs and services. Many families appear financially stable, yet ALICE, Medicaid, WIC, and cost-burden data reveal ongoing economic pressures indicating a hidden need within the larger more financially stable community. Community needs to ensure that services and supports remain accessible, affordable, and responsive to those who may be struggling beneath the surface.

Family Supports and Programs. Families are experiencing significant stress related to balancing work, child care, and family responsibilities. Parents are looking for support in managing child behavior, understanding development, strengthening social-emotional skills, and building confidence in their parenting, while also navigating child care, financial pressures, and limited support networks.

Developmental Screening. Consistent Birth to Three and preschool special education numbers highlight the importance of awareness and use of developmental screening and support services.

Potential Barriers

- Affordable child care and transportation solutions.
- Support for ALICE families who may not qualify for many assistance programs.
- Strategies to ensure families can access services regardless of transportation or work schedules.
- Information on family experiences and specific barriers.
- Understanding whether vulnerable or underserved families are being reached.
- Coordination between community resources, schools, healthcare providers, and family support organizations.

- **What partnerships (with school districts, public health, housing/transportation agencies, employers, higher-education institutions, community organizations) could help address the gaps identified?**

Several partnerships could strengthen the community's early childhood system:

- Public school district partnerships to strengthen kindergarten transition and language development efforts.
- Public health and pediatric providers to increase developmental screening, family engagement, and support families through the referral process.
- Transportation agencies and/or School District bussing provider to address access barriers.
- Employers to explore child care solutions that support working families with nontraditional schedules.
- Connecting current and future staff with OEC and higher education institutions to strengthen workforce development, credential attainment, and recruitment.
- Behavioral health providers to expand mental health consultation and social-emotional supports in early childhood settings.
- Housing and social service agencies to better support ALICE families and those experiencing financial stress.
- C3 and community organizations to improve outreach, information sharing, and navigation support.

- What policy or system changes might you recommend at the local or state level?

Potential policy recommendations include:

- Increase child care subsidy eligibility and affordability supports for ALICE families.
- Expand funding for infant and toddler care.
- **Maintain sliding fee scale for all Early Start families and use funds toward additional ES spaces or increased provider compensation.** This maintains equity throughout the system. Families making $105,000 per year with many children might need a rate lower than 7%. Paying an affordable fee requires some commitment from families and may improve attendance.

- Support providers offering extended-day, evening, weekend, and flexible scheduling options.
- Increase investment in early childhood mental health consultation and behavioral supports.
- Create stronger statewide systems for child care referral, enrollment, and family navigation.
- Expand transportation solutions that support access to child care and family programs.
- Provide incentives, funding, and technical assistance for providers seeking higher Elevate levels and accreditation.
- Strengthen language development initiatives before kindergarten entry.

Early Care and Education Discussion

- **Where are the largest mismatches between demand and supply? Which children and families are the most underserved by high-quality, affordable early care and education programs? Consider age groups (infants, toddlers, preschoolers), program settings (centers, family child care, inclusive programs), geographic areas, hours of care, and priority populations.**

The greatest mismatch is not simply the number of available slots, but the availability of care that meets family needs.

Areas of greatest mismatch include:

- Affordable child care.
- Infant and toddler care.
- Care during nontraditional work hours and/or variable work schedules.
- Programs able to support children with behavioral, social-emotional, or developmental needs.
- Transportation-accessible care.

The most underserved populations include:

- ALICE families and working families who do not qualify for subsidies.
- Families requiring evening, weekend, or flexible-hour care.
- Families facing transportation barriers.

- Children needing behavioral and mental health supports.
- Families seeking infant and toddler care.

- **If additional resources for early care and education became available from the state or Federal government, where would your community invest first to address the gaps identified above? How do you see different state and Federal funding sources working together to address your community's needs? Provide 2–3 priority recommendations and explicitly tie them to data in the sections above.**

Priority 1: Increase Affordable Child Care Access

The strongest and most consistent finding was affordability. Families identified cost as the largest barrier, while ALICE and cost-burden data demonstrate ongoing financial pressure.

Investments could include:

- Tuition assistance.
- Expanded subsidy access through Care4Kids.
- Expanded Early Start CT slots.
- Scholarships for working families.

Priority 2: Expand Flexible and Nontraditional-Hour Care

Family survey data clearly show that schedules do not align with available care.

Investments could support:

- Extended-day programs.

- Before- and after-work care.
- Evening and weekend child care pilots.
- Bonuses for family child care providers willing to offer flexible schedules/non-traditional hours.

Priority 3: Strengthen Behavioral Health and Inclusion Supports

Provider and family survey data identified mental health and behavioral supports as a significant need.

Investments could include:

- Early childhood mental health consultation.
- Inclusion coaching.
- Professional development.
- Behavioral support specialists shared across programs.
- Parent workshops with free child care

State, federal, and local funding sources can work together by using child care funding to expand access, provide bonuses to expand provider capacity, and monies to expand inclusion and mental health services.

- **Specifically, if additional Early Start CT funding became available in FY28 (for services beginning in July 2027), how would you want to use that funding to address the most pressing needs in your community?***

Affordable Care. The highest-priority use of additional Early Start CT funding would be to expand access to affordable, high-quality early care and education for families currently facing financial and scheduling barriers.

Recommended uses include:

1. Increasing the number of subsidized full day / full year infant, toddler, and preschool spaces for families who are unable to afford market-rate care.
2. Supporting providers with bonuses, providing vouchers to families, increasing access to kinship care funds for those who need extended-day, wraparound, or nontraditional-hour care.

Supporting Child and Family Wellness

1. Funding embedded behavioral health and inclusion supports to help programs successfully serve children with developmental, behavioral, and social-emotional needs.
2. Providing parent workshops and free child care for families seeking parent education programs, peer support opportunities, family events, and community-building efforts that help reduce isolation, strengthen parent confidence, promote healthy child development, and support family well-being.

**Please note that the FY28 Early Start procurement will be a competitive procurement, and individual providers will need to submit applications for Early Start spaces. These provider applications should be responsive to the needs identified through this LNA process, but LNA findings will not determine or dictate the number of Early Start spaces awarded to individual providers or across towns.*

Focus Areas

Following the overall data analysis above, identify your LGP's top focus areas for increasing the well-being of young children and their families in your community. These focus areas will form the foundation of your Community Plan.

Table 9. Focus Areas

Description	`. Rationale (Why are you choosing this Focus Area?)

Focus Area 1:	Expand Affordable Child Care Capacity Increase the number of Early Start spaces in our community and/or find alternative financial assistance methods such as preschool scholarship funds.	Cost is the most consistently reported barrier, and families are also struggling with availability, infant/toddler slots, and nontraditional work schedules. This is the clearest “pressure point” across all data sources.
Focus Area 2:	Support Language Development of Children Increase the opportunities for children to learn and practice language skills in supportive environments.	Language readiness emerged as the weakest area within Kindergarten Entrance Inventory data. Early Care and Education providers have also indicated that this is an increasing need.
Focus Area 3:	Support Child and Family Wellness Provide opportunities for families to build social connections and develop parenting skills including emotional regulation in themselves and in their children.	Families are reporting high stress, difficulty managing behavior, isolation, and limited confidence in parenting. Providers also report increased behavioral and mental health needs in children.
Other (additional Focus Areas as relevant):	Improve Navigation, Access, and Connection to Services	Families report difficulty finding information, understanding available services, and connecting to supports. Transportation, language, information overload, and time barriers compound this challenge.

	Improve the messaging and method of delivery to assist families in easily finding needed information and resources.	

LGP Structure Needs

In order to meet the needs of your community and carry out the Community Action Plan, it is important that your LGP structure is responsive to the community and effective in its implementation. Reflect on the follow prompts and identify any necessary action steps and owners of those action steps.

Table 10. LGP Structure Needs

Question	Response
Does our LGP have the right people at our Community Table? If not, who is missing?	Our Community Table has gaps in area experts such as health and active workforce representatives, parent representation, and engagement with some centers and home providers.
Does the structure of the LGP support providers and families in our community?	Yes, the Collaborative has been successfully supporting over 100 families per year with our free programming. We also support providers through free professional development and support.
Does our LGP have ways to communicate with all providers? With diverse groups of families?	The LGP needs to find contact information for all providers in Colchester. We need to expand our efforts to reach more families including our expanding population of multilingual learner families.
Is our LGP leveraging its current and potential resources as effectively as possible?	C3 provides a lot of direct programming to families while still maintaining our networking role with other early childhood stakeholders and partners. We collaborate and coordinate with a variety of people to provide our programs and try to think outside the box to meet the needs of families and children. Our strong partnerships are a strength!
What additional supports does our LGP need (e.g., from Shine/OEC, local partners)?	Minimize paperwork, provide clear communications about schedule and process, and survey us about what training needs we have. Support development of new monitoring form.

Action steps and owners	Liaison will reach out to interested parents to serve on our CoTa. Parent Ambassadors will reach out interested parents to serve on our CoTa. Liaison will research and reach out to potential health and workforce representatives.