



BIRTH TO 5

# 2022 Needs Assessment

WISCONSIN'S PRESCHOOL DEVELOPMENT GRANT







Wisconsin Department of  
Children and Families



WISCONSIN DEPARTMENT OF  
**Public Instruction**



WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES



UNIVERSITY OF WISCONSIN  
**WHITEWATER**

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## Executive Summary

# Executive Summary

Wisconsin's vision for the Birth to 5 (B-5) Early Childhood State System (ECSS) is that all children will have access to high-quality early care and education (ECE) programs and other services and supports that meet their needs and promote optimal developmental outcomes. State agencies, regional partners, and local programs are working diligently to ensure that experiences in the early childhood period are positive for all of Wisconsin's young children. This Needs Assessment was conducted as part of the B-5 Preschool Development Grant—Renewal (PDG-R) to provide a comprehensive overview of the B-5 ECSS in Wisconsin, including

- the characteristics of young children in the state,
- the number of children served in ECE programs,
- the quality and availability of ECE programs, and
- the services and support programs available to young children and their families.

The Needs Assessment also includes an analysis of the strengths and challenges in the B-5 ECSS. The numerous strengths of this system result from the hard work and dedication of many people in the public and private sectors who champion services for young children and their families. The challenges identified point the way forward for the B-5 ECSS and provide opportunities for improving services for all children and families in the state. The findings from this Needs Assessment will be used to inform strategic planning that will help make these opportunities a reality. Key findings include the following:

- In Wisconsin, 57,882 children from birth through age four (17.5%) are living in poverty, with a higher proportion of children of color experiencing poverty ([Ruggles et al., 2022](#)).
  - » There are significant disparities between Black and White children, with 47.8% of Black children and only 10.8% of White children living in poverty ([Ruggles et al., 2022](#)).
  - » There are 44,510 young children (15.0%) living in single-parent households and 65,915 (20.0%) living in rural areas of the state ([Puzzanchera et al., 2019](#)).
  - » There are 42,102 children from birth through age four who are multilingual learners; 51.0% of those children are from Spanish-speaking households ([Ruggles et al., 2022](#)).

- The reach of ECE programs across the state varies, with some programs (e.g., Four-Year-Old Kindergarten [4K], regulated child care) serving a large proportion of the eligible population and others (e.g., Early Head Start and Family Foundations Home Visiting [FFHV]) serving a much smaller percentage of eligible populations.
- A variety of ECE programs in Wisconsin serve young children and their families.
  - » 4K is widely available, with 415 public schools offering the program ([Wisconsin Department of Public Instruction \[DPI\], 2021c](#)). Communities are engaging in innovative collaborations, such as the 4K Community Approach (4KCA) to provide full-day ECE options that meet families' needs ([DPI, n.d.-b](#)).
  - » Over 1,700 high-quality regulated child care programs are available throughout the state ([Wisconsin Department of Children and Families \[DCF\], 2022e](#)).
  - » Head Start has 962 classrooms ([Wisconsin Head Start Association \[WHSAA\], 2020](#)) across the state to serve low-income families.
  - » The Wisconsin Shares Child Care Subsidy program provides financial assistance to help families pay for care and has no waiting list.
  - » The Birth to 3 and Early Childhood Special Education (ECSE) programs are available to all children with special needs in the state.
  - » FFHV is available in 38 counties ([DCF, 2021d](#)).
- Availability of ECE programs is more limited in rural than in urban areas of the state. Access to high-quality ECE programs is challenging in urban and rural areas because of such issues as affordability, limited hours of operation, lack of multilingual providers, and inadequate capacity to serve infants and toddlers, which limit ECE options that meet families' needs and preferences. Several initiatives, such as the Wisconsin Early Education Shared Services Network and the Wisconsin Infant Toddler Policy Project, are in place to increase availability of ECE programs.
- The state's Quality Rating and Improvement System (QRIS), YoungStar, provides a foundation for measuring quality in child care settings. YoungStar also provides clear, understandable



ratings and other information through the Child Care Finder to help families find high-quality ECE programs in their area that meet their needs and preferences. Other strengths in the quality of Wisconsin's ECE programs include family-centered approaches and a robust technical assistance and training system. Challenges include the measurement of quality in different ways across programs (e.g., Head Start, 4K, child care) and within programs at the local level, making quality difficult to assess across programs. Recent quality initiatives include the Birth to 3 Innovation in Social-Emotional Development Grants, the 53206 Early Care and Education Initiative, and increased funding for the ECE workforce through the Workforce Recognition and Retention Stipend Program.

- A wide variety of support programs, including health care, housing, food assistance, and economic assistance, is available in the B-5 ECSS to ensure child and family well-being, particularly for children who are vulnerable or underserved. An established network of Child Care Resource and Referral (CCR&R) agencies and Family Resource Centers (FRCs) connects families to services that meet their needs. Some communities have formed collaborative partnerships in which agencies coordinate services across the school district, ECE programs, and support programs to meet the needs of families in their local areas. In other communities, there is a need to strengthen linkages among programs. Families may encounter difficulties in accessing support programs because of a lack of awareness of programs, difficulty navigating eligibility and application systems, limited broadband internet access, and transportation challenges.
- During the COVID-19 pandemic, children and families experienced loss of learning opportunities, social isolation, financial uncertainty, and increased stress and trauma. The ECE workforce and administrators faced many challenges as they continued to provide services to children and families in remote and in-person settings. State and federal agencies have provided increased funding and other supports for children and families and the ECE workforce to offset the impact of the pandemic. Ensuring the sustainability of new initiatives and programs funded by pandemic-related dollars will be important to ensure that gains are maintained.

- The state has many data assets that allow agency staff and researchers to understand enrollment within their programs and make informed decisions about programming. Wisconsin produced its first unduplicated count of children across ECE programs as part of this Needs Assessment, using the state's Early Childhood Integrated Data System (ECIDS). Opportunities for improving the state's ECE data include increasing the availability of race and ethnicity data for children enrolled in ECE programs, gathering suspension and expulsion data for preschool-aged children, and establishing a statewide system for monitoring child progress toward important developmental outcomes.

Wisconsin's B-5 ECSS has a strong foundation upon which to build an even stronger system of services and supports to ensure equitable, high-quality early learning opportunities, as well as health and well-being, for all young children across the state.



# Introduction



# Introduction

The first five years of life are critical to young children’s development ([National Scientific Council on the Developing Child, 2020](#)). Development is optimized when families have access to high-quality early care and education (ECE) programs and other services and supports as part of a Birth to 5 (B-5) Early Childhood State System (ECSS). Coordinated, comprehensive systems that offer equitable and inclusive ECE options are essential for helping families ensure their children’s health and well-being.

Although we know a comprehensive early childhood system of support is imperative for families, achieving this ideal is often challenging for a variety of reasons, including complex B-5 ECSS governance and funding structures, siloed programs, and unanticipated challenges, such as the COVID-19 pandemic. Wisconsin has clear strengths, including numerous high-quality ECE programs and other services and supports for children and families. In addition, many innovative partnerships and cross-sector collaborations are happening across the state. However, Wisconsin also faces substantial challenges, especially in ensuring equitable access to all children, particularly children of color, children from low-income families, children with disabilities and/or additional barriers, and children living in rural areas of the state. Families and other

stakeholders across Wisconsin’s B-5 ECSS recognize that more must be done to reach and effectively support all children and families, particularly those who might be considered vulnerable or underserved.

In 2019, Wisconsin was awarded a one-year Preschool Development Grant B-5 (PDG B-5) from the U.S. Department of Health and Human Services, Administration for Children and Families (ACF). As part of this initial award, the state developed a needs assessment and strategic plan. In 2020, the state was awarded a B-5 PDG—Renewal (PDG-R) with funding of \$30 million for three additional years. Through this funding, Wisconsin is further connecting and expanding services for young children and their families.

Wisconsin’s PDG Vision is that by 2023, all Wisconsin families will have access to high-quality, affordable, local ECE opportunities that meet their needs and prepare all of Wisconsin’s youngest children to succeed and thrive ([Department of Children and Families \[DCF\], 2020a](#)). Wisconsin has identified equity and inclusion as central requirements for accomplishing this vision and established the following commitments to the state’s values in the PDG B-5 Statewide Strategic Plan for 2021-23:

- All Wisconsin children will be safe and loved members of thriving families and communities.



- All Wisconsin early care and education professionals will engage in equitable, inclusive, and culturally and linguistically responsive practices.
- Wisconsin will actively work to undo systemic discriminatory practices that negatively impact children, families, and early care and education professionals based on their identities (including race, ethnicity, and gender) or abilities.
- Collaboration and advocacy at the state, regional, local, and tribal levels will help to overcome all barriers to equity and inclusion. ([DCF, 2020b, p. 9](#))

This Needs Assessment builds on previous needs assessments completed in 2020 and 2021, which were focused more heavily on child care. This focus on child care was due in large part to the child care crisis, which was exacerbated by the pandemic. A primary goal of this Needs Assessment is to broaden the lens of analysis to provide a more comprehensive picture of the B-5 ECSS in Wisconsin.

This report is organized by the domains listed below, which are identified in [federal guidance](#) from the Administration for Children and Families ([2019, pp. 3–6](#)).

- [Definitions of Terms](#)
- [Focal Populations for the Grant](#)
- [Number of Children Being Served and Awaiting Service](#)
- [Quality and Availability](#)
- [Gaps in Data or Research to Support Collaboration](#)
- [Quality and Availability of Programs and Supports](#)
- [Measurable Indicators of Progress](#)
- [Issues Involving ECCE Facilities](#)
- [Barriers to the Funding and Provision of High-Quality ECE Services and Supports and Opportunities for More Efficient Use of Resources](#)
- [Transition Supports and Gaps](#)
- [System Integration and Interagency Collaboration](#)

This Needs Assessment will identify the strengths and challenges of the current system in Wisconsin and provide recommendations for building a more comprehensive and equitable B-5 ECSS within each of the federal domains. Methods used in completing this assessment include a review of Wisconsin-focused reports from approximately the last five years; an analysis of quantitative data describing children and services; and the collection and analysis of qualitative data gathered from families, state agency staff, and

stakeholders throughout the state. A methodology section provides further description of the data-gathering process for this assessment. Recognizing the importance of lived experience and the wealth of knowledge and experience of families and stakeholders, quotes from families participating in the B-5 ECSS, state agency staff working in programs serving young children and families, and stakeholders from around the state are included throughout the document.

Information from this report will provide a foundation for developing the B-5 ECSS Strategic Plan and direction for other initiatives. Ultimately, this work is designed to help focus Wisconsin’s efforts to create an equitable B-5 ECSS that meets families’ needs and prepares all Wisconsin children to succeed and thrive.





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# Acknowledgments

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## Methodology



# Methodology

The 2022 Needs Assessment team used a variety of data sources and approaches throughout the development process. We held initial and ongoing meetings with state agency staff and leaders to gather their input on key topics in the federal guidance documents. We carried out qualitative data-gathering and research activities, conducted a systematic review of documents specific to Wisconsin, gathered and analyzed quantitative data from existing data sources, and incorporated results from other PDG B-5 research and evaluation activities as we prepared the report for the 2022 Needs Assessment.

## Meetings with State Agency Staff and Leaders

We held two types of meetings during the data-gathering process for this Needs Assessment, which were critical to our approach. First, we held a three-day series of kickoff meetings. Second, we held biweekly meetings throughout the remainder of the data-gathering period.

### Kickoff Meetings

A member of the University of Wisconsin–Madison (UW–Madison) evaluation team facilitated three kickoff meetings held via Zoom across three days in late August and early September of 2021. The meetings totaled approximately nine hours in length. A total of 19 participants from the Wisconsin Department of Children and Families (DCF), the Wisconsin Department of Health Services (DHS), and the Wisconsin Department of Public Instruction (DPI) participated in the meetings (see [Appendix A, Table A1](#), for state agency representation). Participants engaged in large- and small-group discussions focused on interagency collaboration, vulnerable and underserved populations, and availability and quality of ECE (see [Appendix A, Table A2](#), for discussion questions). Small-group discussions were facilitated by a member of the DCF PDG team and by faculty from the University of Wisconsin–Whitewater (UW–Whitewater) evaluation team. All meetings were recorded and transcribed by graduate and undergraduate students on the research team. The transcripts were then coded for themes using a collaborative analysis approach. UW–Whitewater faculty provided initial training on coding qualitative data. Undergraduate and

graduate students, along with a research specialist and faculty member, used in vivo coding (Saldaña, 2021) to establish initial codes, which were then grouped into themes through a collaborative, iterative process. Codes were then synthesized to identify barriers and challenges, strengths, and recommendations for each topic addressed in the kickoff meetings.

### Biweekly and Other Data-Gathering Meetings

A member of the UW–Whitewater evaluation team facilitated nine one-hour meetings held every other week via Zoom between October 2021 and March 2022. A core group of six leaders from each state agency was invited to participate in each meeting. Participation varied depending on schedules and other time commitments, with most meetings including four participants across at least two agencies. Participants engaged in conversations focused on topics from the federal needs assessment guidance (see [Appendix A, Table A3](#), for biweekly meeting topics and questions). There were also a small number of additional meetings held with leaders from other state agencies and UW–Madison researchers to discuss data gaps, governance structure, Birth to 3 programs, and measuring progress. After initial training was provided, all meetings were recorded and transcribed by an undergraduate student on the research team who had previous coding experience on the project and had attended all biweekly meetings. The transcripts were coded for themes using a priori or preestablished codes (Saldaña, 2021) created using a collaborative approach. Themes were identified based on the domains outlined in the federal guidance. Additional codes deemed important for the analysis, such as strengths, challenges, recommendations, and equity, were also included (see [Appendix A, Figure A2](#)).

## Qualitative Data Collection and Analysis

UW–Whitewater also conducted two qualitative studies with stakeholders and families as a part of the 2022 Needs Assessment data-gathering process.

### Interviews with Stakeholders

We conducted 27 informant interviews lasting 15–20 minutes each via Zoom or phone with stakeholders



working in a variety of agencies and settings across Wisconsin ([Appendix A, Table A4](#)). Stakeholders represented a variety of organizations and agencies, including school districts, parent and family advocacy organizations, state agencies and boards, and higher education institutions. The purpose of stakeholder interviews was to gain an understanding of the current strengths and challenges in the B-5 ECSS in Wisconsin.

Prior to conducting interviews, the study protocol was approved by the UW-Whitewater Institutional Review Board (IRB). The team recruited interview participants from a convenience sample based on recommendations from individuals at DCF, DHS, and DPI, and from the PDG grant application and PDG Strategic Plan for 2021-23. We recruited participants via email and invited them to complete a consent form and a brief survey via Qualtrics that asked their preferences for interview times and format. We asked stakeholders seven questions ([Appendix A, Figure A1](#)). Responses were transcribed and coded for themes aligning with the federal guidance ([Appendix A, Figure A2](#)).

## Interviews with Families

We conducted interviews with families of children with disabilities and families of multilingual learners as part of broader work on PDG B-5 family engagement to better understand families' experiences accessing and participating in programs and services. The PDG B-5 leadership team selected these populations as the focus for the interviews in order to deepen our understanding of the experiences of these two vulnerable or underserved populations as they access, navigate, and engage in the B-5 ECSS in Wisconsin. Interviews with families of children with disabilities were conducted by a White, female UW-Whitewater research specialist. Interviews with multilingual families were conducted in the families' home language by trained interviewers from UW-Madison or UW-Whitewater who were native speakers of Spanish or Hmong. At the time of this writing, 13 interviews have been conducted. Preliminary results have been incorporated into this Needs Assessment. This study was approved by the UW-Whitewater and UW-Madison IRB offices.

Our research questions in this study are:

1. What are the experiences of families of children with disabilities and families of multilingual learners as they navigate and engage in the early care and education system and other support programs?

2. Do families have access to and meaningful engagement in programs that meet their needs and help support their child's development?
3. What other services and supports do families feel they need to support their child's development?

Inclusion criteria for this study were that each participant must be a resident of Wisconsin and a primary caregiver of a child between birth and kindergarten age, and either (1) be receiving Birth to 3 services for a developmental delay or disability or Early Childhood Special Education (ECSE) services, or (2) be a multilingual learner whose first or home language is Spanish or Hmong. We recruited participants from early childhood programs (e.g., Migrant Head Start, Birth to 3 county agencies, private preschools) from different parts of the state that serve children and families from a variety of socioeconomic groups. Participants interviewed to date include families who identify as Black, Hispanic/Latino, White, and Asian/Pacific Islander. Families have included both single and partnered parents. Languages spoken include English, Spanish, and Hmong. Participants were from four regions of Wisconsin (northeastern, southeastern, southern, and western), including rural and urban parts of the state. Participants reported an annual household income ranging from \$10,000–\$14,999 to \$100,000 or more, and educational attainment ranging from some high school to master's degrees.

Partner agencies sent emails or made phone calls to eligible families, inviting them to complete a consent form and a survey of their demographic characteristics (see [Appendix A, Figure A3](#)). All recruitment materials and the survey were translated into Spanish and Hmong. Participants were asked 11 questions (see [Appendix A, Figure A4](#)) during the 45-minute to one-hour interviews, which were conducted via Zoom or phone. Families were compensated for completing the survey and interview. Interviews were recorded, transcribed, and coded and analyzed for themes through a collaborative analytic process.

In the case of all qualitative interviews and discussions, we identified quotes that were representative of themes in responses provided by multiple participants. For each quote shared in this report, we have provided general information about the participant (e.g., demographic information for families, type of agency for stakeholders) to help the reader better understand the characteristics of the individual being quoted while protecting the anonymity of the participant.

# Systematic Review of Wisconsin Reports and Resources

We engaged in a systematic review of reports and other published materials specific to core ECE and support programs serving children from birth to age five and their families in Wisconsin. First, we conducted a search for reports, online data tools, web resources, strategic plans, and presentations that were published in the last five years and included one of 25 key search terms (see [Appendix A, Figure A5](#)). We identified 132 reports and other resources (e.g., websites, presentation slides). Next, we coded each report or resource by the 11 domains in the federal needs assessment guidelines. After a series of trainings led by UW-Whitewater faculty and staff, reports were coded by undergraduate and graduate research students at UW-Whitewater to determine which domains in the federal guidance were relevant to each report. Coders referred to the federal guidance and key questions (see [Appendix A, Figure A6](#)) when coding reports. UW-Whitewater faculty incorporated information from the coded reports into this Needs Assessment report.

# Quantitative Data Analyses

UW-Whitewater incorporated existing quantitative data in other reports from the sources described in the section above on Wisconsin Reports. In addition, we incorporated results from a number of reports of analyses conducted by DCF and UW-Madison affiliates. These analyses are summarized below.

## Unduplicated Count Analysis

The DCF Bureau of Performance Management completed an analysis of data from the Early Childhood Integrated Data System (ECIDS) to derive an unduplicated count of children being served currently in ECE and support programs. These data are reported in [Domain III](#), which provides data on children being served and awaiting service.

## Analysis of U.S. Census and Other Data Sources

The UW-Madison Applied Population Laboratory (APL) used several national and state data sources to obtain estimates of children from birth to age five in Wisconsin with different demographic characteristics. These data are summarized and cited in the section on focal populations ([Domain II](#)).





## Risk and Reach Analysis

The UW-Madison APL developed an interactive online platform to disseminate data displayed as maps and other visualizations on risk and reach factors related to the healthy development of children from birth to age five in Wisconsin ([UW-Madison Applied Population Laboratory, 2022](#)). The analysis includes risk factors related to economics (e.g., families in poverty, housing cost burden, child care expense burden), education (e.g., third-grade reading scores, maternal education), and health and safety (e.g., low birthweight, substantiated maltreatment). The analysis also includes the reach of programs for children from birth to age five and their families, including Head Start and Early Head Start, Four-Year-Old Kindergarten, Birth to 3, Family Foundations Home Visiting, regulated child care, and Wisconsin Shares Child Care Subsidy. The data from this analysis were used to inform the domains of this report on focal populations ([Domain II](#)) and children being served and awaiting service ([Domain III](#)).

## Strengths and Limitations

Strengths of the data collected for this project include that data were collected from a variety of sources using different methods (i.e., quantitative and qualitative research and analysis). An additional strength was the collaborative nature of the work, with analyses being conducted by state agency staff (e.g., the ECIDS unduplicated count) and UW-Whitewater and UW-Madison partners who contributed significant time and resources to PDG-funded projects reported in this Needs Assessment. Another strength was the willingness of state agency leadership and staff to have thoughtful, and sometimes challenging, conversations about the current state of the B-5 ECSS in the service of making real and lasting changes in the system for children and families. In addition, we were able to gather data from stakeholders across different sectors of the B-5 ECSS that allowed for a more comprehensive understanding of the state system and built upon work that was done for the 2021 Needs Assessment. We were also able to incorporate the voices of families from two populations that are traditionally considered vulnerable or underserved—families of children with disabilities and families of multilingual learners. We were able to learn not only about their experiences with core ECE programs, but also about their experiences accessing and engaging

with support programs and services, which added new information to the 2022 Needs Assessment.

Limitations to be considered include primarily a tight timeline that was exacerbated by challenges related to the COVID-19 pandemic, including delays in hiring, difficulties securing computer equipment and software, and recruiting participants. In addition, all meetings and data-gathering activities were completed remotely, which may have changed the nature of the interactions for some participants and could have impacted results. An additional limitation was identifying quantitative data for the focal populations and unduplicated count domains. Some data were difficult to access or not available (see the discussion on data gaps in [Domain V](#)).







## I. Definitions of Terms



# I. Definitions of Terms

This section addresses the following questions from the federal needs assessment guidance ([Administration for Children and Families, 2019, p. 3](#)):

- *Do you have a definition or description of your early childhood care and education system as a whole? (If yes, what have you used that definition for? What about your broader early childhood system encompassing other services used by families with young children? Do you have a definition for that and, if so, what have you used it for?)*
- *What is your definition of **quality early childhood care and education** for this grant?*
- *What is your definition of **early childhood care and education availability** for this grant?*
- *What is your definition of **vulnerable or underserved children** for this grant?*
- *What is your definition of **children in rural areas** for this grant?*

Common definitions are important for ensuring that collaborating agencies share the same understanding of elements of the B-5 Early Childhood State System (ECSS). Although each agency has its own unique vision and mission, shared definitions are important to increase the effectiveness and efficiency of the B-5 ECSS.

The definitions in this report were developed in a systematic way as part of the needs assessment process, starting with definitions developed for the 2021 Needs Assessment. We then engaged in focused conversations with state agency staff during the data-gathering process to better understand how programs conceptualize and operationalize the definitions. We also reviewed definitions at the national level and those used within state-level programs, councils, and initiatives. For example, in developing a definition of equity, we reviewed definitions used by the Center

for Law and Social Policy (CLASP), the Governor’s Health Equity Council, DPI, and DCF. We modified the 2021 definitions based on the information gathered in this review, as well as from our discussions with state agency staff. We then requested feedback on the draft definitions from state agency and PDG project staff. The final definitions are listed in [Table 1](#). For more information about the definition development process, refer to [Appendix B](#).



**I think that we need to have a common, shared definition of terminology. Even, for example, when we say “early care and education.” What does that mean? Who does that include? What systems are engaged and fit under that umbrella?**

STATE AGENCY STAFF



**Table 1. Definitions**

Term	2022 Needs Assessment Definition
Wisconsin Birth to 5 Early Childhood State System (B-5 ECSS)	<p>“Core ECE [early care and education] programs, including the Child Care and Development Fund and state child care, which may include center-based, family child care, and informal care providers; Early Head Start and Head Start; the Maternal, Infant, and Early Childhood Home Visiting Program, and other state or locally funded home visiting services; Part C and section 619 of Part B of IDEA [Individuals with Disabilities Education Act]; state preschool programs; and programs funded by Title I of the ESEA [Elementary and Secondary Education Act]. In addition, it also includes a wide range of ECE programs and services that strengthen, engage, and stabilize families and their infants and young children including supports that target health and wellness, such as Medicaid; the Children’s Health Insurance Program (CHIP); Title V Maternal and Child Health Programs; Healthy Start; Child and Adult Care Food Program (CACFP); the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and the infrastructure components that support these programs and services” (<a href="#">Wisconsin Department of Children and Families [DCF], 2020a, p. 5</a>). See <a href="#">Figure 1</a>.</p>
Core ECE Programs	<p>“(A) a Head Start program or an Early Head Start program...(B) a State licensed or regulated child care program; or (C) a program that—(i) serves children from birth through age six that addresses the children’s cognitive (including language, early literacy, and early mathematics), social, emotional, and physical development; and (ii) is—(I) a State pre-kindergarten program; (II) a program authorized under section 619 or part C of the Individuals with Disabilities Education Act; or (III) a program operated by a local educational agency” (<a href="#">DCF, 2020a, pp. 4–5</a>). See <a href="#">Figure 1</a>.</p>
Support Programs and Services	<p>Programs and services that provide support to families to ensure child and family well-being and support optimal child development (<a href="#">Figure 1</a>).</p>
Equity	<p>The absence of unfair, unjust differences among groups of people in a system, particularly among vulnerable or underserved populations.</p> <p>Equity in ECE means that children, families, and the ECE workforce have access to and meaningful engagement in high-quality programs and supports in the B-5 ECSS:</p> <ul style="list-style-type: none"> <li>• in which they experience culturally and linguistically responsive interactions that nurture their full range of social, emotional, cognitive, physical, and linguistic abilities;</li> <li>• in which lived experience is valued and reflected in decision-making processes; and</li> <li>• that reflect and model fundamental principles of fairness and justice and reduce inequity (adapted from <a href="#">DCF, 2020b</a>; National Association for Education of Young Children [<a href="#">NAEYC</a>], 2019a; <a href="#">World Health Organization, 2022</a>).</li> </ul>
Inclusion	<p>Ensuring the right of all people to authentic access, participation, and belonging in their community B-5 ECSS, which provides programs and supports that empower all participants—regardless of race, ethnicity, gender, ability, religious beliefs, socioeconomic status, or family circumstance—to achieve equitable outcomes and reach their full potential (adapted from <a href="#">NAEYC &amp; the Division for Early Childhood, 2009</a>).</p>
ECE Workforce	<p>The people working within core ECE programs, including child care providers, Head Start and Early Head Start teachers, school district–sponsored prekindergarten program teachers, Four-Year-Old Kindergarten (4K), Birth to 3 providers, home visitors, early childhood special educators, English-language specialists, and other early childhood professionals serving children and families.</p>



**Table 1. Definitions (cont.)**

Term	2022 Needs Assessment Definition
Availability	The extent to which families are able to choose ECE programs and services from their neighborhood or surrounding areas that meet their needs.
Access	The ability of all children and families, with reasonable effort, to identify, engage with, and participate in affordable, quality core ECE programs and services that support the child’s development and meet the family’s needs.
Affordability	The extent to which price is or is not a barrier to accessing and participating in the core ECE programs and services that a family needs. Core ECE programs are affordable when their price does not jeopardize a participating family’s quality or standard of living.
Quality	<p>The ability of core ECE programs to meet the following attributes of quality:</p> <ul style="list-style-type: none"> <li>• Evidence-based curriculum that is developmentally appropriate, and culturally and linguistically appropriate, for families and children enrolled in the program</li> <li>• Warm and responsive interactions between teachers and children</li> <li>• Family-centered approaches that include authentic relationships that empower families and connect them with support services and programs in their community to support child and family well-being</li> <li>• A physical environment that meets health and safety standards and promotes child development</li> <li>• A well-trained, diverse ECE workforce that is supported to implement best practices with children and families through coaching and ongoing technical assistance</li> <li>• Assessment of individual child and family outcomes; data-driven decision making; and measurable and observable indicators of program success, including outcomes among children entering kindergarten</li> <li>• Leadership that effectively implements policies and practices that are responsive to the needs of children, families, the ECE workforce, and the community</li> </ul>
Vulnerable or Underserved Children	Children and families who may experience adversity related to a variety of factors.
Children in Rural Areas	<p>Children living in areas of the state that are geographically distant from population centers, potentially resulting in children and their families experiencing social isolation, limited transportation, limited internet access, lack of access to quality ECE options, or lack of access to support services.</p> <p>For the purposes of data analysis for this Needs Assessment, we used data from the <a href="#">U.S. Census Bureau</a> that have been used historically by the Wisconsin Department of Children and Families, with those counties with greater than or equal to 51% of their population living in rural areas considered rural counties (<a href="#">U.S. Census Bureau, 2021a</a>). See <a href="#">Figure 2</a>.</p>

**Figure 1. Wisconsin's Birth to 5 Early Childhood State System (B-5 ECSS)**

**Note.** 4K = Four-Year-Old Kindergarten; ECE = early care and education; SNAP = Supplemental Nutrition Assistance Program; SSI = Supplemental Security Income; W-2 = Wisconsin Works; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children

Support Programs and Services

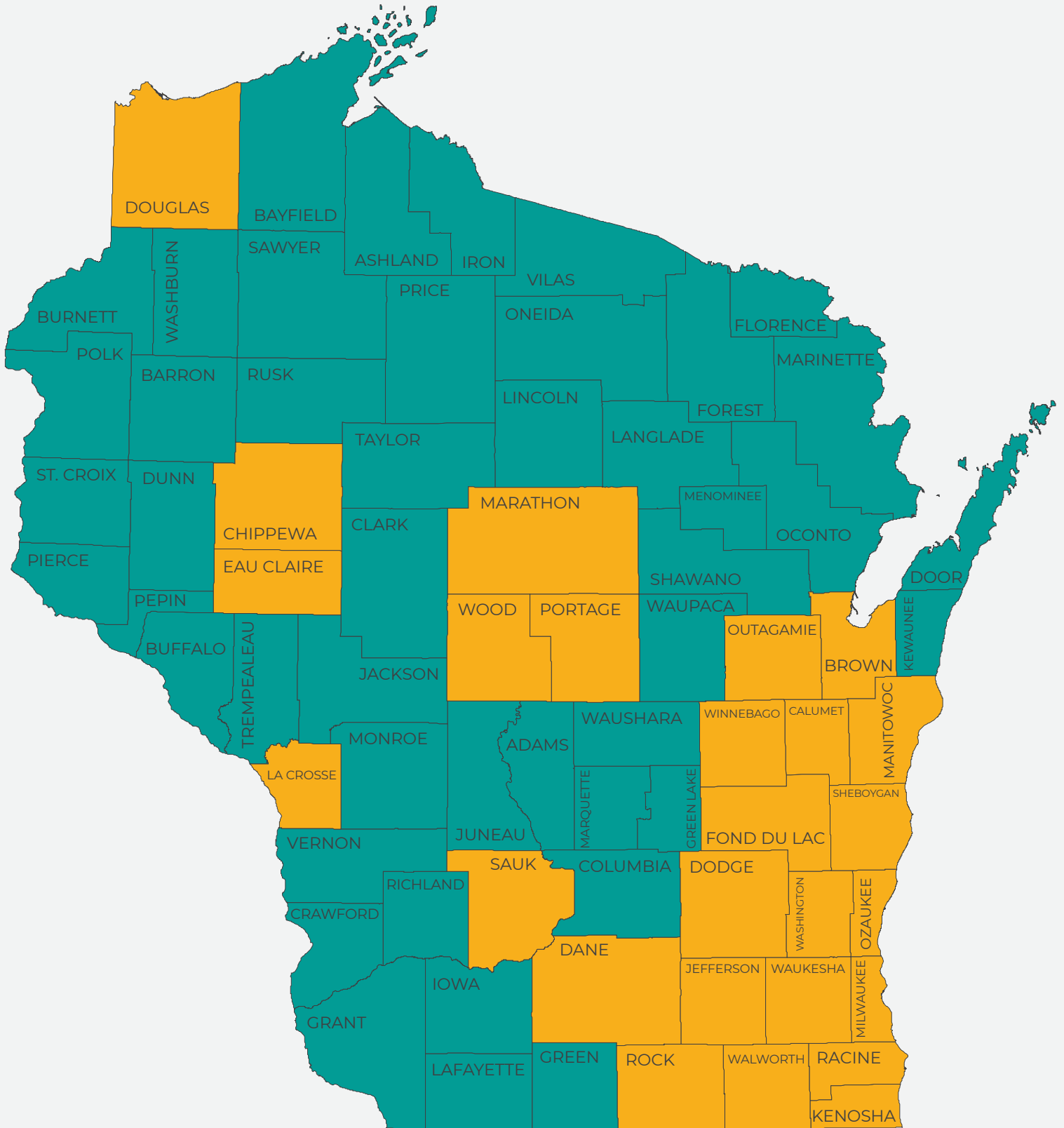




Figure 2. Rural and Urban Counties in Wisconsin Using U.S. Census Bureau Definition

Rural  
 Urban

**Note.** This map was developed using the U.S. Census Bureau data file [2010 Percent Urban and Rural by County](#). Counties having greater than or equal to 51% of their population living in rural areas are labeled as rural; counties with 50% or less of their population in rural areas are considered urban.



# Summary

These definitions differ from those generated in 2021 in that we were able to engage in more in-depth conversations and focused reviews as part of our 2022 information-gathering process. We were intentional about using an asset-based lens in our language; a desire to focus on the strengths of children and families was a thread that ran throughout conversations with state agency leadership and staff. Staff collaborating on PDG-focused initiatives will be able to use these definitions to ground their work. Agencies may choose not to use these definitions because of funding requirements, policies, or other systems (e.g., data management system definitions) that might preclude such changes. However, these definitions should offer more consistent alignment across B-5 programs and common ground for collaboration on B-5 ECSS initiatives.







## II. Focal Populations for the Grant

## II. Focal Populations for the Grant

This section addresses the following questions from the federal needs assessment guidance ([Administration for Children and Families, 2019, p. 3](#)):

- *Who are the vulnerable or underserved children in your state? What are their characteristics in terms of race/ethnicity, recency of immigration, language spoken at home, poverty and low-income status, etc.?*
- *Who are the children who live in rural areas in your state/territory? What are their characteristics in terms of race/ethnicity, recency of immigration, language spoken at home, poverty and low-income status? Are they concentrated in certain regions of the state/territory?*

Federal guidance questions related to data gaps are addressed in the data gaps section of this report (see [Domain V](#)).

### Select Characteristics of Children Living in Wisconsin

A total of 326,279 children from birth through age four live in Wisconsin. [Table 2](#) provides an overview of child demographics for this population. Sixty-eight percent (68%) are White, 13% are Hispanic or Latino, 9% are Black, 4% are Asian, and 1% are American Indian or Alaskan Native. Of the 2,574 young children in Wisconsin with tribal affiliation, 49.7% are affiliated with the Oneida Nation, 13.0% with the Menominee Indian Tribe of Wisconsin, and 7.7% with the Lac Courte Oreilles Band of Lake Superior Chippewa.

A total of 57,882 young children in the state are living in poverty, with stark differences between White children and children of color. Only 10.8% of White children are living in poverty, compared with 55.6% of American Indian and Alaskan Native children, and 47.8% of Black children.

Of the 42,102 children who live in a household where a language is spoken other than English, 51% live in Spanish-speaking households. Less than one percent of young children in Wisconsin are foreign born.

Eighty percent (80%) of young children live in urban counties, while 20% live in rural counties in Wisconsin.

Seventy-three percent (73%) of children live in households with a married couple and 12% live in a female-headed household. At least one parent is working full time in more than half of households with a married couple. Fifty-one percent (51%) of young children live in households where one family member holds an associate degree or higher.



**Table 2. Select Characteristics of Young Children in Wisconsin**

	Number of young children (Children ages 0–4 years)	Share of young children (% of total population)
<b>Race or ethnicity<sup>a</sup></b>		
Non-Hispanic White alone	220,766	68%
Hispanic or Latino	42,412	13%
Non-Hispanic Black alone	30,653	9%
Non-Hispanic Two or More Race Groups	15,573	5%
Non-Hispanic Asian alone	13,424	4%
Non-Hispanic American Indian and Alaskan Native alone	3,234	1%
Non-Hispanic Native Hawaiian and Other Pacific Islander alone	217	<0.5%
<b>Tribal affiliation<sup>b</sup></b>		
Oneida Nation	1,279	
Menominee Indian Tribe of Wisconsin	335	
Lac Courte Oreilles Band of Lake Superior Chippewa	200	
Lac du Flambeau Band of Lake Superior Chippewa	154	
Bad River Band of Lake Superior Chippewa	132	
Ho-Chunk Nation	127	
Forest County Potawatomi Community	92	
Red Cliff Band of Lake Superior Chippewa	84	
St. Croix Chippewa Indians of Wisconsin	68	
Stockbridge Munsee Community	53	
Mole Lake (Sokaogon Chippewa Community)	50	
<b>Children living in urban or rural counties<sup>c</sup></b>		
Urban	260,364	80%
Rural	65,915	20%

**Table 2. Select Characteristics of Young Children in Wisconsin (cont.)**

	Number of young children (Children ages 0–4 years)	Share of young children (% of total population)
<b>Household type<sup>b</sup></b>		
Married-couple family household	219,026	73%
Female head of household, no husband present	36,786	12%
Male head of household, no wife present	7,724	3%
Could not be determined	34,581	12%
<b>Language spoken at home (other than English)<sup>b</sup></b>		
Spanish	21,550	
Tibetan (includes Hmong)	4,960	
German	3,967	
Hindi and related	1,958	
Arabic	1,527	
Other	8,140	
<b>Foreign born population<sup>b</sup></b>	2,318	0.70%
<b>Employment by household type<sup>b</sup></b>		
Married-couple family household - full time	175,012	58.7%
Married-couple family household - part time	44,014	14.8%
Female head of household, no husband present - full time	26,669	8.9%
Female head of household, no husband present - part time	10,117	3.4%
Male head of household, no wife present - full time	6,822	2.3%
Male head of household, no wife present - part time	902	0.3%
Household type could not be determined - full time	26,764	9.0%
Household type could not be determined - part time	7,817	2.6%



**Table 2. Select Characteristics of Young Children in Wisconsin (cont.)**

	Number of young children (Children ages 0–4 years)	Share of young children (% of total population)
<b>Children living in poverty by race or ethnicity<sup>b</sup></b>		
Non-Hispanic White	25,003	
Non-Hispanic Black	13,817	
Hispanic or Latino	11,740	
Non-Hispanic Two or More Race Groups	4,702	
Non-Hispanic American Indian and Alaskan Native	1,431	
Non-Hispanic Asian, Hawaiian, Pacific Islander	1,086	
Non-Hispanic Other Race	103	
<b>Educational attainment of head of household<sup>b</sup></b>		
Not a high school graduate	21,712	7%
High school diploma or GED	59,695	20%
Some college	63,899	21%
Associate degree	35,636	12%
Bachelor’s degree	77,934	26%
Graduate degree or more	39,241	13%

<sup>a</sup>Data from 2020 ([Kids Count Data Center, 2021a](#)).

<sup>b</sup>Data from 2015–2019 American Community Survey 5-Year Estimates ([Ruggles et al., 2022](#)).

<sup>c</sup>Data from 2020 ([Puzzanchera et al., 2019](#)).

## Characteristics of Vulnerable or Underserved Children in Wisconsin

*Who are the vulnerable or underserved children in your state? What are their characteristics in terms of race/ethnicity, recency of immigration, language spoken at home, poverty status, etc.?*

In the following sections we provided data for children in Wisconsin who may be considered vulnerable or underserved. These populations include:

- Children of color
- Children living in poverty
- Multilingual learners
- Children who are immigrants
- Children who are refugees
- Children experiencing poverty
- Children living in a household experiencing job insecurity
- Children experiencing homelessness
- Children living in military-connected families
- Children living with a parent who has been incarcerated
- Children living in same-sex-couple households
- Children whose mothers are more likely to experience poor maternal health outcomes
- Children who have experienced abuse or neglect
- Children who have experienced one or more adverse childhood experiences (ACEs)
- Children living in rural areas of the state that are geographically distant from population centers.

It should be noted that children who receive early intervention (Birth to 3) and Early Childhood Special Education may also be considered vulnerable or underserved; data for these populations are reported in [Domain III](#).



## Wisconsin's Multilingual Learners

In Wisconsin, 42,102 children live in multilingual households. Of these households, 51% speak Spanish, 12% speak Tibetan (includes Hmong), 9% speak German, 5% speak Hindi, 4% speak Arabic, and 19% speak other languages (see [Table 2](#)).

- Children in multilingual households are more likely to be living in poverty relative to children in English-speaking households. For children five years old, 17.6% in English-speaking households are living below the federal poverty level as compared to 28.3% of children in Spanish-speaking households, 36.3% of children in Tibetan-speaking households (includes Hmong), and 37.6% of children in German-speaking households ([Ruggles et al., 2022](#)).
- The percentage of children living in households in which the head of the household did not graduate from high school is 80.8% for German-speaking households and 29.5% for Spanish-speaking households ([Table 3](#)).

**Table 3. Head of Household Language Spoken at Home (Other than English) by Educational Attainment for Children Ages 0–4**

	Not a high school graduate	High school diploma or GED	Some College	Associate's degree	Bachelor's degree	Graduate degree or more
Spanish (n=21,550)	6,357	6,579	4,444	1,652	1,529	989
Tibetan (n=4,960)	671	1,001	648	826	1,362	452
German (n=3,967)	3,205	183	89	110	75	305
Hindi and Related (n=1,958)	127	174	366	53	569	669
Arabic (n=1,527)	18	469	147	52	376	465

**Note.** Tibetan includes Hmong. Data from 2015-2019 American Community Survey 5-Year Estimates ([Ruggles et al., 2022](#)).

## Children Within Wisconsin's Immigrant Population

In Wisconsin 79.9% of children from birth through age five have one or more parents who were born in the United States, and 16.4% have a parent who was born outside of the United States ([Child & Adolescent Health Measurement Initiative \[CAHMI\], n.d.](#)). Of children ages 0–4, less than one percent are not citizens of the United States ([Table 4](#)). Forty-six percent (46%) of children in immigrant families are from Latin America and 36% are from Asia ([Table 5](#)).

**Table 4. Citizen Status Ages 0–4**

	Number of Young Children	Share of Young Children
N/A (citizenship status does not apply)	328,153	
Born Abroad of American Parents	775	0.24%
Naturalized Citizen	457	0.14%
Not a Citizen	1,520	0.46%

**Note.** Data from 2015-2019 American Community Survey 5-Year Estimates ([Ruggles et al., 2022](#)).

**Table 5. Children Ages 0–4 in Immigrant Families by Parent's Region of Origin**

	Number of Young Children in Immigrant Families	Share of Young Children in Immigrant Families
Latin America	13,928	46%
Asia	10,993	36%
Europe	2,780	9%
Africa	1,958	6%
Other	722	2%

**Note.** Data from 2015-2019 American Community Survey 5-Year Estimates ([Ruggles et al., 2022](#)).

## Wisconsin's Refugee Population

In federal fiscal year 2021, 40 refugee families with a total of 52 children ages 0–4 arrived in Wisconsin. Over the past four years, the number of refugee families with young children arriving in Wisconsin has declined, with the highest number of arrivals in 2019 (see [Table 6](#)).

**Table 6. Number of Refugees Ages 0–4 Arriving in Wisconsin by Fiscal Year**

	Number of Families/Cases	Number of Young Children
Federal Fiscal Year 2021	40	52
Federal Fiscal Year 2020	41	50
Federal Fiscal Year 2019	72	90
Federal Fiscal Year 2018	51	62

**Note.** Data from Bureau of Refugee Programs, Wisconsin Department of Children and Families (personal communication, March 24, 2022).



## Wisconsin Children Experiencing Poverty

As previously noted, young children of color and children from multilingual households are more likely to be living in poverty than White children and children from English-speaking households.

- In Wisconsin, 4,549 children (16.2%) ages 0–5 live in households at 0%–99% of the federal poverty level, and 78,898 children (19.8%) live at 100%–199% of the federal poverty level (see [Table 7](#)).
- Poverty varies by household composition. Nearly half (49%) of all children ages 0–4 living in female-headed households are living in poverty, as compared to 25.8% of children in male-headed households (see [Table 8](#)).
- Children living in married-couple households are least likely to live in poverty, with only 6.8% of children ages 0–4 who live in married-couple families experiencing poverty (see [Table 8](#)).

**Table 7. Income Level (Federal Poverty Level [FPL]) of Household for Children Ages 0–5 (2019–2020)**

	Number of Young Children	Share of Young Children
0%–99% FPL	4,549	16.2%
100%–199% FPL	78,898	19.8%
200%–399% FPL	136,668	34.3%
400% FPL or Greater	118,383	29.7%

Note. [CAHMI, n.d.](#)

**Table 8. Poverty Levels by Household Type for Wisconsin Families with Children Ages 0–4**

Household Type	Ages 0–4 Living in Poverty	Ages 0–4 Living Above Poverty	Total Ages 0–4	Share Living in Poverty
Married-Couple Family	14,785	204,241	219,026	6.8%
Male Head of Household, No Wife Present	1,994	5,730	7,724	25.8%
Female Head of Household, No Husband Present	18,210	18,576	36,786	49.5%
Household Type Could not be Determined	13,775	20,806	34,581	39.8%

**Note.** Data from 2015-2019 American Community Survey 5-Year Estimates ([Ruggles et al., 2022](#)).

## Parental Employment and Job Insecurity

As previously noted, 58.7% of children ages 0–4 live in households with a married couple in which at least one parent is working full time, 14.8% live in a married-couple household in which at least one parent is working part time, and 8.9% live in a female-headed household in which the parent is working full time (see [Table 2](#)).

- The percentage of households in which the head of the household is unemployed is highest for Black families, with 11.5% being unemployed (see [Table 9](#)).
- The percentage of households in which the head of the household is not in the labor force is highest for families indicating other race (26.8%), American Indian and Alaskan Native families (23.7%), and families indicating two or more race groups (20.3%).
- Across race groups, the percentage of households with young children in which the head of household is employed ranges from 70.5% for American Indian and Alaskan Native households to 89.5% for Asian, Hawaiian, or Pacific Islander households.

**Table 9. Employment Status of Head of Household by Race for Children Ages 0–4**

	Number and Share Unemployed	Number and Share Not in Labor Force	Number and Share Employed
Non-Hispanic Black	2,639 (11.5%)	3,917 (17.0%)	16,469 (71.5%)
Non-Hispanic American Indian and Alaskan Native	141 (5.8%)	572 (23.7%)	1,704 (70.5%)
Non-Hispanic Two or More Race Groups	159 (3.8%)	837 (20.3%)	3,134 (75.9%)
Hispanic or Latino	988 (3.5%)	4,362 (15.6%)	22,598 (80.9%)
Non-Hispanic White	4,185 (1.8%)	28,275 (12.4%)	196,134 (85.8%)
Non-Hispanic Asian, Hawaiian, Pacific Islander	51 (0.4%)	1,165 (10.0%)	10,418 (89.5%)
Non-Hispanic Other Race	0 (0.0%)	91 (26.8%)	249 (73.2%)

**Note.** Data from 2015-2019 American Community Survey 5-Year Estimates ([Ruggles et al., 2022](#)).



## Wisconsin Children Experiencing Homelessness

In the 2020–2021 school year, 5.5% of children enrolled in Three-Year-Old Kindergarten (3K), 2.5% of children attending prekindergarten programs (i.e., Early Childhood Special Education, Title I, Head Start, and district-operated at-risk programs), and 1.4% of children enrolled in Four-Year-Old Kindergarten (4K) experienced homelessness (see [Table 10](#)). It should be noted that 3K is not offered statewide. The data for 3K are primarily from Milwaukee, which may explain the higher proportion of children in 3K experiencing homelessness. Children were most likely to be doubled-up or living with another family (see [Table 11](#)).

**Table 10. Three-Year-Old Kindergarten (3K), Prekindergarten, and Four-Year-Old Kindergarten (4K) Students Experiencing Homelessness (2020–2021)**

	Homeless Students	Total Students	Share of Students who are Homeless
3K	62	1,120	5.5%
Prekindergarten	101	4,030	2.5%
4K	602	41,976	1.4%

**Note.** Prekindergarten students include those attending Early Childhood Special Education, Title I preschool, district-operated at-risk programs, and Head Start. Data from [Wisconsin Department of Public Instruction \(n.d.-dd\)](#).

**Table 11. Three-Year-Old Kindergarten (3K), Prekindergarten, and Four-Year-Old Kindergarten (4K) Students Experiencing Homelessness by Type (2020–2021)**

	Doubled-up (i.e., living with another family)	Hotels/ Motels	Shelters, Transitional Housing	Unsheltered	Unknown
3K	49	6	7	0	0
Prekindergarten	65	15	19	2	0
4K	432	85	77	8	0

**Note.** Prekindergarten students include those attending Early Childhood Special Education, Title I preschool, district-operated at-risk programs, and Head Start. Data from [Wisconsin Department of Public Instruction \(n.d.-dd\)](#).

# Family Composition

## Wisconsin Children in Military-Connected Families

Of children from birth to age five in Wisconsin, 2,228 (0.6%) have a caregiver on active duty in the military, and 11,044 (2.8%) have at least one caregiver who was on active duty in the past ([CAHMI, n.d.](#)). An additional 6,140 (1.6%) have at least one caregiver on active duty during Reserve or National Guard training ([CAHMI, n.d.](#)).

## Parental Incarceration

In Wisconsin, 6.2% of children from birth to age five have a parent or guardian who has served time in jail ([CAHMI, n.d.](#)). Children of color are substantially more likely than White children to have a parent or guardian who has served time in jail. For children from birth to age 17, 41.6% of Black children, 13.2% of Hispanic or Latino children, and 12.3% of children whose families indicated race as “non-Hispanic other” have a parent who has been in jail, compared with 5.7% of White children and 0.7% of Asian children ([CAHMI, n.d.](#)).

## LGBTQA+ Families

Of children from birth to age four, 892 (0.3%) live in same-sex-couple households ([Ruggles et al., 2022](#)).



## Maternal Health and Child Outcomes

- The mortality rate for infants in Wisconsin is 6.0 per 1,000 live births ([DHS, 2022m](#)). The mortality rate for Black infants is 14.3 per 1,000 live births, which is more than three times the mortality rate for White infants (see [Table 12](#)).
- The three-year infant mortality rate in Wisconsin for 2015–2017 was 6.1 per 1,000 live births ([DHS, 2022m](#)). This rate for Black infants (15.0 per 1,000) and American Indian or Alaskan native (13.8 per 1,000) was more than double the statewide average, whereas for White, Hispanic or Latina, and Laotian or Hmong mothers, this rate was below the statewide average.
- Statewide, 7.7% of babies were born with low birth weight ([DHS, 2022m](#)). Black mothers were most likely to have babies with low birth weight, with 15.4% of births considered low birth weight (see [Table 12](#)).
- In 2017, 2,284 babies were born to mothers who had an eighth-grade education or less and 4,478 babies were born to mothers who had completed some high school but did not earn a diploma.
- In 2020, 76.7% of mothers in Wisconsin received prenatal care in the first trimester ([DHS, 2022m](#)).

**Table 12. Infant Mortality, Three-Year Infant Mortality Rates, and Percentage of Births with Low Birth Weight by Race and Ethnicity**

	White	Black	American Indian/ Alaskan Native	Hispanic/ Latina	Laotian or Hmong	Other Asian/ Pacific Islander	Two or more Races
Infant mortality (2020) (per 1,000 live births)	4.4	14.3					
Three-year infant mortality rates (per 1,000 lives births) (2015–2017)	4.6	15.0	13.8	5.8	5.7	7.2	8.5
Percentage of births with low birth weight (2017)	6.4%	15.4%	8.7%	8.2%	5.9%	8.2%	10.1%

**Note.** [Wisconsin Department of Health Services \(2022m\)](#).



## Wisconsin Children Who Have Experienced Child Abuse and Neglect

- In 2020, there were 32,803 total maltreatment allegations, 4,426 of which were substantiated by Child Protective Services (CPS) (see [Table 13](#)). Cases of substantiated maltreatment were most likely to be cases of neglect (65.2%), followed by sexual abuse (21.8%), physical abuse (12.4%), and emotional abuse or damage (0.01%) ([DCF, 2021h](#)). In 2020, 1,267 children from birth to age three, and 983 children ages four to seven, were victims of child maltreatment ([DCF, 2021h](#)).
- Boys from birth to age three were more likely than girls to be victims of maltreatment, with a victimization rate of 5.2 per 1,000 for boys and 4.6 per 1,000 for girls ([DCF, 2021h](#)). However, this pattern changes for children ages four and up, with a victimization rate of 3.8 per 1,000 for girls and 3.4 per 1,000 for boys ([DCF, 2021h](#)). Across age groups, children who are Black or Native American experience rates of maltreatment that are higher than would be expected compared to their share of the population in the state ([DCF, 2021h](#)).
- In 2020, there were 46 substantiated cases (44 children) of head trauma, 34 of which were for children under age one ([DCF, 2021h](#)).
- In 2020, there were 27 substantiated cases of death due to child maltreatment ([DCF, 2021h](#)).
- In 2020, 2,608 children were placed in out-of-home care within 60 days of a screened-in CPS referral ([DCF, 2021h](#)).

**Table 13. Total Maltreatment Allegations by Maltreatment Findings and Maltreatment Type (2020)**

Maltreatment Type	Substantiated	Unsubstantiated	Not able to locate source	Total
Neglect	2,884	17,435	758	21,077
Physical Abuse	549	5,891	136	6,576
Sexual Abuse	967	3,270	137	4,374
Emotional Damage/Abuse	26	733	17	776
Total	4,426	27,329	1,048	32,803

**Note.** Table reproduced with permission from [Wisconsin Department of Children and Families, 2021h](#).

## Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are potentially traumatic events (e.g., abuse or neglect, violence, death of a family member) or environmental stressors including substance abuse, mental health issues, or instability (e.g., separation from a parent or having a household member who is incarcerated) ([Centers for Disease Control and Prevention, 2021](#)). In Wisconsin in 2019–2020, 8.3% of children were reported as having two or more ACEs, 20.9% were reported as having one or more ACEs, and 70.7% were reported as having no ACEs (see [Table 14](#)).

- Children of color from birth to age 17 are more likely to have experienced two or more ACEs than White children. In 2019–2020, 33.7% of children whose race is “other,” 28.3% of Black children, and 24.4% of Hispanic or Latino children experienced two or more ACEs, whereas 5.7% of Asian and 14.5% of White children experienced two or more ACEs.
- Children living in poverty are more likely to experience ACEs than children living in households with higher incomes. In 2019–2020, 31.6% of children living in households with an income at 0%–99% of the federal poverty level experienced two or more ACEs.
- Forty-one percent (41%) of children with special health care needs experienced two or more ACEs as compared to 12% of children with no special health care needs ([CAHMI, n.d.](#)).

**Table 14. Children in Wisconsin Ages 0–5 with One or More Adverse Childhood Experiences (ACEs) (2019–2020)**

	No ACEs	One ACE	Two or more ACEs
Number of children	275,616	81,569	32,409
Percentage of children	70.7%	20.9%	8.3%

Note. [CAHMI, n.d.](#)

# Wisconsin's Rural and Urban Populations

*Who are the children who live in rural areas in your state/territory? What are their characteristics in terms of race/ethnicity, recency of immigration, language spoken at home, poverty and low-income status? Are they concentrated in certain regions of the state/territory?*

For the purposes of this Needs Assessment, we defined *rural* using data from the U.S. Census Bureau historically used by DCF. Rural counties are defined as those with greater than or equal to 51% of their population living in rural areas ([U.S. Census Bureau, 2021a](#)). Using this definition, 20% of young children from birth through age four in Wisconsin live in rural counties, while 80% live in urban counties. The southeastern corner of the state consists of urban counties (see [Figure 2](#) map of rural and urban counties), while the northern, western, and southern portions of the state are primarily made up of rural counties.

- In rural counties, 86.3% of young children are White. In urban counties, 65.8% are White, 14.4% are Hispanic or Latino, 13.7% are Black, 5.4% are Asian, and 0.7% are American Indian (see [Table 15](#)).
- Black, Asian, and Hispanic/Latino children make up a greater share of the population in urban than in rural counties. White and American Indian children make up a greater share of the population in rural counties (see [Table 15](#)).
- The percentage of children living in poverty is nearly the same across rural and urban counties, with 16.4% of children in rural counties and 17.0% of children in urban counties living below the federal poverty level ([U.S. Census Bureau, 2022c](#)).
- Of children ages 5–17, 92% of the rural population and 88% of the urban population speak English only (see [Table 16](#)). Three percent (3%) of the rural population and 8% of the urban population speak Spanish (see [Table 16](#)).

**Table 15. Rural and Urban Populations Ages 0–4 in Wisconsin by Race (2020)**

	Number and Share of Rural Population	Number and Share of Urban Population
Non-Hispanic White	56,906 (86.3%)	171,219 (65.8%)
Non-Hispanic Black	1,468 (2.2%)	35,553 (13.7%)
Non-Hispanic American Indian	1,986 (3.0%)	1,878 (0.7%)
Non-Hispanic Asian	758 (1.1%)	14,099 (5.4%)
Hispanic/Latino	4,797 (7.3%)	37,615 (14.4%)

**Note.** [Puzzanchera et al., 2019](#).



*Table 16. Rural and Urban Populations Ages 5–17 by Language Spoken at Home*

	<b>Number and Share of Rural Population</b>	<b>Number and Share of Urban Population</b>
Only English	183,522 (92.4%)	658,996 (88.0%)
Spanish	6,024 (3.0%)	59,732 (8.0%)
Indo-European languages	7,515 (3.8%)	11,158 (1.5%)
Asian and Pacific Island languages	856 (0.0%)	15,787 (2.1%)
Other languages	766 (0.0%)	3,363 (0.0%)

**Note.** Data from 2019 American Community Survey 5-Year Estimates ([U.S. Census Bureau, 2022a](#)).



### **III. Number of Children Being Served and Awaiting Service**

# III. Number of Children Being Served and Awaiting Service

This section addresses the following question from the federal needs assessment guidance ([Administration for Children and Families, 2019, p. 3](#)):

*What data do you have describing the unduplicated number of children being served in existing programs?*

Federal guidance questions related to data gaps are addressed in [Domain V](#).

## Key Findings

- In 2022, Wisconsin will complete a first-of-its kind unduplicated count of children from birth to age five who are being served in programs across the B-5 Early Childhood State System.
- The reach of ECE programs varies across the state; Four-Year-Old Kindergarten, Early Childhood Special Education, and regulated child care have relatively high reach (i.e., serving more than 50% of the eligible population), while Early Head Start and Family Foundations Home Visiting have relatively low reach (i.e., serving less than 10% of the eligible population).
- Counties with high overall risk and low access to ECE programs present an opportunity to increase the number of children being served in the B-5 Early Childhood State System.

## Wisconsin's Core ECE Programs

Young children in Wisconsin and their families are served by a number of core ECE programs as part of the state's B-5 mixed-delivery system, often participating in more than one program at a time. Wisconsin's core ECE programs include **regulated child care, Head Start and Early Head Start, Four-Year-Old Kindergarten (4K), and 4K Community Approaches (4KCA)**. Families meeting eligibility criteria may also apply for Wisconsin's child care subsidy program, **Wisconsin Shares**. In addition, Wisconsin's county Birth to 3 programs provide early intervention services to infants and toddlers who have developmental delays or disabilities and their families.

Wisconsin's **Early Childhood Special Education (ECSE)** programs provide services for children with identified disabilities between the ages of three and five. **Family Foundations Home Visiting (FFHV)** programs provide visits to pregnant women and families with a child under age five to promote child and family well-being. Three state agencies (DCF, DHS, and DPI), federally-funded Head Start programs, and 11 federally recognized Tribal Nations provide oversight for these programs, which have different focus populations and are funded by a variety of federal, state, local, and private sources. [Table 17](#) provides a description of each program. Programs are described in greater detail in subsequent sections of this report.



**Table 17. Overview of Wisconsin Early Care and Education (ECE) Programs**

<b>ECE Program</b>	<b>Focus Population</b>	<b>Description</b>	<b>Administering Agencies</b>	<b>State Agency</b>	<b>Funding Source(s)</b>
<a href="#">Regulated Child Care</a>	All children from birth to school age	Regulated child care programs, rated using YoungStar, the state's Quality Rating and Improvement System	Private child care programs and providers	Wisconsin Department of Children and Families (DCF)	Federal funds, such as Child Care Development Fund; Temporary Assistance to Needy Families (TANF), state General Purpose Revenue (GPR), and private-pay tuition
<a href="#">Head Start and Early Head Start</a>	Children from low-income families	Federally funded early childhood programs that promote school readiness for young children	Head Start and Early Head Start grantees	DCF	Federal funding (Head Start; Maternal, Infant, and Early Childhood Home Visiting [MIECHV]), state GPR-funded Head Start State Supplement program (administered by the Wisconsin Department of Public Instruction [DPI])
<a href="#">Four-Year-Old Kindergarten (4K)</a>	Universal, open to all children in a school district	4K is provided either in a district site (e.g., school) or as part of a 4K Community Approach (4KCA) in which the district contracts with community partners (e.g., child care, Head Start)	School districts	DPI	State general school aid, local property tax revenue, and a combination of other state and federal sources that support specific children or categorical programs
<a href="#">4K Community Approach (4KCA)</a>	Four-year-old children in local communities	Local collaborations that include a combination of child care, Head Start, and 4K	School districts and community partners	Varies	Funding for 4K and Head Start, and private funding for child care
<a href="#">Birth to 3</a>	Children between birth and age three who have a developmental delay or disability	Provides services in the child's natural environment to help families support their child's development and meet desired outcomes	Counties and contracted agencies	Wisconsin Department of Health Services (DHS)	Federal Individuals with Disabilities Education Act (IDEA) Part C, Medicaid, state GPR, county funds, community aids, private insurance reimbursement, and parental cost sharing

**Table 17. Overview of Wisconsin Early Care and Education (ECE) Programs (cont.)**

<b>ECE Program</b>	<b>Focus Population</b>	<b>Description</b>	<b>Administering Agencies</b>	<b>State Agency</b>	<b>Funding Source(s)</b>
<a href="#">Early Childhood Special Education Services (ECSE)</a>	Children between age three and kindergarten with identified disabilities	Children receive specially designed services as part of an Individualized Education Program	School districts	DPI	IDEA Part B, Section 619; state special education categorical or general aid; and local property taxes
<a href="#">Family Foundations Home Visiting (FFHV)</a>	Pregnant women and women with children under age five living in at-risk communities	A voluntary home-based program that aims to strengthen parenting skills to improve the lives of children and their families	Variety of agencies, including county health departments and private agencies	DCF in partnership with DHS	Federal Title V, MIECHV, TANF, and state GPR

**Note.** Information is from websites linked within this table and Wisconsin’s Preschool Development Grant application ([DCE, 2019a](#)).

## Unduplicated Count of Children Participating in Existing Programs

*What data do you have describing the unduplicated number of children being served in existing programs?*

Given that children and families often participate in more than one program at a time, unduplicated (i.e., distinct) counts of children participating in the B-5 Early Childhood State System (ECSS) are important for allowing stakeholders to assess unmet need for ECE services in Wisconsin. The Early Childhood Integrated Data System (ECIDS), developed as part of the Race to the Top Early Learning Challenge grant, is Wisconsin's primary data source for estimating the unduplicated count of children being served ([DPI, n.d.-cc](#)). The ECIDS includes participation data from DCF, DHS, and DPI programs that serve young children and families (see [Appendix C](#)). It supports agency staff, policy makers, and researchers in answering questions and evaluating ECE programs and services in order to improve service delivery and outcomes for young children and their families.

During 2021 and 2022, state agency staff have been collaborating to use the ECIDS to create a distinct count of children served in one or more ECE programs as part of the state's ongoing PDG Needs Assessment efforts. According to DCF:

While unduplicated counts exist for individual programs, this is the state's first effort to pull all of the data together to help identify which children are receiving ECE services, including children who access programs and services administered by different agencies. This annual, distinct count of children participating in ECE programs throughout the state will then be analyzed by characteristics such as age, geography, socioeconomic status, language, disability, and other child well-being indicators ([DCF, DPI, & DHS, 2021, p. 58](#)).

At the time of this publication, state agency partners had not yet completed this effort due to the complexity of data collection, analysis, and applicable data security laws. As of June 2022, DCF has shared the Tableau dashboard analysis with all program experts who partnered and contributed essential data for the count. Program experts are actively providing feedback and approval of how participation is represented. DCF will continue to solicit and respond to feedback through July 2022. It is anticipated that a completed report on the unduplicated count of the first cohort of children born in 2013 and 2014 will be available by Fall 2022.



## Participation and Reach of Core ECE Programs

In addition to calculating a distinct count of participation in ECE programs, we used data from a Risk and Reach Analysis conducted by UW-Madison’s Applied Population Laboratory to gather information on the number of eligible children who participated in each core ECE program (i.e., the reach of each program). These numbers differ from the distinct count data summarized above in that children may be counted more than once. For example, a child may be enrolled in a 4K classroom and receive ECSE services. In the distinct count, the child would only be counted once. In the program participation data in [Table 18](#), the child is counted as participating in both programs. These data are useful in understanding how many eligible children each program is serving.

It should be noted that many of Wisconsin’s core ECE programs serve all children and families who qualify. The 4K program is a universal, state-funded prekindergarten open to all four-year-olds. Programs funded under the Individuals with Disabilities Education Act (Part C, Birth to 3 early intervention, and Part C, ECSE programs) are required to serve all eligible children. The Wisconsin Shares Child Care Subsidy program has provided benefits to all eligible families with no waiting list since the program’s inception in the 1990s ([Wisconsin Council on Children and Families, 2016](#)). These data are useful in understanding how many eligible children each program is serving.

**Table 18. Estimated Participation and Reach of Early Care and Education (ECE) Programs**

	Estimated Participation	Estimated Reach <sup>a</sup>
Regulated Child Care	221,528	66%
Wisconsin Shares Child Care Subsidy	31,143	36.7%
Four-Year-Old Kindergarten	45,579	85.8%
Head Start	11,140	24.8%
Early Head Start	3,358	7.5%
Birth to 3	12,953	22.8%
Early Childhood Special Education (ECSE)	16,665 <sup>b</sup>	77.2% <sup>c</sup>
Family Foundations Home Visiting	2,211	9.1%

Note. Data are from Applied Population Laboratory’s Risk and Reach Analysis unless otherwise noted ([UW-Madison Applied Population Laboratory, 2022](#)).

<sup>a</sup>Reach is the estimated percentage of eligible children participating in each program, based on an analysis from the [APL, 2022](#), unless otherwise noted.

<sup>b</sup>Children served in ECSE in federal fiscal year 2019 ([DPI, 2021b](#)).

<sup>c</sup>Calculated using a national estimate of 10.55% of the total population of children ages three to five having any developmental disability ([Zablotsky et al., 2019](#)) and the total number of children ages three to five in Wisconsin in 2019, which is estimated to be 204,689 ([National Center for Juvenile Justice, 2022](#)).

### Reach by County

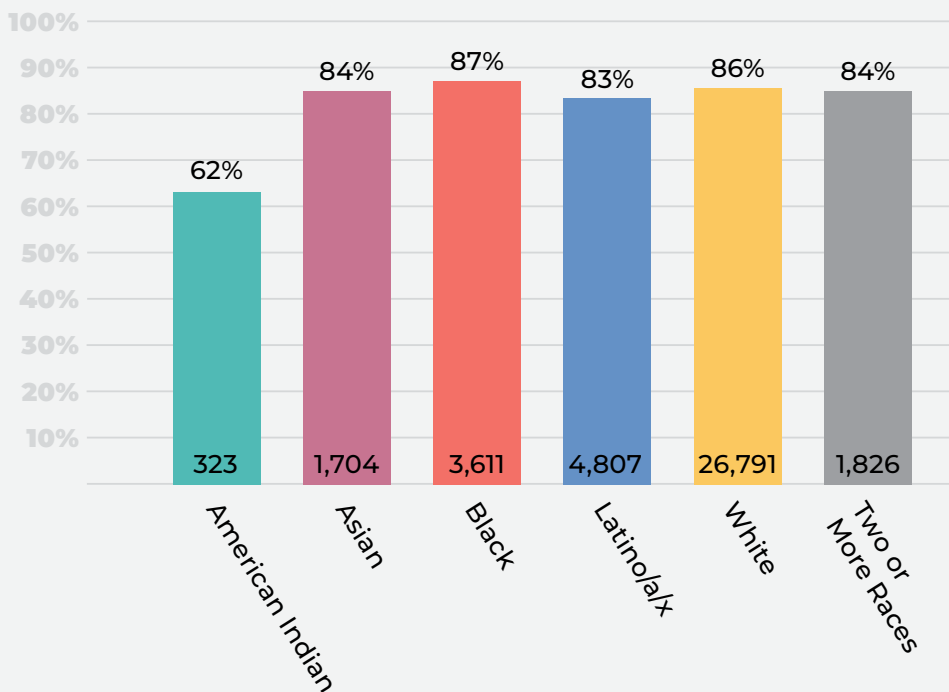
Access to some programs (e.g., FFHV) is relatively consistent across counties despite the variation in overall risk level among those counties. For example, some counties have little (e.g., Milwaukee County) or no (e.g., Menominee County) FFHV programming despite having the highest overall risk levels ([UW-Madison Applied Population Laboratory \[APL\], 2022](#)). This information could be used to inform expansion of programs to high-risk counties with relatively low reach. In addition to considering overall risk, the Risk and Reach Analysis can be used to assess the risk level for specific factors most pertinent to the program. For example, adequate prenatal care may be especially relevant for home visiting programs. When looking at adequate prenatal care, one rural county (Vernon County) is at highest risk for less-than-adequate prenatal care, with an estimated 46.5% of births in which the pregnant person received less-than-adequate prenatal care, and there are no FFHV programs available in that county ([APL, 2022](#)). As another example, some counties that are at high risk in the area of third-grade reading scores have low enrollment in 4K relative to kindergarten enrollment (e.g., Ashland, Menominee, and Sawyer counties). This could be a consideration for increasing 4K or other ECE programming to increase opportunities for early language and literacy development in those counties.

## Reach Data by Race

DCF analyzed the estimated percentage of children participating in ECE programs by race using data from the Risk and Reach Analysis. It should be noted that the data for American Indian children do not include children who may be participating in programs administered by Tribal Nations and thus may underrepresent program reach for this population (APL, 2022).

Participation in 4K ranged from 62% to 87%, with similar participation across racial groups, with the exception of American Indian children who had a lower participation rate (Figure 3). In contrast, participation in Birth to 3 varied more widely, with 8% to 34% of the eligible population participating (Figure 4). Participation in this program was lowest for children of two or more races (8%) and for Asian children (15%), and highest for American Indian children (34%).

**Figure 3. Number and Percentage of Eligible Children Participating in Four-Year-Old Kindergarten (4K) by Race**



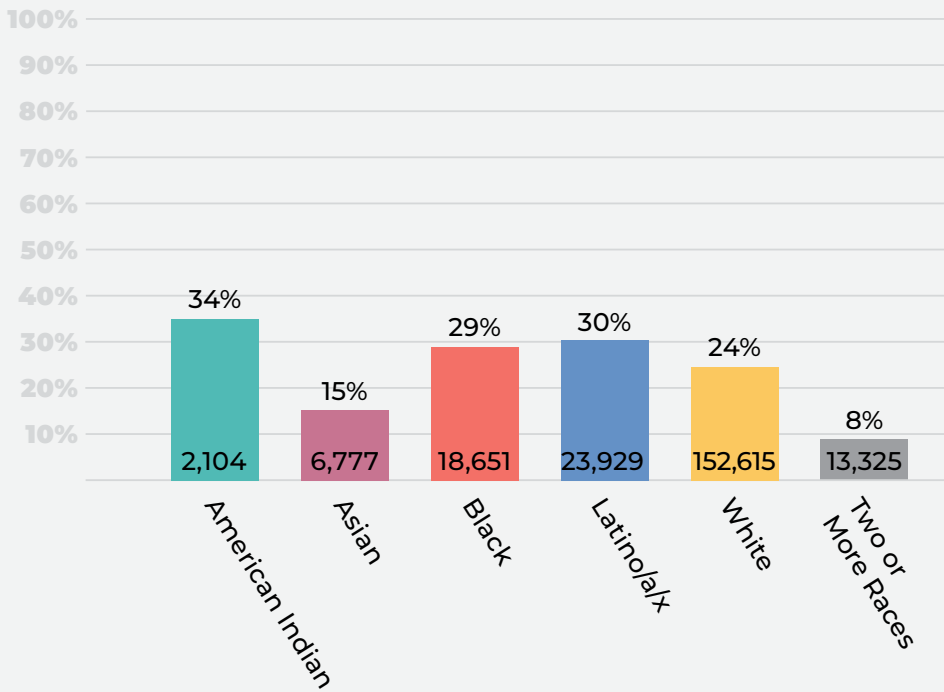
**Note.** This figure was produced by the Wisconsin Department of Children and Families using data from the Risk and Reach Analysis (UW-Madison Applied Population Laboratory, 2022).

Counts and percentages are based on the annual average over a four-year period (2015–2016 through 2018–2019 school years).



## Participation and Reach of Core ECE Programs

Figure 4. Number and Percentage of Eligible Children Participating in Birth to 3 by Race (2019)



**Note.** This figure was produced by the Wisconsin Department of Children and Families using data from the Risk and Reach Analysis ([UW-Madison Applied Population Laboratory, 2022](#)).



### Child and Family Participation in Support Programs and Services in Wisconsin's B-5 ECSS

Support programs and services within the B-5 ECSS promote families' stability, health, and well-being, enabling families to support the growth and development of their children. These programs include economic support, health care (e.g., Medicaid), public health, nutrition, child protection, and mental health programs (see [Appendix D](#) for an overview of support programs). Support programs and services are described in more detail in [Domain VI](#). It should be noted that many additional support programs within the B-5 ECSS are offered at the local level and provide critical services to families; however, including all of these programs is beyond the scope of this report.

### Summary

Using the ECIDS, Wisconsin will produce its first unduplicated count of children served across ECE programs by Fall 2022. The estimated reach of programs varies from 7.5% (Early Head Start) to 85.8% (4K). The reach of some ECE programs varies by race. Data from the ECIDS unduplicated count, along with data from the Risk and Reach Analysis, provide important information that can be used to consider ways to increase access to ECE programs and services.





#### IV. Quality and Availability

## IV. Quality and Availability

This section addresses the following questions from the federal needs assessment guidance ([Administration for Children and Families, 2019, p. 4](#)):

- *What would you describe as your ECCE [early childhood care and education] current strengths in terms of quality of care across settings?*
- *What would you describe as key gaps in quality of care across settings?*
- *What would you describe as key gaps in availability?*
- *What initiatives do you currently have underway to ensure that high-quality care is available to vulnerable or underserved children and children in rural areas in your state/territory?*
- *What initiatives do you currently have in place to inform parents about what constitutes a high-quality child care center and how different centers match up in terms of quality?*
- *What initiatives do you have in place to promote and increase involvement by and engagement of parents and family members in the development and education of their children?*
- *What specific initiatives are in place to address the needs of parents/families that meet their cultural and/or linguistic needs?*
- *What do you see as your biggest need and opportunity in improving the quality and availability of care particularly for vulnerable or underserved children and those in rural areas?*

### Key Findings

- Long-standing programs and current initiatives support the quality of ECE programs within Wisconsin's B-5 system, including YoungStar, the Wisconsin Model Early Learning Standards, Wisconsin Early Childhood Collaborating Partners, Wisconsin Early Education Shared Services Network, and the 53206 Early Care and Education Initiative.
- Challenges in availability of and access to high-quality programs affect many areas of the state, with additional barriers experienced by families living in rural areas, families living in poverty, families of color, multilingual families, and families of children with special needs.
- There are many opportunities for addressing issues related to quality and availability that build on current programs and initiatives, including increasing funding for programs, increasing access and affordability for vulnerable and underserved populations, reviewing YoungStar critically through an equity lens, and building and supporting the ECE workforce.



# Quality

High-quality ECE programs have positive and lasting impacts on young children, including lower rates of participation in special education, lower likelihood of being retained, and greater likelihood of graduating from high school ([McCoy et al., 2017](#)). Quality community-based ECE programs have been shown to mitigate the effects of poverty, reducing disparities between lower- and higher-income children's educational attainment and wages in adulthood ([Bustamante et al., 2021](#)).

In Wisconsin, quality is defined and measured in different ways across the B-5 Early Childhood State System (ECSS). For the purposes of this Needs Assessment, quality is defined as the ability of core ECE programs to meet the following attributes:

- Evidence-based curriculum that is developmentally appropriate, and culturally and linguistically appropriate, for families and children enrolled in the program
- Warm and responsive interactions between teachers and children
- Family-centered approaches that include authentic relationships that empower families and connect them with support services and programs in their community to support child and family well-being
- A physical environment that meets health and safety standards and promotes child development
- A well-trained, diverse ECE workforce that is supported to implement best practices with children and families through coaching and ongoing technical assistance
- Assessment of individual child and family outcomes; data-driven decision making; and measurable and observable indicators of program success, including outcomes among children entering kindergarten
- Leadership that effectively implements policies and practices that are responsive to the needs of children, families, the ECE workforce, and the community

In addition to defining quality through the attributes listed above, it is important to consider quality through the lens of families and what they envision for their child. Ultimately, many families are looking for trusted and caring educators who provide opportunities for their children to grow and learn in a safe and loving

environment. Parents are less concerned with how quality is formally defined, as long as their children are cared for and secure.



**They really need a place that is reliable for their kiddos... they're not as worried about quality, they want their kids to be safe...so [we should be] making sure that we have the basics before we can even talk about [quality].**

STATE AGENCY STAFF

## Strengths in Quality of Care

*What would you describe as your ECCE current strengths in terms of quality of care across settings?*

State agency staff, stakeholders, and caregivers identified several strengths related to the quality of Wisconsin's B-5 ECSS. These include Wisconsin Model Early Learning Standards (WMELS), family-centered approaches, a strong Quality Rating and Improvement System (QRIS) (i.e., YoungStar), and a robust technical assistance and training system.

### Wisconsin Model Early Learning Standards

Early childhood standards are critical to ensuring quality ECE programs ([Center on Enhancing Early Learning Outcomes \[CEELO\], 2022](#)). In order to impact classroom quality, standards must be used consistently by educators and supported by administrative actions that include funding and curriculum and assessment decisions ([CEELO, 2022](#)). The WMELS are a research and evidence-based framework of educational and developmental standards ([Wisconsin Early Childhood Collaborating Partners \[WECCP\], 2020b](#)) designed to provide a common language regarding the well-being of children, to teach the developmental expectations of young children, and to help educators understand the connection between learning during early childhood

and later learning during K–12 educational experiences and throughout the child’s lifetime ([WECCP, 2020b](#)). The WMELS were created in 2004 through a unique partnership among state agencies, ECE organizations, providers, and educators throughout Wisconsin to promote excellence and quality in ECE programs and services for families with young children ([WECCP, 2020b](#)). These standards are currently being reviewed by DPI in partnership with DCF and DHS ([DPI, 2022](#)). After a public comment period, the State Superintendent’s Academic Standards Review Council will review public comments and make a recommendation to the state superintendent regarding whether to revise the existing standards ([DPI, 2022](#)).

## Family-Centered Approaches

Stakeholders and state agency staff described family-centered approaches as a strength of ECE programs. Families are empowered when they are part of their children’s learning and when teaching and modeling by educators occurs within their home environment ([Health Resources and Services Administration, 2020](#)). One example of a program that highlights the family-centered approach to serve and empower families is the [Family Foundations Home Visiting](#) (FFHV) statewide program, which provides voluntary and no-cost services for families and women who are pregnant. Another program with a family-centered approach is the [Birth to 3](#) program, which provides home visits for infants and toddlers with developmental delays and their families. Other programs—including [Head Start](#), [Early Head Start](#), and many child care programs—offer family-centered approaches as well.

## YoungStar

Several state agency staff identified [YoungStar](#) as a strength of the B-5 ECSS. YoungStar is Wisconsin’s Quality Rating and Improvement System (QRIS) ([DCF, n.d.-t](#)). YoungStar provides families with an easy way to find local child care and other ECE programs (e.g., Four-Year-Old Kindergarten [4K], Head Start) that meet their family’s needs. YoungStar ratings range from 1 to 5 Stars, with 1-Star programs not meeting standards and 5-Star programs meeting the highest standards ([DCF, n.d.-t](#)). This rating system also helps to instill a standard for high-quality child care in Wisconsin, as programs must participate in YoungStar in order to accept Wisconsin Shares Child Care Subsidy payments from families. YoungStar helps providers improve the quality of their programs by offering training, skill building, funding and grants, and accreditation assistance for participating programs ([DCF, n.d.-t](#)). Programs rated 3 or more Stars are considered high quality. As of January 31, 2022, a total of 3,834 ECE programs were participating in YoungStar, with 46.6% of programs considered high quality (see [Table 19](#); [DCF, 2022e](#)). In addition, a total of 34,669 children were enrolled in YoungStar-rated programs who received Wisconsin Shares (see [Table 19](#); [DCF, 2022e](#)).

YoungStar helps providers who aspire to improve the quality of their program through personalized, one-on-one consultation services, access to experts in ECE, low-cost training opportunities, a support system for professional development, and public recognition of high-quality programs ([Supporting Families Together Association, 2022c](#)).

**Table 19. Number of Early Care and Education (ECE) Programs and Children Receiving Wisconsin Shares Child Care Subsidy by YoungStar Rating in January 2022**

	1 Star	2 Stars	3 Stars	4 Stars	5 Stars	Total
ECE Programs Participating in YoungStar	8	1,605	1,080	205	500	3,834
Children Enrolled in Wisconsin Shares	0	10,469	12,217	2,193	6,107	34,669

**Note.** Data are from YoungStar monthly report from January 2022 ([Wisconsin Department of Children and Families, 2022e](#)).



**We've been real leaders [in Wisconsin]...our licensing and regulation system is actually one of the strongest in the country. We have the YoungStar system, which is the five-star rating...so we've got a really good foundation. A lot of states just don't have anything like that, and so they're much less quality or regulated than we are [in Wisconsin].**

STAKEHOLDER FROM A  
STATEWIDE ADVOCACY  
ORGANIZATION

## Technical Assistance and Training

Stakeholders and state agency staff identified training and technical assistance within programs as a strength that contributes to quality of care across ECE in Wisconsin. Head Start provides technical assistance and training for Head Start programs for improving program quality and helping prepare children to succeed in school ([Head Start Early Childhood Learning & Knowledge Center, n.d.-b](#)). Birth to 3 programs in Wisconsin provide a robust reflective model of supervision and coaching, and significant training resources to support high-quality care. Birth to 3 home visiting teams have an effective infrastructure for training and technical assistance, and processes for continuous quality improvement to support quality within that system.

The Wisconsin Early Childhood Cross-Sector Professional Development Initiative ([Wisconsin Education Association Council, 2022](#)) and the Wisconsin Early Childhood Collaborating Partners ([WECCP](#)) (2022) are also working to strengthen and align cross-sector training and technical assistance to support others who work directly with children and families ([Wisconsin Registry, 2017](#)). The WECCP was founded in 1994 and exists as a collaboration between DPI, DCF, and DHS as a way to combine funding efforts across the state agencies and act as a collaborative

source of information regarding issues of cross-sector interest, state initiatives, and research-based practices ([WECCP, 2020a](#)). The vision of WECCP is that “Wisconsin communities, agencies, associations, and state government will work together as a system of high quality comprehensive early childhood services for all children and families” ([WECCP, 2018](#)). The WECCP supports the use of Wisconsin Core Competencies for Professionals Working with Young Children and their Families; highlights essential areas for collaboration; and connects with the current work of other advisory groups, including the Governor’s Early Childhood Advisory Council ([WECCP, 2020a](#)).

## Gaps in Quality of Care

*What would you describe as key gaps in quality of care across settings?*

Despite these strengths, gaps related to quality remain, including differences in defining and measuring quality; lack of participation in high-quality care; lack of funding; lack of culturally relevant and linguistically diverse curricula and resources; and such workforce issues as lack of professional respect, adequate pay, benefits, and diversity.

## Inconsistent and Inequitable Definitions and Measures

Wisconsin lacks a single measure or metric to define “quality” across the B-5 ECSS ([DCF et al., 2021](#)). The lack of consistent definitions and measurement of quality is not unique to Wisconsin, and the significance of these issues deepens further as we consider quality through the lens of equity. For more information about how programs measure quality, refer to [Appendix E](#).

Throughout the data-gathering process for this Needs Assessment, state agency staff questioned *who* defines quality in practice. Definitions of quality in ECE programs often reflect the views of the dominant language and culture ([Johnson-Staub, 2017](#)). The definitions may also fail to elevate standards of diversity or alternative components of quality ([Johnson-Staub, 2017](#)). Most often, quality is defined within ECE programs based on such indicators as ratio and group size, curriculum and assessment, teacher credentials, and access to comprehensive services ([Meek et al., 2020](#)). Meek and colleagues (2020) suggest that “indicators that explicitly promote equity, via equitable experiences and equitable outcomes for children, have been almost universally excluded from this important



definition and as a result, from Quality Rating and Improvement Systems” ([Meek et al., 2020, p. 10](#)).

Nationwide, early childhood advocates have raised similar and serious concerns about whether the use of QRIS is exacerbating inequities ([Meek et al., 2020](#)). Rating systems are inaccessible to the providers who serve the most marginalized populations, ignore equity content within indicators, and penalize programs who are experiencing systemic barriers ([Meek et al., 2020](#)).

## Lack of Participation in Quality Care

There is currently a disconnect between YoungStar and how it impacts Wisconsin Shares recipients, thus indicating a need to redefine high-quality care ([Kids Forward, 2022](#)). In 2020, of those children estimated to be eligible for the Wisconsin Shares program, only one in four were served by child care providers rated with a 4- or 5-Star rating. One in six Black children served by the program received high-quality care, compared with one in three Latinx, Native American, Multiracial, and White children ([Kids Forward, 2022](#)). Some racial and ethnic groups in Wisconsin Shares are not receiving care from 4- to 5-Star-rated providers because of limited locations of providers, higher costs of these providers, lack of available spots, and/or a lack of alignment between what families and YoungStar consider high-quality care ([Kids Forward, 2022](#)).

## Lack of Funding

State agency staff also noted that program quality is often impacted by the availability of funding. For example, when funding is available and a child care program is tied to a strong funding stream (e.g., a hospital owning a child care center) it can result in a highly resourced program that is deemed high quality. Many ECE programs in Wisconsin have historically lacked funding, which has impacted their ability to hire and retain well-qualified staff and invest in training. While state and federal COVID-19 pandemic relief measures have resulted in an influx of funding, sustaining the resulting changes (e.g., hiring new staff) may be of primary importance to maintaining recent gains in providing high-quality ECE programs.

## Lack of Linguistically Diverse and Culturally Relevant Resources and Curricula

ECE programs and classrooms often lack linguistically diverse and culturally relevant resources and curricula

([National Association for the Education of Young Children, 2019a](#)). Families in Wisconsin, especially Black, Latinx, and Hmong caregivers, want options for more diverse providers and representation of culture, identity, and linguistic diversity ([DCF et al., 2021](#)). Caregivers also feel that it is important to have curricula and materials (e.g., children’s books) that represent their children and affirm their children’s racial identities ([DCF et al., 2021](#)). Caregivers and providers, especially from tribal communities, noted that the current B-5 ECSS, along with the regulations and quality standards, could potentially conflict with more “culturally-rooted models of care” ([DCF et al., 2021](#)).

WIDA Early Years promotes equitable care and education opportunities for multilingual children in Wisconsin and provided technical assistance in examining the YoungStar group care evaluation criteria in 2020 and 2021 ([DCF et al., 2021](#)). Key findings in that report indicate that enhancements are needed to promote equity and support multilingual learners and their families, and to enact meaningful change in YoungStar policy and practice ([WIDA Early Years, 2020](#)). Their first recommendation is that intentional and explicit criteria, indicators, and examples of practice are needed to support multilingual children and promote equity ([WIDA Early Years, 2020](#)). The second recommendation suggests taking a systemic approach to supporting multilingual children and their families through professional development designed to develop competencies for providing culturally and linguistically responsive care and promoting equity within ECE programs ([WIDA Early Years, 2020](#)).

## Workforce Issues

The ECE workforce faces a variety of issues, including lack of professional respect, inadequate pay, lack of benefits, and limited diversity among workforce members. Because of these issues, ECE programs are unable to retain their best educators, which has a significant impact on the quality of ECE programs in Wisconsin.

- In 2020, the median hourly wage for center-based teachers in Wisconsin was \$12.99, while the median hourly wage for family providers was only \$7.46 ([DCF, 2021j](#)).
- A stark difference in wages is evident when comparing workers’ pay across ECE programs among workers. In 2021, the median hourly wage in Wisconsin was \$11.84 for child care workers, \$13.90 for preschool teachers, and \$28.04 for kindergarten teachers ([Center for American Progress \[CAP\], 2021](#)).



- Early educators who have a bachelor’s degree are paid 9.8% less than educators in Wisconsin’s K–8 system and are more likely to be living in poverty than their K–8 counterparts ([McLean et al., 2021](#)).
- The poverty rate for the ECE workforce in Wisconsin is 19.7%, compared with 9.5% for the general workforce and 2.4% for K–8 teachers ([McLean et al., 2021](#)).
- Benefits such as health insurance and sick leave are not available consistently across ECE settings ([McLean et al., 2021](#)).
- Eighty-three percent (83%) of center-based teachers and 68% of family providers are White ([DCF, 2021j](#)). A large proportion of family providers (21%) are Black ([DCF, 2021j](#)) and experience wage disparities.
- Despite low wages across the ECE workforce, 83% of center-based teachers and 82% of family providers have some level of higher education ([DCF, 2021j](#)). Center-based teachers have a median of 7 years of experience and family providers have a median of 15 years of experience ([DCF, 2021j](#)).



**You can start out at one of the manufacturing facilities, making almost \$20 an hour with benefits, with a signing bonus. How does a daycare provider compete with that?**

STAKEHOLDER FROM  
A STATE AGENCY

Staffing and workforce issues have been exacerbated by the COVID-19 pandemic, with many educators leaving or contemplating leaving the field ([McLean et al., 2021](#); [National Education Association, 2022](#); [Zamarro et al., 2021](#)). Despite wage increases in some Wisconsin public schools, district staff—including teachers and specialists—are also leaving the field ([DPI, n.d.-c](#)). Additionally, providers faced an increased workload in order to ensure adherence to COVID-19 health protocols ([DCF, 2021j](#)). These staffing issues have both short- and long-term impacts on the B-5 ECSS in Wisconsin.



**We’re learning through COVID... it’s a complex issue and we often try to insert simple solutions. I think that’s going to have a huge cost on our educators and our kids three or five years down the line.**

STATE AGENCY STAFF

**I really do believe the passion of our field is a huge strength; people don’t stick around in early care and education for the money and they often don’t stick around for the recognition because it’s a really under-recognized field. They stick around because they care and they love kids and they want to help families.**

STAKEHOLDER FROM A  
STATEWIDE EDUCATIONAL  
ORGANIZATION

Despite these challenges, Wisconsin has a variety of programs in place to support the ECE workforce. For more information about ECE workforce preparation programs and supports, refer to [Appendix F](#).

## Gaps in Availability of ECE Programs in Wisconsin

*What would you describe as key gaps in availability?*

Families face considerable challenges in locating ECE programs and services near them that meet their needs. Gaps in availability include a lack of adequate child care programs overall (i.e., child care deserts), a lack of programs for three-year-olds, a lack of infant and toddler care, a lack of family child care, gaps in home visiting programs, and gaps in Head Start programming. Additional barriers to accessing ECE programs include limited options within close proximity to families' homes, lack of full-day options or programs with nontraditional hours, and limited options for vulnerable or underserved children and families. Additionally, the impact of COVID-19 has also created gaps in availability of ECE programs in Wisconsin.

### Child Care Deserts

In a Risk and Reach Analysis conducted by the UW-Madison Applied Population Laboratory (APL) in 2022, 66.0% of the statewide population had geographic access to child care (defined as at least one regulated child care slot for every three children within a 20-minute drive) ([UW-Madison Applied Population Laboratory \[APL\], 2022](#)). Child care is limited in rural areas, and families are required to drive long distances to access care, presenting significant barriers, especially for families with unreliable transportation or lack of transportation options ([DCF & Center for Community and Nonprofit Studies \[CCNS\], 2021b](#)). In addition, families in rural areas reported lack of access to information, resources, and high-quality services for infants and children with disabilities ([DCF & CCNS, 2021b](#)).

- Counties with the lowest geographic access to child care (10.0% or less) are all rural: Richland, Vernon, Oconto, Clark, Juneau, Trempealeau, and Door.
- Counties with the highest geographic access (80% or greater) are all urban, with the exception of Green County, which is rural: Dane, Ozaukee, Kenosha, Milwaukee, La Crosse, Waukesha, Green, and Eau Claire.

- Counties with the highest level of overall risk (Menominee and Milwaukee) had high geographic access to child care with 78.1% and 87.2% respectively. Overall risk represents the cumulative risk level of the county relative to other Wisconsin counties and ranges from “lowest” to “highest” risk ([APL, 2022](#)).
- Counties designated as high overall risk (Adams, Forest, Langlade, Burnett, and Vilas) had access to child care below the state average, ranging from 20.1% (Adams) to 53.9% (Vilas) ([APL, 2022](#)).

Even when there are public programs available, families are often unable to access them (e.g., 4K programs only provided care for three hours, and services were offered only when families were working). For other families, care during nontraditional hours was unavailable or not available in a program where they felt comfortable sending their child.



**There's a lot of third shift workers and most childcare facilities are not open during those hours and even for parents that need to commute, the centers are generally closing around 5:30 which means that if I need to commute, I need to be leaving work before the typical nine-to-five-day ends.**

STAKEHOLDER FROM  
A STATE AGENCY

Additionally, families in Wisconsin are forced to select a child care option based on convenience, rather than quality or affordability. For many families in Wisconsin, especially those living in child care deserts, transportation presents additional barriers to access, including proximity or distance to high-quality care, lack of public transportation or a reliable vehicle, and the high cost of gas.





How I wish there was a roadmap. So many times, you have a barrier and you don't know what the next step is. And then you kind of get burned out from all the phone calls and kind of burned out from just not asking the right questions because I think there is a specific language in how to navigate the school systems and the health system and services that we thought we had access to, or there are additional services that we could have access to, but we just don't know how to ask them.

MULTILINGUAL HMONG PARENT OF A CHILD WITH A DISABILITY







**You don't really get to choose, because there's not a lot of options...like you're kind of just stuck with it. Kind of like daycares, you only have access to the surrounding ones, and you don't have an option to choose the best quality one because you're so desperate for services for your child and so you can just kind of stick to what is convenient.**

MULTILINGUAL HMONG PARENT  
OF A CHILD WITH A DISABILITY

## Lack of Programs for Three-Year-Olds

High-quality preschool programs for three- to four-year-olds serve as a foundation for learning and also lead to later success and higher levels of educational attainment, career advancement, and earnings ([Annie E. Casey Foundation \[AECF\], 2021](#)). Over the years, Head Start and the expansion of state-funded programs have increased access to preschool and kindergarten, though many children, especially three-year-olds and children living in low-income families continued to be left behind ([AECF, 2021](#)). Findings from Kids Count suggest that between 2017 and 2019, 57% of children in Wisconsin ages three to four were not in school ([AECF, 2021](#)). Availability of programs in Wisconsin for children ages four and under is often limited. For example, in 2021, 72% of four-year-olds were served by public preschool, as compared with only 1% of three-year-olds ([CAP, 2021](#)).

## Lack of Infant and Toddler Care

Families with children age three and under struggle to find programs available to them because of a shortage in infant and toddler care. In Wisconsin, there are nearly 194,000 children under age three ([Council for a Strong America \[CSA\], 2021](#)). Approximately 70% of mothers with infants work outside of the home and as a result many young children are in need of child care ([CSA, 2021](#)). Availability of child care in Wisconsin

is particularly limited for families who have infants and toddlers. The limited availability of infant and toddler care is related to the decrease in family child care providers (see below). Family child care is often preferred by families with infants and toddlers due to its affordability and flexibility ([UW-Madison Institute for Research on Poverty \[IRP\], 2020](#)).

Ultimately, socioeconomic differences in educational attainment continue to be exacerbated because of the lack of availability of care, especially for children under age three ([AECF, 2021](#)). Additionally, lack of infant and toddler child care has an impact on employers and on Wisconsin's economy ([Wisconsin Partnership, 2020](#)). Findings from a national study indicate that 86% of primary caregivers of infants and toddlers reported that problems with infant and toddler care impacted their productivity or time commitment at work, thus contributing to a national cost of \$57 billion in lost earnings, productivity, and revenue ([Wisconsin Partnership, 2020](#)).

## Lack of Family Child Care

Home-based care, an often more affordable and flexible care option for families, has decreased significantly in availability over the past decade ([First Five Years Fund, 2020](#)). Key findings from the 2020 Wisconsin Early Care and Education Workforce study indicate a significant loss of family child care providers ([Wisconsin Early Childhood Association \[WECA\], 2021e](#)). Over the past five years, the number of family child care providers has dropped by nearly 25% ([WECA, 2021e](#)), which is especially problematic because in Wisconsin, a higher proportion of family child care providers are racially diverse, relative to providers at child care centers ([WECA, 2021e](#)).

## Gaps in Home Visiting Programs

In a needs assessment conducted in 2021, DCF and DHS found that 71% of families in priority communities with the highest levels of need are not receiving services from the FFHV program ([DCF & DHS, 2021](#)). In the recent Risk and Reach Analysis conducted by APL, families in one county with the highest overall risk level (Menominee) and six counties with a moderate overall risk level (Monroe, Richland, Price, Green, Iron, and Vernon) did not have access to FFHV programs ([APL, 2022](#)). The reach of FFHV was also low in Milwaukee County (6.2%) and in Rock County (8.7%), which have highest and moderate overall risk, respectively ([APL, 2022](#)).



In the FFHV 2020 Needs Assessment, 40% of FFHV programs reported having a waitlist and 20% reported that families wait 6–12 months to receive services ([DCF & DHS, 2021](#)). FFHV programs identified four barriers related to serving more families: lack of knowledge about the programs; funding/resources/capacity; stigma or misconceptions about home visiting, including families being concerned about having their children removed from their home; and staffing issues. Families also reported rural isolation or lack of transportation, mental health issues, and language and cultural needs as barriers to accessing FFHV programs ([DCF & DHS, 2021](#)).

## Gaps in Head Start Programming

In Wisconsin, 40,300 children ages three to five are currently living in extreme poverty. Head Start serves 29% of this population ([Wisconsin Head Start Association \[WHSA\], 2022](#)). In 2019, 31% of Wisconsin children ages three to five who were living in poverty had access to Head Start and 16% of children living in poverty from birth to age three had access to Early Head Start ([WHSA, 2020](#)). In 2019, Head Start and Early Head Start offered early childhood education services to 15,308 children through funded enrollment ([WHSA, 2020](#)). Of that total, 11,944 children ages three to five participated in Head Start Funded Enrollment, and 3,364 children ages three to four participated in Early Head Start Funded Enrollment (WHSA, 2020). In 2019, 7% of four-year-olds living in Wisconsin were enrolled in Head Start ([WHSA, 2020](#)).

In the recent Risk and Reach Analysis conducted by APL, seven counties with an overall moderate risk level (Vernon, Rock, Racine, Clark, Juneau, Green Lake, and Kenosha) had a smaller percentage of children participating in Head Start than the state average of 24.8% ([APL, 2022](#)). Milwaukee, with a highest overall risk level, had a participation rate of 20.9%, which is below the state average ([APL, 2022](#)). Similarly, Early Head Start Milwaukee County had a participation rate of 6.4%, which was below the state average of 7.5% ([APL, 2022](#)). One high-risk county (Forest) and three moderate-risk counties (Clark, Green Lake, Vernon) had no participation in Early Head Start ([APL, 2022](#)).

## Limited Child Care Options for Children with Special Needs

Families of children with special needs may experience additional challenges in accessing ECE programs for their children. In Wisconsin, families of children with disabilities are more likely to live below the federal

poverty level than families of children without disabilities (28% as compared with 16%), adding to challenges in being able to afford high-quality care for their children ([Survival Coalition of Wisconsin Disability Organizations \[SCWDO\], 2020](#)). Of family members of children with disabilities, 25% reported having to cut back on work hours or stop working to care for a child with a disability ([SCWDO, 2020](#)). Families in Wisconsin also report having difficulty navigating B-5 ECSS services and supports ([SCWDO, 2020](#)), which may lead to difficulty accessing child care and other ECE programs. In sum, families in Wisconsin experience issues related to accessing care for their children with special needs, namely finding a high-quality, affordable child care provider in their area who has the training and specialized equipment needed to serve their child.



**There were two daycare centers in a different network that I tried to get him in and both said no. It's just like we can't take [him] as soon as I said he uses a wheelchair. It's like no.**

**BLACK PARENT OF A CHILD WITH A DISABILITY**

## Limited Options for Families of Color

When considering access to care for all families in Wisconsin, access issues disproportionately impact families of color and are compounded for families experiencing poverty and housing and food insecurities, and/or lacking secure employment. Additionally, the current child care provider workforce is overwhelmingly White and does not reflect families' desire and need for racially and culturally diverse child care providers ([DCF & CCNS, 2021a](#)). Some Black child care providers report experiencing anti-Black racism when interacting with regulatory agency staff, technical assistance providers, and supervisors ([DCF & CCNS, 2021a](#)). Families also report experiencing anti-Black racism and have expressed concerns about the social-emotional and physical well-being of Black children within ECE spaces,

which are often composed primarily of White child care providers ([DCF & CCNS, 2021a](#)). These challenges combine to create barriers to access for families of color in Wisconsin.



**I think that being intentional and focused on diverse communities is going to be important. So being real intentional with what diversity looks like, and not solely from an ethnic standpoint, though that is also important, but also some of those other barriers both geographical, as well as those that have access to services and [those that] don't.**

STAKEHOLDER FROM A  
SCHOOL SERVING AMERICAN  
INDIAN STUDENTS

## Limited Affordable Options

Cost is the most universal barrier to child care ([Johnson-Staub, 2017](#)). Many families struggle to afford quality care, particularly single-parent families and families of color ([AECE, 2021](#)). Finding affordable child care is a challenge faced by families in many communities throughout Wisconsin and is not limited to urban or rural settings ([Wisconsin Policy Forum, 2019](#)). The average price of infant care in Wisconsin is \$12,567 per year, or \$1,047 per month ([AECE, 2021](#)), which is 49% of the average annual income among single parents in Wisconsin ([Wisconsin Women's Council, 2021](#)). The national recommendation is that child care should cost no more than 7% of a family's income ([Malik, 2019](#)). The Wisconsin Shares Child Care Subsidy program supports eligible families by funding a portion of the cost of child care while the parents are working or participating in an approved activity ([DCF, n.d.-s](#)). Statewide, the Wisconsin Shares program is serving approximately 36.7% of eligible families ([APL, 2022](#)). There are no wait lists for Wisconsin Shares;

all families who apply and are deemed eligible receive the subsidy benefit. In January 2022, the Wisconsin Shares subsidy rate was increased from 35% to 80% of the estimated cost of care, providing, on average, an additional \$190 per month for families ([DCF, 2021f](#)). This subsidy-rate increase is helping to make the cost of care more affordable for families in Wisconsin.

## Impact of COVID-19

The pandemic had a significant impact on ECE programs in Wisconsin, including declining enrollment and increased work intensity for child care providers, including making sure health and safety protocols were followed ([DCF, 2021j](#)). The average center-based program enrollment in Wisconsin dropped by 22% (average enrollment dropped from 59 to 46 children from before to after the beginning of the pandemic) ([DCF, 2021j](#)). Average family-based enrollment dropped by 17% (average enrollment dropped from 6 to 5 children from before to after the beginning of the pandemic) ([DCF, 2021j](#)). Counter to these trends in decreasing enrollment, demand for family-based programs spiked massively as families sought care in smaller environments during the pandemic. Enrollment varied by region, with programs in the southern and southeastern parts of the state reporting a higher impact on declining enrollment due to public health mandates ([DCF, 2021j](#)).

Other programs in Wisconsin, such as the FFHV program quickly pivoted during the pandemic by providing virtual home visits to families via phone or video call ([DCF, 2021d](#)). Home visitors were challenged to use various strategies for keeping families engaged in services and important tasks, such as completing time-sensitive assessments ([DCF, 2021d](#)). Challenges for families included lack of technology and internet, which created barriers to engagement in virtual home visits ([DCF, 2021d](#)). Pandemic-related barriers also created obstacles for families to attend preventive health care appointments, well-child visits, and other appointments ([DCF, 2021d](#)). Many of these impacts have yet to be seen, but there are immediate and significant concerns for Wisconsin's vulnerable or underserved children.

# Initiatives

*What initiatives do you currently have underway to ensure that high-quality care is available to vulnerable or underserved children and children in rural areas in your state/territory?*

Wisconsin has several initiatives underway to support the availability of high-quality care for vulnerable or underserved children, described below. In addition, Wisconsin has longer-standing programs and supports in place to increase availability of ECE programs in Wisconsin. For more information about programs and supports related to availability and access, refer to [Appendix G](#).

## Wisconsin Early Education Shared Services Network (WEESSN)

WEESSN is a network of family- and center-based ECE programs that works to ensure that high-quality early childhood education is available for all children in Wisconsin, including those who are vulnerable, underserved, or living in rural areas. WEESSN also helps participating programs share information and resources to improve programming, decrease operating costs, and save providers time ([WECA, 2021f](#)).

WEESSN addresses key child care access issues across the state ([Rural Health Information Hub, 2019](#)).

WEESSN started serving providers in January 2019 in Monroe and Vernon counties, which are both rural. In February 2022, the state allocated \$8.4 million in American Rescue Plan funds to continue and enhance WEESSN ([DCF, 2022c](#)).

## 53206 Early Care and Education Initiative

The [53206 Early Care and Education Initiative](#) is focused on improving access to and affordability of ECE programs in the 53206 ZIP code of Milwaukee ([DCF, 2022a](#)). In 2022, 95.1% of individuals living in this ZIP code were Black or African American, and 52.0% of households were single guardian ([UnitedStatesZipCodes.org, 2022](#)). In 2022, the median household income for the 53206 ZIP code was \$22,141; 54% of adults had no earnings ([UnitedStatesZipCodes.org, 2022](#)). In 2020, DCF identified this area as high in need for high-quality child care. The intention of the 53206 Initiative is to increase YoungStar ratings of child care programs in the area ([DCF, 2022a](#)). The program began as a temporary increase in Wisconsin Shares funding with the intention that the increased availability of funding to child care providers would directly impact the quality of care provided to the children receiving the subsidy ([DCF, 2022a](#)). The 53206 Initiative has since been extended through June 2023, with families receiving a monthly increase in their



**Our impoverished students, our students of color, and specifically our students who have language acquisition talents, in other words they're multilingual...I'm very worried that they're now floating to the bottom of the stack in early childhood and being classified as having a disability, because [teachers] just don't have the normal ability to sit with them and unlock those cultural gems that exist in any language learner and support them across both of their languages. Instead, it's kind of a crisis [and they] go to the back of the line, which is terrible...it is the definition of a system in distress.**

STATE AGENCY STAFF



subsidy of \$105 for children who are enrolled full-time and \$79 for children enrolled part-time (DCF, 2022a). The 53206 Initiative also provides access to a 12-credit Infant Toddler Credential at Milwaukee Area Technical College (MATC) and follow-up coaching support for providers and directors working in programs in the 53206 area to increase the quality of the child care environment. Twenty-two professionals have completed the program at MATC (DCF, 2022a). In addition, technical consultation and support are being provided by the agency 4C-For Children for 2-Star-rated child care programs in the 53206 area to increase the quality of their programs. Fifty-five programs have received this support (DCF, 2022a).

## Milwaukee Succeeds/ Milwaukee ECE Coalition

In the wake of the COVID-19 pandemic, Milwaukee Succeeds created the ECE Civic Response team in an effort to identify and respond to the needs of children and the early childhood community in Milwaukee (Milwaukee Succeeds, 2022b). The ECE Civic Response team grew into the [Milwaukee ECE Coalition](#), whose main priority is to expand access to high-quality, affordable ECE options for families of color in Milwaukee (Milwaukee Succeeds, 2021). Other goals include increasing recruitment, retention, compensation, and the professionalization of Milwaukee's ECE workforce (Milwaukee Succeeds, 2022a).

## Birth to 3 Innovation in Social-Emotional Development Grants

The Birth to 3 program awarded \$1.2 million to local Birth to 3 programs to support innovative efforts to improve outcomes for infants and toddlers with developmental delays or disabilities (DHS, 2020b). Grants were awarded to 15 local county Birth to 3 agencies to implement programs for addressing social-emotional needs; providing support for children who are enrolled in Birth to 3 because of abuse, neglect, or exploitation; benefiting overall family health; and aiming to reduce future involvement in the child welfare system (DHS, 2020b). Results from these programs will be used to inform statewide innovations in Birth to 3 programs to improve children's social-emotional outcomes (DHS, 2020b).

*What initiatives do you currently have in place to inform parents about what constitutes a high-quality child care center and how different centers match up in terms of quality?*

A variety of resources are available in Wisconsin to inform families about high-quality ECE programs. [Child Care Finder](#) is an online search engine that provides information and connects families to programs near them, including 4K, Head Start, Early Head Start, and child care (DCF, n.d.-a). Child Care Finder also includes YoungStar and child care regulation information. [Child Care Resource and Referral](#) (CCR&R) agencies are another resource available to connect families with a variety of community services, including licensed child care ([Supporting Families Together Association, 2022a](#)). [Family Resource Centers](#) (FRCs) provide tools to support healthy child development and link families with community-based resources, including evidence-based or evidence-informed programming ([Child Abuse & Neglect Prevention Board, n.d.](#)). See [Appendix E](#) for more information about these referral programs and resources.

*What initiatives do you have in place to promote and increase involvement by and engagement of parents and family members in the development and education of their children?*

## Ready4K

Ready4K is an evidence-based family engagement curriculum delivered via text messages and is available to school districts and Head Start and other state agencies ([Ready4K, 2022](#)). The Ready4K program provides age appropriate facts and tips aligned with state and Head Start learning standards starting when children are born (DCF, n.d.-1). The program is designed for easy accessibility for families in Wisconsin through the Ready4K website; each week, families receive facts and tips to promote children's development through building on family routines (DCF, n.d.-1). PDG funds assist with the following:

- providing the Ready4K curriculum in Wisconsin to families in multiple languages,
- developing customized messages with DCF to help families learn about ECE throughout communities in Wisconsin,
- conducting quarterly phone surveys with Wisconsin caregivers, and
- developing a dashboard for Wisconsin and programs such as Head Start to report the number of families and caregivers receiving support from the Ready 4K curriculum (DCF, n.d.-1).



*What specific initiatives are in place to address the needs of parents/families that meet their cultural and/or linguistic needs?*

## WIDA Early Years

WIDA Consortium is a national organization committed to research, design, and implementation of high-quality, standards-based systems for early childhood and K–12 multilingual learners (WIDA, 2022b). WIDA Early Years promotes equity for multilingual children in ECE settings (WIDA, 2022a). In May 2020, DCF collaborated with WIDA Early Years to provide support and resources for ECE professionals (e.g., free e-learning resources, online training models) in an effort to increase the number of ECE professionals trained to work with multilingual learners (DCF et al., 2021).

## The Parent/Caregiver Equity Advisory Cabinet (PCEAC)

This advisory cabinet is being formed to ensure that early childhood programs offered by the state are taking into account the daily needs of families and caregivers in Wisconsin (DCF, n.d.-k). Quarterly meetings are planned to begin in early 2022, at which members can share their voices, lived experiences, and community reflections, and also inform and provide feedback on services and policies in Wisconsin (DCF, n.d.-k). The PCEAC will be led by DCF and cochaired by cabinet members with support from advocacy organizations (DCF, n.d.-k).

## Governor’s Equity and Inclusion Advisory Council (GEIAC)

The GEIAC was formed to provide strategic guidance to the governor, lieutenant governor, and secretary of the Department of Administration in developing a framework to advance and promote diversity, equity, and inclusion practices throughout the state government (State of Wisconsin Council on Equity and Inclusion, n.d.-b). In 2021, Governor Evers announced 30 appointments to the GEIAC, including representatives from higher education, school districts, DCF, DHS, and others (State of Wisconsin Council on Equity and Inclusion, n.d.-a).

## Young Learners Tribal Language Revitalization Grants

In 2021, DPI and DCF awarded \$290,000 to Tribal Head Start and other tribal early childhood programs to support American Indian language revitalization (DCF, n.d.-c). These grants were funded by Wisconsin’s PDG B-5 to guide work in three areas: the transition from early care to elementary school, academic outcomes in early grades, and the reduction of opportunity gaps (DCF, n.d.-c).

## Future Considerations

*What do you see as your biggest need and opportunity in improving the quality and availability of care particularly for vulnerable or underserved children and those in rural areas?*

High-quality ECE programs have positive and lasting impacts on young children and have been shown to mitigate the effects of poverty, reducing disparities between lower- and higher-income children’s educational attainment and wages in adulthood (Bustamante et al., 2021). The greatest need in Wisconsin ECE is to increase the availability of affordable, high-quality care for children of color, children living in poverty, multilingual learners, children with disabilities, and children living in rural areas. Strategies for addressing this need include incorporating family voice and perspective, increasing funding to improve quality and availability, increasing ECE options that meet the needs of vulnerable or underserved families, reviewing the state’s QRIS for biases, and building and supporting the ECE workforce.

## Incorporate Family Voice and Perspective

Agency staff and stakeholders expressed a need for programs to continue gathering meaningful input about the lived experiences of families and their experiences accessing programs in Wisconsin. This feedback could be used to better understand how families define quality and what is important to them as they seek high-quality programs for their children. State agency staff also identified a need to create a system of care that meets both standards of evidence-based practice and reflects what families are seeking in high-quality programs.

## Increase Funding

State agency staff noted that program quality is often impacted by the availability of funding. Lawmakers in Wisconsin need to protect current programs and also expand programs that improve availability and affordability of quality care by increasing funding for Wisconsin Shares ([CSA, 2021](#)). Quality of programs can also be improved through innovative ideas, such as a tax credit for child care workers ([CSA, 2021](#)).

Additionally, the issue of sustaining changes made with the influx of funding from the COVID-19 pandemic may be of primary importance in maintaining gains in providing high-quality programs. Taking action now can result in both short- and long-term improvements in experiences for children and families in Wisconsin and strengthen the B-5 ECSS ([CSA, 2021](#)).

## Increase Access to ECE Programs that Meet Families' Needs

Even when programs are available in Wisconsin, many families—particularly vulnerable or underserved families—are often forced to select care based on convenience or affordability, rather than on quality. There is a need in Wisconsin for better access for all families and better support for families in accessing programs. Despite existing supports, more needs to be done in response to these challenges, as well as the pandemic's devastating impact. Systematic solutions are needed, including

- increasing broadband internet service across the state to ensure equal access to education and employment opportunities;
- supporting strong schools, and making sure they have the resources to safely educate children and address racial gaps in academic opportunity;
- improving access to child care for families with part-time and variable work schedules; and
- increasing investment in the child care industry and workforce ([Kids Forward, 2021](#)).

## Critically Review QRIS Standards for Systemic, Racial, Cultural, and

## Linguistic Biases

Nationwide, early childhood advocates have raised concerns about whether the QRIS is exacerbating inequalities ([Meek et al., 2020](#)). These concerns are consistent with an interest, identified by Wisconsin's state agency staff, in examining YoungStar through an equity lens. Additionally, research suggests that in addition to racial and cultural diversity, it is critical that ECE programs seeking equity also consider linguistic diversity ([WIDA Early Years, 2020](#)). Recommendations to promote equity and support multilingual learners and their families include

- developing intentional and explicit criteria, indicators, and examples of practice to support multilingual children and promote equity; and
- taking a systemic approach to supporting multilingual children and their families (i.e., professional development designed to develop competencies necessary for providing culturally and linguistically responsive care and instruction, and promoting equity within ECE programs) ([WIDA Early Years, 2020](#)).

## Build and Support the ECE Workforce

With its workforce at the core, ECE is deemed an important infrastructure critical to the optimal development of young children in Wisconsin ([WECA, 2021e](#)). ECE professionals are critical to the economic well-being of Wisconsin and to current and future generations of workers ([WECA, 2021e](#)). Workforce issues include a lack of professional respect, adequate pay, benefits, and diversity. Because of these issues, ECE programs are unable to retain their best workers, significantly impacting the quality and availability of programs in Wisconsin. In response to these challenges, public or public-private funding streams need to be established to increase pay and benefits for ECE providers and to support the economic stability of programs ([DCF et al., 2021](#)). There is also a need to enhance efforts to diversify the ECE workforce at all levels ([DCF et al., 2021](#)).





## V. Gaps in Data or Research to Support Collaboration



# V. Gaps in Data or Research to Support Collaboration

The questions from the federal guidance ([Administration for Children and Families \[ACF\], 2019, p. 4](#)) addressed in this domain include the following:

## **Focal Populations**

- *What are the strengths and weaknesses of the data you have available on [children who are vulnerable or underserved]?*

## **Number of Children Being Served and Awaiting Service**

- *What are the strengths and the weaknesses of the data you have available on children being served?*
- *What are your biggest data gaps or challenges in [describing the unduplicated number of children being served in existing programs]?*
- *What are your biggest data gaps or challenges in [describing the unduplicated number of children awaiting service in existing programs]?*
- *Are there any initiatives under way to improve [data on children being served and awaiting service]?*

## **Availability of ECE Programs**

- *What are the most important gaps in data or research about the programs and supports available to families and children? What challenges do these gaps present?*

## **Quality of ECE Programs**

- *What are the strengths and the weaknesses of the data you have available on quality?*

## Key Findings

- Wisconsin has a strong foundation of data assets that help state agency staff, researchers, and stakeholders understand vulnerable children, and participation of those children and their families, in the Birth to 5 (B-5) Early Childhood State System (ECSS).
- Wisconsin's Early Childhood Integrated Data System has allowed the state to produce its first unduplicated count of children and families participating in the B-5 ECSS.
- Data on race and ethnicity of program participants are limited. Increasing the availability of data on race and ethnicity would help programs better identify potential inequities in the B-5 ECSS.
- Developing a statewide system for monitoring child progress across developmental outcomes would provide a way to evaluate the impact of programs and services on children's development.

Accurate data are necessary for understanding child and family participation in Wisconsin’s B-5 Early Childhood State System (ECSS), for measuring progress toward important outcomes for children and families, and for identifying priorities for improvement of programs and services. This section describes data strengths, gaps, and initiatives in the areas of focal populations, number of children being served and awaiting service, availability of ECE programs, and quality of ECE programs.

## Focal Populations for the Grant

*What are the strengths and weaknesses of the data you have available on [children who are vulnerable or underserved]?*

### Strengths

Wisconsin has access to state and federal data (e.g., [IPUMS](#), [Kids Count Data Center](#)) that allow stakeholders to understand many characteristics of vulnerable or underserved children in Wisconsin, including children living in urban and rural areas, children living in poverty, and the intersection of these characteristics (e.g., children living in poverty in rural areas; see [Domain II](#) on focal populations). These data allow stakeholders to gain an understanding of vulnerable populations in Wisconsin.

### Weaknesses

A limitation of the data available for focal populations is that some data elements were not readily available when breaking the data down by multiple factors (e.g., ages 0–5 and poverty, or ages 0–5 and race), or data were not available for the 0–5-year-old population specifically.

- Data on language spoken at home by urban and rural areas of the state were only available for children ages 5–17.
- Child health data variables of interest (e.g., developmental screening, overall health status of mother, consistency of insurance coverage, food insufficiency) were available by race or poverty but only for ages 0–17 ([Child & Adolescent Health Measurement Initiative, n.d.](#)).
- Data on LGBTQA+ families (e.g., same-sex couple households) are limited; these data were first collected in the 2020 Census and do not include margin of error ([U.S. Census Bureau, 2021b](#)). For this reason, we did not report data for the 0–5-year-old population specifically.

- In this Needs Assessment report, we primarily relied on data for children ages 0–4, rather than children ages 0–5, since most data elements of interest were not available for the 0–5 age group. Reporting data for children ages 0–4 allowed for more consistency in reporting of data across variables.

## Number of Children Being Served and Awaiting Service

Wisconsin has a variety of data assets that allow stakeholders to understand how many children are being served in Wisconsin’s B-5 ECSS programs, both in terms of duplicated and unduplicated counts across programs. The data also allow for an understanding of the characteristics of children served within these programs, and in some instances, an estimate of the number of children who are eligible but not receiving services (see [Domain III](#) for a description of children being served and awaiting service).

*What are the strengths and the weaknesses of the data you have available on children being served?*

### Strengths

The state has multiple data assets that assist state agency staff, researchers, and policy makers in understanding program participation within individual core ECE programs and across programs. Wisconsin has two primary integrated data assets, the Early Childhood Integrated Data System (ECIDS) and the Wisconsin Administrative Data Core (WADC). Both of these data assets allow researchers in Wisconsin to answer questions about cross-program participation in the B-5 ECSS.

### ECIDS

The ECIDS includes data for children and adults participating in programs administered by DHS, DPI, and DCF ([DPI, n.d.-cc](#)). This system allows the state to calculate unduplicated counts for many programs within the B-5 ECSS. For more information about the ECIDS, see [Domain III](#). Also see [Appendix C](#) for a description of ECIDS data elements.

### WADC

The WADC is a data resource maintained by the Institute for Research on Poverty (IRP) at UW-Madison.

The WADC brings together data from multiple agencies, including DPI, DHS, DCF, the Department of Corrections, and the Department of Workforce Development. Data from the WADC can be used for research and evaluation across programs and outcomes to support evidence-based policy making ([UW-Madison Institute for Research on Poverty \[IRP\], 2022b](#)).

Each agency also has internal data systems that house information about their programs and services, as well as public-facing data dashboards and reports. It should be noted that this is not an exhaustive list; this list highlights data on ECE program participation.

### DPI's WISEdata

WISEdata is a data collection system that allows local school districts, charter schools, and private schools to submit data to DPI that are required for state and federal reporting ([DPI, n.d.-ee](#)). WISEdata eliminates duplication of data reporting tools by providing one statewide system for data reporting and allows for more effective use of data for instructional decision making at the school and classroom levels ([DPI, n.d.-cc](#)).

### DPI's WISEdash Public Portal

DPI's public-facing data system, [WISEdash](#), allows users to view data on digital equity, Every Student Succeeds Act student performance, student engagement (e.g., attendance, discipline), state tests, graduation rates, and school information (e.g., finance, school staff; [DPI, n.d.-dd](#)). Users can view data specifically for children in Three-Year-Old Kindergarten (3K), Four-Year-Old Kindergarten (4K), prekindergarten, and kindergarten. In addition to viewing data by grade level, users may view data by demographic categories, including disability status, economic status, English-learner status, migrant status, and race and ethnicity. Data can be viewed for the entire state or for specific school districts.

### DPI's School District Profiles

DPI maintains district profiles for children receiving Early Childhood Special Education (ECSE) services ([DPI, n.d.-x](#)), including data on these federal indicators: the preschool educational environment or the percent of children with an Individualized Education Program being served in regular early childhood programs (Indicator 6), preschool outcomes in positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behavior to meet their needs (Indicator 7). These data are contained in DPI's WISEdata system.

### DHS's Program Participation System

DHS's Program Participation System houses data for children and families served in the Birth to 3 program ([DHS, 2022h](#)). This data system includes intake data for all referrals, compliance data, federally required child outcome data, and transition data for children exiting county Birth to 3 programs.

### DHS Data Dashboards

DHS publishes several public-facing data dashboards and summary statistics on many programs, including data on BadgerCare enrollment, Birth to 3 county performance, FoodShare enrollment, immunizations, and mental health services ([DHS, 2020a](#)).

### DCF's Data Systems

DCF has robust internal systems that house data for DCF programs. Public-facing data and reports are available on the [DCF website](#) for YoungStar, Wisconsin Shares Child Care Subsidy, child care licensing, and Family Foundations Home Visiting (FFHV).

### DCF's PDG Research Sandbox

DCF has developed a series of public-facing data dashboards to allow ECE professionals, community leaders, and policy makers to explore B-5 ECSS data ([DCF, n.d.-n](#)). Three dashboards are available that provide the following:

- Regional- and county-level data on health, employment, education, and poverty
- County-level data on child care access, affordability, quality, and workforce
- Program-level data on Child Care Counts COVID-19 Stabilization Payments

### DCF's Longitudinal Information for Family Touchpoints

Data for the ECE programs described above, and data for other support programs (e.g., Child Support, W-2, Out-of-Home Care) are available to researchers at DCF through the agency's Longitudinal Information for Family Touchpoints data dashboard ([DCF, 2020a](#)).

### Head Start Data

Head Start data are housed individually by each Head Start grantee. In a 2015 survey of Head Start grantees, 40.74% of respondents reported using data on a daily basis and 33.33% on a monthly basis to make programmatic decisions (Head Start Collaboration Office, 2015).



## Weaknesses

Weaknesses related to the data on children and families served include a lack of data on the race and ethnicity of program participants, difficulties related to data sharing across agencies, and variable reporting of data at the local level.

### Lack of Data Variables on Race and Ethnicity

For some programs (e.g., Wisconsin Shares), families are not required to report race and ethnicity data, which are important for understanding access to B-5 ECSS programs and inequities in participation in programs across racial and ethnic groups. State agency staff and stakeholders also noted limited or incomplete data on tribal populations and multilingual learners.



**If we don't address racism and racial equity, we're creating a system where only some people in Wisconsin are able to thrive, and that's not right.**

STAKEHOLDER FROM A  
STATEWIDE ADVOCACY  
ORGANIZATION

### Data Sharing and Integration

Given that programs are housed within different agencies across the B-5 ECSS, and that each agency has different data systems, an overarching challenge is bringing data together from each ECE program to understand participation in the B-5 ECSS. Data-sharing agreements are required before sharing of program data can occur. Different definitions (e.g., rural versus urban) across agencies lead to data being collected or analyzed in different ways.

### Variable Reporting

State agency staff noted that there is variable reporting at the local level due to local control of programs like Birth to 3, ECSE, and 4K. This local variation leads to lack of consistency across data collected in programs across counties and school

districts. For example, not all variables are required to be entered by workers, and some agencies may enter more detailed data than others regarding service delivery (e.g., may not be clear if interpreter services for multilingual families were used or if services were delivered in the family's primary language).

*What are your biggest data gaps or challenges in [describing the unduplicated number of children being served in existing programs]?*

The ECIDS is a valuable integrated data asset in determining unduplicated counts; however, it is currently complex and difficult to use. This creates a significant challenge in developing unduplicated counts of children across programs in a timely way. The ECIDS does not include Head Start data, so program participation for this key ECE program is missing from unduplicated counts. In addition, there is a lack of persistent participant ID numbers in ECIDS, which prevents research from being conducted over time using ECIDS datasets from multiple data requests.

*What are your biggest data gaps or challenges in [describing the unduplicated number of children awaiting service in existing programs]?*

The core ECE programs in the state do not have waiting lists, making it impossible to know how many children are awaiting service. Therefore, most programs do not have data on the number of children awaiting service.

*Are there any initiatives under way to improve data on children being served and awaiting service?*

DCF, DPI, and DHS continue to partner to improve the utility of the ECIDS. Current initiatives include Head Start data integration and the development of a data dashboard. The ECIDS data dashboard will allow users to view unduplicated count data for children ages 0–5 in Wisconsin who are participating in programs that have data integrated into the ECIDS. There is also an initiative underway to allow for persistent IDs across



**The work we're doing around integrated data I think really holds a lot of promise for coordinating better.**

STATE AGENCY STAFF

data requests, which would allow researchers to analyze child and family data over time (DCF, 2020a).

DHS currently has an equity work group that is analyzing Birth to 3 program activities by demographic information, including access, eligibility, transition, services, complaints, grievances, and child outcomes.

DCF has developed a Risk and Reach Analysis data dashboard that provides an integrated way to view program participation alongside risk factors like poverty, low birth weight, and child care cost burden. A strength of the Risk and Reach Analysis is that it includes data for multiple programs in the B-5 ECSS (e.g., Birth to 3, 4K, Wisconsin FoodShare [SNAP\*]) and risk factors (e.g., poverty, uninsured children, substantiated child maltreatment), which allows for an exploration of the reach of programs serving children ages 0–5 in counties across the state.

DCF is partnering with IRP at UW-Madison to identify ways to measure the impact of PDG activities through the state’s Program Performance Evaluation Plan (PPEP) (IRP, 2021b). The PPEP includes potential measures and indicators (e.g., availability of services, take-up of services) that will help the state better understand participation in programs. The PPEP also includes an analysis of existing data sources; potential data analyses; and assumptions, constraints, and risks. This ongoing process will help the state improve data on children being served and awaiting service.

\*Supplemental Nutrition Assistance Program

## Availability of ECE Programs

*What are the most important gaps in data or research about the programs and supports available to families and children? What challenges do these gaps present?*

There are several gaps related to availability of ECE programs:

- There is no single system showing availability of slots across core ECE programs (e.g., regulated child care, Head Start, 4K).
- Enrollment data are available for 4K and 3K programs; however, there are no data on characteristics of these programs, such as whether or not programs are offered in full- or half-day formats (DCF et al., 2021).
- Enrollment data are not available for child care programs; instead, licensed capacity is used to

estimate enrollment. However, capacity data are not available by age group, such as capacity for infants and toddlers (IRP, 2022a).

- Data on unregulated (legal or illegal) child care programs are not available (IRP, 2022a).
- Data on availability of ECE programs outside of child care are limited (IRP, 2021b).
- Data on family satisfaction, knowledge of ECE programs, or engagement in ECE programs are not available (IRP, 2021b).

These limitations create challenges for researchers and stakeholders in determining the true availability of ECE programs in the state. This also creates challenges for families who may have difficulty knowing what options are available in their local area.



**When we talk about access, we want to think more holistically about available spots for kids.**

STATE AGENCY STAFF

## Quality of ECE Programs

*What are the strengths and the weaknesses of the data you have available on quality?*

### Strengths

The state has a wealth of data related to child care quality, which is measured using Wisconsin’s Quality Rating and Improvement System, YoungStar. DCF has a robust internal data system that includes detailed data elements related to the quality of each child care program that are analyzed by program staff. The YoungStar program posts public-facing monthly data summaries that include data on the number of programs rated at each Star level, Star-level ratings by region, Wisconsin Shares authorizations by Star level, number of programs with high-quality practices (e.g., program uses a developmental screener, staff have Strengthening Families training), and number of partnerships (e.g., 4K and Head Start collaborations; DCF, 2022e).

Other programs in the ECE system measure quality using their own metrics and have data available on the quality of their programs. See [Appendix E](#) for a description of how 4K, Birth to 3, ECSE, FFHV, and Head Start measure quality. Programs serving young children with disabilities (e.g., Birth to 3 and ECSE) and FFHV measure quality according to required federal indicators. Head Start programs are required to meet measures of quality within the Head Start Program Performance Standards ([ACF, 2021](#)).

Wisconsin also has data available on the ECE workforce. The Wisconsin Registry houses data on the education and training of members of the ECE workforce, including licensed child care providers and those working in YoungStar-rated programs to inform public policy and advocacy efforts to support the workforce ([Wisconsin Registry, 2022](#)). Data on the number of licensed teachers in Wisconsin school districts are available on WISEDash as part of the Public All Staff Report ([DPI, n.d.-v](#)).

## Weaknesses

Weaknesses in the data on quality include a lack of data on suspension and expulsion, lack of a statewide measure of developmental outcomes or kindergarten readiness, inconsistent data on quality across ECE programs, and lack of data on the workforce outside of child care.

### Lack of Data on Suspension and Expulsion

State agency staff expressed that data on suspension and expulsion are often underreported. In addition, there is no systematic statewide data collection system for understanding preschool suspension and expulsion (IRP, 2022). Given the high rate of suspension and expulsion in early childhood, and the disproportionate suspension and expulsion of Black boys, accurate data on this issue are essential for addressing this inequity ([James & Iruka, 2018](#)).

### No Statewide Measure of Developmental Outcomes or Kindergarten Readiness

Core ECE programs use different assessment tools to measure child progress and there is no statewide measurement system to document children's developmental outcomes or readiness for kindergarten. This makes it difficult to assess the impact of programs on children's development and well-being.

- **4K.** School districts are required to screen children for reading readiness annually in

4K through second grade ([DPI, n.d.-g](#)). In 4K programs, decisions about which screening tools and assessments are used, and how they are used to measure child progress, are made at the local (i.e., school district, school, or classroom) level. There are no statewide data on early childhood assessment or screening for children enrolled in 4K programs.

- **Head Start.** In Wisconsin, Head Start programs use 12 different assessments of child progress, with 70% of programs using Teaching Strategies Gold ([Teaching Strategies, 2022](#)). In addition, 85% of Head Start programs use the Ages and Stages Questionnaires-3 (ASQ-3) (Squires & Bricker, 2009) to screen children ([Wisconsin Head Start Association, 2020](#)).
- **Child Care.** There are no statewide screening or assessment data for children enrolled in child care programs. Programs participating in YoungStar do have requirements for assessment. For example, group child care programs participating in YoungStar are required to administer a formal assessment tool at least twice per year to meet High-Quality Practice 3: Intentional Planning to Meet Child Outcomes ([DCF, 2021m](#)).
- **FFHV.** As part of the performance outcome measures for the Maternal, Infant, and Early Childhood Home Visiting program, FFHV programs are required to administer a parent-completed developmental screening tool and to





report the percent of children who were screened in a timely manner (DCF, n.d.-j). In 2019, the percentage of children who were rescreened with the ASQ-3 within 90 days when recommended increased from 22% to 42% between 2018 and 2019 (DCF, 2019b).

### **Inconsistent Data on Quality Across Core ECE Programs**

As described above, each program conceptualizes and measures quality differently. This leads to a lack of consistent or comparable data related to the quality of different ECE programs. In addition, data on quality are not available at the state level for all programs. For example, given that oversight of 4K programs occurs at the local level, there are no required statewide measures of program or classroom quality and thus no state-level data on quality.

### **Incomplete Data on ECE Workforce**

Wisconsin's data on the ECE workforce is limited and is primarily focused on child care provider data included in the Wisconsin Registry. In addition, participation in the Wisconsin Registry is voluntary, and data for many providers are not updated regularly (IRP, 2022). An additional limitation is that data on pay and benefits for child care providers are obtained primarily through surveys (IRP, 2022).

## **Future Considerations**

Addressing the following primary data gaps would increase our understanding of the availability and quality of programs and services within the B-5 ECSS, who is (and is not) participating in these programs and services, and help programs accurately measure children's progress on key outcomes and indicators.

### **Improved Data to Address Racial Inequities**

Lack of access to consistent race and ethnicity data elements across programs is a barrier to understanding enrollment patterns, which is important for addressing equity and access issues. In addition, suspension and expulsion data elements are needed to better understand and reduce these practices in ECE settings. Elevating lived experiences and voices of families in research and evaluation is also important in addressing racial inequities in the B-5 ECSS.

### **Improved Data on Availability and Enrollment Across Core ECE Programs**

Increased collaboration is needed across agencies and programs in the B-5 ECSS at the state and local levels to promote data sharing and increase the state's ability to think holistically across core ECE programs that serve children. For example, with better data about cross-programmatic availability and enrollment, agencies could consider how many ECE programming options (i.e., 4K, FFHV, Head Start, ECSE, Birth to 3, etc.) are available to children and families rather than only considering open slots in one program. A particular issue in child care is that data are only available for capacity, which does not allow for an understanding of current enrollment and available slots in child care programs.

### **A Statewide System with Data on Developmental Outcomes**

Statewide data on children's development (e.g., screening data, data on kindergarten readiness) would provide important indicators of children's growth and development for a better understanding of how the B-5 ECSS is meeting one of its key goals of promoting children's development. In addition, statewide data on children's development would allow for measuring the impacts of programs and services on important developmental outcomes. Data on developmental outcomes may be particularly important given the COVID-19 pandemic and children's limited social and educational opportunities over the last two years. In gathering data for this report, state agency staff and stakeholders expressed concerns about the effects of the COVID-19 pandemic on children's development and well-being.

### **Improved Utility of the ECIDS**

The data in the ECIDS would be more useful to state agency staff if the data were more easily accessible for research purposes. Removing barriers to using the ECIDS and integrating Head Start data in the ECIDS are two key opportunities for providing more robust data on the B-5 ECSS.





## **VI. Quality and Availability of Programs and Supports**



# VI. Quality and Availability of Programs and Supports

This section addresses the following questions from the federal needs assessment guidance ([Administration for Children and Families, 2019, p. 5](#)):

- *What programs or supports do you have available that help connect children to appropriate, high-quality care and education? What works well about these programs or supports? What could work better?*
- *What programs or supports do you have in place to make sure that children of parents who are employed, looking for work, or in training are able to access child care that is compatible with their employment or training situation? What works well about these programs or supports? What could work better?*
- *What programs and supports do you have available to identify children who are developmentally delayed and connect them to services? How effective is the connection between these programs and supports and your early care and education system?*
- *What programs or supports do you have available that help ensure that early care and education settings are helping vulnerable or underserved children access needed support services such as health care, food assistance, housing support, and economic assistance? What works well about these programs or supports? What could work better?*
- *What programs and supports do you have available to support children who are non-English speaking or reflect different cultures that connect them to services?*
- *What programs or supports do you have available that help ensure that early care and education settings are able to connect families in crisis to needed programs or services (e.g., family violence programs, emergency economic assistance, mental health care, substance abuse treatment)? What works well about these programs or supports? What could work better?*

Families served by the B-5 Early Childhood State System (ECSS) in Wisconsin have access to a variety of state, regional, and local support systems, which are highlighted below and throughout the document.

## Current Programs and Supports Available to Connect Children to Appropriate, High-Quality Care and Education

*What programs or supports do you have available that help connect children to appropriate, high-quality care and education?*

Wisconsin provides a variety of resources and services to help young children and their families find ECE opportunities and services. Wisconsin's main programs or supports for connecting young children and families to ECE opportunities and services are the Child Care

Finder website and Child Care Resource and Referral (CCR&R) agencies.

**Child Care Finder** is an extensive online search system that connects families with child care programs that meet their individual needs and preferences based on location and care setting characteristics. The Child Care Finder website is mobile-friendly and up-to-date regarding child care regulation, information on YoungStar participation and quality ratings, and regulatory monitoring results. The system provides families with multiple ways of searching for programs, such as by name, location (within a desired distance of an address), type of child care, and YoungStar rating, as well as numerous search filters to narrow providers by languages offered, nighttime or weekend care, and infant care. The system also includes information on other ECE programming, including Four-Year-Old Kindergarten, Head Start, and Early Head Start.

**Child Care Resource and Referral Agencies (CCR&Rs)** are another resource that Wisconsin families can access to find local, licensed child care and other community resources. The Supporting Families



Together Association acts as a membership association for the state’s CCR&Rs and Family Resource Centers (FRCs), and is charged with maintaining a statewide list of participating agencies.

See [Appendix D, Table D1](#) for more information about these programs.

## Strengths

*What works well about these programs or supports?*

### Comprehensive Network of Referral Agencies

The CCR&Rs in Wisconsin, along with the comprehensive system of supports that they provide, create a strong system for connecting families across the state to high-quality ECE programs. There are 10 CCR&Rs in Wisconsin, divided into eight regions of the state ([Supporting Families Together Association, 2021](#)).

### Partnerships Between Community Organizations and High-Quality ECE Programs

Another strength in the area of connecting families with high-quality ECE is the partnerships between community organizations and the high-quality programs that help to promote access and quality for families.

- For example, Milwaukee Succeeds is a local collective impact partnership in Milwaukee that also facilitates the Milwaukee ECE Coalition, which is made up of center- and family-based child care providers; organizations that support early educators; and families, philanthropies, government entities, and mental health experts. Their goals include expanding access to high-quality, affordable ECE for Milwaukee’s Black and Brown families.
- Another example highlights the benefits of partnerships with community organizations such as the [Forward Service Corporation](#), which operates in 49 of Wisconsin’s 72 counties and provides services for disadvantaged populations by providing employment services (e.g., [Wisconsin Works \[W-2\]](#)), education, and family support services. The [Forward Service Corporation](#) contracts with local, county-level agencies and employers to provide communities with support services, workforce training and support, transportation needs, and financial help ([Forward Service Corporation, n.d.](#)). Other organizations that support families in similar ways include

[Workforce Resource, Inc. \(n.d.\)](#), a private nonprofit corporation operating in 19 northwestern Wisconsin counties, and [Workforce Connections, Inc. \(2010\)](#), a nonprofit organization that partners with the [Job Centers of Wisconsin](#) and operates in eight of Wisconsin’s far western counties ([Workforce Connections, 2010](#)).

## Challenges, Barriers, and Needs

*What could work better?*

### Limited Search Options in Child Care Finder

While the resources within the Child Care Finder website are extensive, families may have difficulty finding high-quality care in the areas of multilingual programming, inclusion for children with disabilities, and social-emotional programming. To help rectify this barrier to access for all families, Wisconsin has initiated a “badge” process in which child care programs can earn badges for proficiency and educational background in various areas in which they wish to demonstrate competency to families. The first of these badges will be available for programs by 2022–2023 and will include the Inclusion and Social-Emotional Excellence badges. Programs will be



**So, we do have a strong early care and education [system] on the child care side. That is a strength in Wisconsin. But I think we often forget then, that not every kid is in child care. And child care doesn’t have the capacity to support all [of] the family as a whole. So, while we have a strong system, there’s a lot of growth we can do.**

STAKEHOLDER FROM A  
STATEWIDE ADVOCACY  
ORGANIZATION

required to meet both educational and observational components before the badge will be awarded.

## Limited Support for Families Not Accessing Child Care

State agency staff noted that there is not enough emphasis on support for families with children under age five who are not enrolled in child care. It is challenging for families to find services if they are not using child care as a source for connection to other support programs. Additionally, even when families are accessing child care, most child care centers do not have the capacity to support the family as a whole, leaving opportunities for growth in serving this population.

## Current Programs and Supports to Ensure Access to Child Care that Is Compatible with Families' Employment or Training Situation

*What programs or supports do you have in place to make sure that children of parents who are employed, looking for work, or in training are able to access child care that is compatible with their employment or training situation?*

The Wisconsin Shares Child Care Subsidy Program and Wisconsin Works (W-2) program support parents who are employed, looking for work, or in training in accessing child care to support their employment or job training efforts.

- [Wisconsin Shares](#) provides financial support for families by funding a portion of the cost of child care while families are working or participating in other approved activities (e.g., school or job training, [W-2](#)) ([DCF, n.d.-s](#)).
- Effective January 1, 2022, Wisconsin Shares instituted a rate increase that raises the subsidy from covering 35% to 80% of the estimated cost of child care for families. This increase is expected to impact 98% of all families—including more than 28,000 children—utilizing Wisconsin Shares, with an average increase in subsidy of \$190 per month ([DCF, 2021f](#)). The rate increase also removed the 1% reduction penalty charged for families utilizing 2-Star YoungStar child care programs ([DCF, 2022f](#)).

- [The W-2 program](#) provides employment preparation services, case management, and cash assistance to low-income parents and pregnant women ([DCF, n.d.-v](#)). In 2021, W-2 handled 13,230 cases ([DCF, 2022h](#)).
- Two additional employment support programs include [Transform Milwaukee Jobs \(TMJ\)](#) ([DCF, n.d.-p](#)) and [Transitional Jobs \(TJ\)](#) ([DCF, n.d.-q](#)). TMJ offers jobs to unemployed low-income adults in Milwaukee. TJ offers jobs to unemployed, low-income adults, including noncustodial parents living in specific areas of the state. See [Appendix D, Table D2](#), for more information about these and other economic support programs.

## Strengths

*What works well about these programs or supports?*

### Many Families Are Eligible for Wisconsin Shares

The Wisconsin Shares program is available to a relatively wide range of families living in poverty. Families qualify for the program at 185% of the federal poverty level (FPL) ([DCF, n.d.-m](#)), which is higher than in some other states, which might require a family to be at 100% FPL, for example. This allows more families to qualify for the program in Wisconsin.

### No Waitlist for Wisconsin Shares

Another strength of the program is that Wisconsin Shares has never had a waitlist—all families who apply and qualify are able to receive this benefit ([Wisconsin Council on Children and Families, 2016](#)).

### Increased Reimbursement Rates for Wisconsin Shares

In addition, reimbursement rates have increased over the last several years with a substantial increase in 2022 ([DCF, 2021f](#)). Emergency funding during the COVID-19 pandemic has provided an additional infusion of supports for families and child care providers, including for families and child care providers in the 53206 ZIP code in Milwaukee. The program also provides increased reimbursement rates for children with special needs.

### W-2 Provides Connections to Other Support Services

A strength of the W-2 program is that, in addition to its core employment services, W-2 connects families to a wide variety of services, including the Wisconsin Shares

program, so that those who are eligible can receive assistance in paying for child care while they work.

## Challenges, Barriers, and Needs

*What could work better?*

### Barriers Related to Accessing Wisconsin Shares

Although families report the Wisconsin Shares program to be beneficial because it allows them to work, families also report that the application process is a barrier to using the program.



**[Wisconsin] Shares was useful, very useful, because both of my children were able to go to the daycare centers and it allowed me to work. So, the actual benefit itself? Very useful. The process to get it? Very degrading.**

BLACK CAREGIVER OF A  
CHILD WITH A DISABILITY FROM  
SOUTH-CENTRAL WISCONSIN

An additional barrier is that families need to enroll their child in a YoungStar program rated 2 Stars or higher in order to receive Wisconsin Shares. Given the issues with child care access in Wisconsin, this presents a real barrier to families who are seeking assistance in paying for child care, especially when a family would prefer to utilize their local neighborhood child care center although is not YoungStar rated.

Participation in Wisconsin Shares has declined between 2008 and 2018, with the greatest declines among children under age two, those using certified care, and those residing in rural counties ([Institute for Research on Poverty, 2021a](#)). Take-up of Wisconsin Shares is relatively low, with rates of participation particularly low among White, Asian and Pacific Islander, and Native American children ([Kids Forward, 2020](#)). The Wisconsin Shares program has higher rates of participation among African American families

relative to those of other racial or ethnic groups ([Kids Forward, 2020](#)). However, these conclusions should be interpreted cautiously given the limitations of race and ethnicity data for the Wisconsin Shares program (see data gaps discussion in [Domain V](#)). To increase take-up of Wisconsin Shares, it will be important to continue to understand why families are not using Wisconsin Shares (e.g., application process is too difficult; they are using family, friend, and neighbor care; can't find YoungStar-rated care) and then directly address those issues that are preventing families from accessing Wisconsin Shares.

### Lack of Education and Job Training in W-2

A challenge described in the kickoff meetings regarding W-2 is a lack of education and job training for W-2 participants, particularly in areas of the state outside of Milwaukee, compared with opportunities available in previous years. An additional challenge is that many participants are single mothers with very young children (under age two), which creates a challenge in finding high-quality child care, given the limited availability of infant and toddler care in Wisconsin.



**Most of our [W-2] participants are single mothers who if they want to go to work or do some activities required by the programs, they have to have child care for their infant kids or older kids. And they are by themselves and they have to take some help, other help. When we look at our demographics, at least half of the participants have [a] very, very young child under the age of two.**

STATE AGENCY STAFF





**The chasm of need is greater than  
all of the resources, unfortunately.**

STAKEHOLDER FROM A  
NONPROFIT AGENCY IN  
SOUTHEASTERN WISCONSIN



## Initiatives

### Parent/Caregiver Equity Advisory Cabinet

DCF is developing a [Parent/Caregiver Equity Advisory Cabinet \(PCEAC\)](#) to ensure that the lived experiences of families of children from birth to age five and their caregivers are reflected in the state’s early childhood programs, policies, and services, including Wisconsin Shares. This cabinet group will include 10–12 parents/caregivers and will meet quarterly.

### 53206 Initiative

Governor Evers’s 53206 Early Care and Education Initiative, which began in February 2020 and is slated to continue through June 2023, provides a temporary increase in Wisconsin Shares subsidy amounts to help families living in the 53206 ZIP code of Milwaukee access higher-quality child care ([DCF, 2022a](#)). The program provides a \$105 subsidy increase for full-time or \$79 for part-time care to help reduce the “parent share” of child care not covered by the Wisconsin Shares subsidy. The rate increase is also intended to provide financial assistance to child care providers in the 53206 ZIP code for improving their facilities and engaging in professional development to increase their YoungStar ratings and provide higher-quality care to families.

### The Workforce Innovation Grant Program

[The Workforce Innovation Grant Program](#) is facilitated through a partnership between the Wisconsin Economic Development Corporation and the Department of Workforce Development. The grant’s purpose is to assist Wisconsin’s regions in addressing their most critical workforce difficulties by financially supporting regional organizations’ collaborative, sustainable, and creative pandemic-recovery programs. The initiative awards regional organizations up to \$10 million in funding grants to assist them with building and implementing creative solutions to address the workforce difficulties that the COVID-19 pandemic has created in their regions. This initiative promotes the creation of cutting-edge, long-term solutions that help businesses find employees and empower those employees to better prepare for and connect to family-supporting occupations in their communities ([Wisconsin Economic Development Corporation, 2022](#)).

## Current Programs and Supports Available to Identify Children Who Are Developmentally Delayed and Connect Them to Services

*What programs and supports do you have available to identify children who are developmentally delayed and connect them to services?*

While Wisconsin’s B-5 ECSS has multiple avenues for identifying children who are developmentally delayed and connecting them to services—including early intervention service coordination and the Family Foundations Home Visiting (FFHV) program—the primary method for identifying children with a developmental delay or diagnosed disability is through the Wisconsin Child Find System ([DPI, n.d.-h](#)). Child Find is a requirement of the Individuals with Disabilities Education Act (IDEA) to locate, identify, and refer all young children with disabilities and their families to Birth to 3 or Early Childhood Special Education (ECSE) services ([DPI, n.d.-h](#)). This program includes a statewide coordinated effort to identify children with delays and disabilities through public awareness activities, developmental screening, and evaluation for Birth to 3 ([DHS, 2021b](#)) and ECSE ([DPI, n.d.-h](#)) services. Strong relationships among community organizations within the B-5 ECSS are the most effective way to identify children with disabilities ([DPI, n.d.-h](#)). The FFHV program also conducts developmental screenings with families and makes referrals to Birth to 3 programs when concerns arise during the screening process ([DCF, 2021c](#)). Health care providers also conduct developmental screenings as part of well-child visits, another important way to identify children who are experiencing a delay or disability ([Children’s Health Alliance of Wisconsin \[CHAW\], n.d.](#)).

*How effective is the connection between these programs and supports and your early care and education system?*

DCF contracts with CCR&R agencies to provide information and resources to families, as well as professional development for child care providers about making referrals for developmental screening. CCR&Rs provide families with information on developmental screening, including sharing

information about the [Well Badger Resource Center](#), where families can make requests for screening. CCR&Rs also provide families with information about Birth to 3 and ECSE programs ([DCF et al., 2021](#)). Many of these organizations are colocated with FRCs. Information and resources are shared between the offices and, if a family identifies a need for services for a child with special needs, the referral will be made to appropriate services in the community (Birth to 3, the public school, etc.). Finally, several CCR&R organizations in Wisconsin operate as direct service providers for Wisconsin's Birth to 3 programs.

## Strengths

### Lived Experience of Birth to 3 Service Coordinators

Some service coordinators in the Birth to 3 program have participated in support programs themselves. This lived experience is a strength that has benefited families as they navigate support programs within the B-5 ECSS.

### Professional Knowledge, Skills, and Awareness

There is consensus among many stakeholders that increased professional development and training has resulted in improvements in the areas of screening, assessment, and awareness of the importance of early intervention. Specifically, providers are more knowledgeable about the importance of early intervention, available screening tools, and the need for early identification to connect families and their children with needed supports as early as possible. In addition, the Wisconsin Medical Home Initiative offers training to health care providers on screening tools for developmental delays and autism spectrum disorders ([CHAW, n.d.](#)).

## Challenges, Barriers, and Needs

### Declining Enrollment Due to COVID-19

The pandemic has caused a decline in children enrolling in early intervention (Birth to 3). In response to this challenge, DHS has developed statewide Child Find materials ([DHS, 2022f](#)).



**We work with a lot of different health care systems that have done a rollout of implementing the ASQ-3 [Ages & Stages Questionnaires, third edition] developmental screening tool and I do think that there is, across the state, that there's this awareness....Often times there [are] champions at clinics that are really trying to do this work...It's been amazing to connect with different providers who are those champions, who are advocating for change.**

STAKEHOLDER FROM A  
STATEWIDE HEALTH CARE  
ORGANIZATION

**We've always known we needed to lean in a little further to supporting a statewide Child Find foundation....At the onset of the pandemic, when we saw such a significant dip in kids enrolling in Birth to 3, we increased our attention and developed statewide standardized Child Find materials that could be just rinsed and repeated across the whole state, [to] involve not only programs, but referral sources and families and other partners and stakeholders, to sort of elevate the awareness of the First 1,000 Days campaign.**

STATE AGENCY STAFF



## Need to Support Families as They Learn About Their Child’s Disability

Families who are receiving information about their child potentially having a developmental delay or disability need support as they process their child’s diagnosis and access additional supports and services. Agencies can support families by developing strong relationships within the community to facilitate smooth transitions between agencies following referrals for Birth to 3 or ECSE services. This requires focused attention, specific strategies, and professional development within community agencies to help bolster communication among agencies.



**I believe that families are just extremely overwhelmed. I think it’s really difficult for families to hear that their child is experiencing some sort of developmental delay. And I do believe there’s a grieving process associated with that. And the handoff process of passing to a community-based organization is one that doctors try to do very smoothly, but I do think it is a difficult one, because it is hard to do a warm handoff in that situation.**

STAKEHOLDER FROM A  
STATEWIDE HEALTH CARE  
ORGANIZATION

## Current Programs and Supports for Ensuring Access to Health Care, Food Assistance, Housing Support, and Economic Assistance

*What programs or supports do you have available that help ensure that early care and education settings are helping vulnerable or underserved children access needed support services such as health care, food assistance, housing support, and economic assistance?*

Wisconsin has many nutrition, health care, public health, and economic assistance programs to help vulnerable or underserved children and families (see [Appendix D](#)). Families are often referred to these support programs through the state’s network of FRCs and CCR&Rs. Both provide a critical connection that helps families access needed services.

FRCs are community-focused clearinghouses of information that provide services and supports to strengthen families ([Child Abuse & Neglect Prevention Board \[CANPB\], n.d.](#)). FRCs are tailored to the needs within their community, providing families with parent education, tools, and strategies for supporting healthy child development, as well as connections to community resources. Examples of services FRCs provide include

- universal parenting supports,
- concrete supports and basic needs,
- evidence-based/evidence-informed programming,
- parent leadership activities,
- navigation to community supports, and
- screening and referral.

Families are also connected with services through CCR&Rs in a variety of ways, including the following:

- DCF’s Child Care Finder website provides information to families regarding child care providers that are recognized for providing healthy meals and snacks through the Child and Adult Care Food Program (CACFP). DCF shares information on how providers can participate in CACFP with all regulated child care programs and all applicants working towards becoming regulated.

- Families who need nutrition assistance may be referred to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). DCF contracts with CCR&R agencies for a variety of services, including providing referrals to WIC and other community programs.
- Families who need assistance with home energy bills, energy crises, or weatherization and energy-related minor home repairs may qualify for the Low Income Home Energy Assistance Program. The family could be referred to this program when seeking child care through a CCR&R. The CCR&R would be directed to the FRC in the area; to the tribe, county, or other agency that runs the program in the area; or to calling the number [211](#).
- Children needing health insurance could be referred to the Children’s Health Insurance Program (CHIP) when applying for Wisconsin Shares. Wisconsin Shares uses the same eligibility workers as Medicaid and CHIP. Additionally, information regarding other health programs provided by DHS are available at local human services agencies, which are contracted by DCF to administer the Wisconsin Shares program.



**We no longer receive the SNAP benefits; however, when I did receive them I needed them badly....It was not something that was taken lightly.**

HISPANIC/PACIFIC ISLANDER  
CAREGIVER OF A CHILD  
WITH A DISABILITY IN  
SOUTHERN WISCONSIN

## Strengths

*What works well about these programs or supports?*

### Many Programs Meet Critical Needs

The volume and variety of support programs that support Wisconsin’s families is a strength of the B-5 ECSS. Additionally, there are many entry points for families to be connected to support services. The resources are connected in many areas; thus when families are struggling, multiple programs are available to them right away. For example, families shared that the Supplemental Nutrition Assistance Program (SNAP) and WIC provide critical food and nutritional support.

### Connectors Who Serve as One Access Point

In many cases, families can reach out once and get the process started to learn more about how to access support services (See [Domain XI](#) for more information about how family navigators are an effective support for children and families). For example, if a family accesses the YMCA, their child’s school district, or even their local church, they may have the opportunity to meet with connectors who know how to bridge the gap for families to begin the process of gaining additional supports.

### Community Partnerships

Partnerships within the community help to eliminate some barriers to access (see [Domain XI](#) for more information about how local partnerships effectively support children and families). Many stakeholders identified solid partnerships with such organizations as the YMCA, Big Brothers Big Sisters, Boys and Girls Clubs, health providers, and local libraries. These partnerships serve to provide information to families in need through a more proactive approach by intentionally connecting families to support services, such as food pantries, WIC, and housing support. People serving in these community organizations may share information, assist in completing applications, or make a phone call for or with a family in need. Having a direct connection to resources and services prevents frustration and delays in receiving services that are desperately needed in some cases.

## Challenges, Barriers, and Needs

*What could work better?*

### Lack of FRCs in Rural Areas

As valuable as FRCs are, parts of the state, particularly rural areas, lack an FRC in their region. While 63 FRCs

serve counties where other FRCs are also available ([Google, 2015](#)), 27 counties currently have no FRC. These counties include the following: Bayfield, Ashland, Iron, Price, Florence, Marinette, Menominee, Oconto, Door, Kewaunee, Shawano, Waupaca, Clark, Jackson, Trempealeau, Buffalo, Pepin, Dunn, Pierce, Polk, Barron, Rusk, Vernon, Richland, Lafayette, Green, and Calumet. One recommendation, suggested by stakeholders, for filling the gaps in areas lacking FRCs is to regionalize and expand coverage of some FRCs so one agency can serve multiple counties; this approach would avoid the need to create additional FRCs.

Although affordable housing, transportation, and broadband access may be barriers for vulnerable populations across the state, stakeholders described these challenges as particularly relevant for families in rural areas.

## Affordable Housing

Availability of affordable housing, including rental housing, is a barrier for families living in rural



**As far as the family support side, the central part of the state really is lacking a family resource center.... The northern parts of the state like the Sawyer and Washburn county area have family support, but when you get east of there, there's really not a ton in that rural area. So there's pockets that are really lacking in those services; so if we could expand them that'd be awesome.**

STATE AGENCY STAFF

Wisconsin ([Wisconsin Economic Development Corporation \[WEDC\], 2020](#)). To mitigate this problem, the Wisconsin Housing and Economic Development Authority launched the \$10 million Rural Affordable Workforce Housing Initiative in 2019–2020 to pilot affordable housing solutions in three Wisconsin

communities ([Wisconsin Housing and Economic Development Authority, 2022](#)).

## Access Barriers

### • Transportation

The lack of transportation is also a pervasive barrier, especially in rural areas, where families may be isolated from such services as health care and child care ([WEDC, 2020](#)). Although affordable housing, transportation, and broadband access may be barriers for vulnerable populations across the state, stakeholders described these challenges as particularly relevant for families in rural areas. Stakeholders identified three recommendations to address these barriers:

- » Increase programs to improve transportation availability
- » Provide more in-home family supports
- » Specifically target more services for regions of Wisconsin that lack public transportation

### • Technology and broadband issues

Reliable availability to technology is another barrier to accessing support programs. Many families living in rural areas lack either technological devices or broadband internet connection; if they do have an internet connection, it may be quite unstable ([WEDC, 2020](#)). In communities where limited availability of technology is a barrier, families may not have equal access to programs because they are not aware of what support programs are available or do not have an efficient way to apply. Stakeholders recommended using social media and collaborating with health care providers to relay information about local services and supports.

## Current Programs and Supports to Connect Children Who are Non-English Speaking or Reflect Different Cultures to Services

*What programs and supports do you have available to support children who are non-English speaking or reflect different cultures that connect them to services?*

Wisconsin's B-5 ECSS has a variety of programs, supports, and initiatives in place to support children



and families who speak languages other than English and reflect diverse cultures, including interpretation and translation options when families are applying for services through DCF and local agencies. The Child Care Finder website includes contact information in Spanish and Hmong. Additionally, DCF can provide training and technical assistance in other languages. DCF also piloted the ECE Family Navigators program in Dane County and the 53206 ZIP code to help culturally and linguistically diverse families access services ([DCF, 2020a](#)). Appropriate funding is critical for system and neighborhood navigator programs because to fully support children, families must also be supported.

The state is also supporting diverse families through initiatives to incorporate lived experience and supports for the ECE workforce to ensure they have the tools needed to work with diverse families.

## Parent/Caregiver Equity Advisory Cabinet

DCF is currently establishing a [Parent/Caregiver Equity Advisory Cabinet \(PCEAC\)](#) to engage diverse voices, lived experiences, and community reflections from family members/caregivers with children from birth to age five from across the state. This cabinet will connect 10–12 family members/caregivers who can represent the needs of their community and share information that will inform state policy and priorities. The first meeting of the PCEAC will be held in early 2022.



**Just because of the fact that we have our own Family Resource Center...we've taken out the middle person, so we are able to provide support to our families and really connect. But we do collaborate with our local Indian Health clinic to help provide some support.**

STAKEHOLDER WHO IS  
A TRIBAL MEMBER

## Partnerships with WIDA

Ensuring families have access to ECE professionals who have training and education is an important component of supporting all children and families. In 2020, DCF partnered with WIDA Early Years to develop a computer-based training series on best practices for supporting multilingual learners in early education. DPI also has an ongoing partnership with WIDA, focused on building an integrated approach to connecting Wisconsin's Model Early Learning Standards with the WIDA Early Language Development Standards. DPI also offers educators professional development opportunities through WIDA. Additionally, [Wisconsin Early Childhood Collaborating Partners](#) provides information about supporting young multilingual learners.

## Recruiting a Diverse ECE Workforce

Wisconsin is engaging in efforts to recruit a diverse workforce that represents the children and families in the state's communities and can provide services that are culturally appropriate for all families. These efforts include providing free membership to the Wisconsin Registry, a statewide ECE education and employment membership system. As of January 2022, PDG funds have been used to support Registry membership or renewal for 1,897 members of Wisconsin's ECE workforce. The [T.E.A.C.H.](#) program, along with the [Workforce Retention and Recognition Stipend Program](#), continues to provide financial support for recruiting and retaining qualified ECE personnel.

An additional strategy for increasing the diversity of the workforce may be to simplify the pathway to becoming a child care provider in priority communities. Researchers studying gaps in availability of child care for refugees recommended increasing the opportunities for refugees to become licensed child care providers ([Office of Refugee Resettlement, 2022](#)).

## Programmatic Initiatives and Examples

ECE programs should make provisions to communicate with families in their home language, and welcome and accommodate families and the cultures they represent ([National Association for the Education of Young Children, 1995](#)). Partnerships between the home and the early childhood setting must be developed to ensure that practices of the home and program expectations are complementary. Linguistic and cultural continuity between the home and ECE program supports children's

social-emotional development. By working together, parents and teachers can influence the understanding of language and culture and positively encourage multicultural learning and acceptance. The degree to which this is facilitated across Wisconsin varies greatly and depends on the ECE program's vision and mission.



**If they're a multilingual family, do they have access to providers who speak their same home language? Do they have similar cultural practices within centers? If they're an LGBTQ family, are there providers that share that lived experience or have that training, just to support families with different life experiences, lived experiences, homelessness?**

STATE AGENCY STAFF



**So, we have a very dense refugee population in Milwaukee County, in Brown County for example. And it would be nice to have people from that population who understand that a lot of these children are learning English as a second language, are learning a different culture at home, to have that integration in the child's experience.**

STATE AGENCY STAFF

## Multilingual Head Start Programming

Milwaukee Public Schools, Guadalupe Head Start, and Sheboygan County Head Start offer three- and four-year-old Head Start programming and a family development program with bilingual staff. Bilingual instruction is also provided in the Waukesha, Oshkosh, and Oconomowoc preschool programs with bilingual/bicultural staff. Furthermore, individual staff members are expected to demonstrate their respect for and respond to the different cultures in their community and among their coworkers.

## Examples of School District Programming

In addition, varying levels of support are available at local district levels; for example, in Racine Unified School District, the Office of Bilingual Education works with multilingual families and caregivers by providing an English-as-a-second-language teacher specifically to support children participating in area ECE programs. Family engagement offices are available in many districts, including Milwaukee Public Schools and Racine Unified School District, which reach out to families with young children. These offices are staffed with speakers of the largest heritage languages represented in their communities and are funded with district local funds. These offices help to bridge caregivers and centers with schools and programs that best meet children's linguistic needs and family preferences.

## Collaboration within State Agencies

At the state level, the offices of Multilingual Learners and Early Childhood Education in DPI work collaboratively in support of caregivers and children who may speak a language in addition to English in their household. While English learners are not officially identified and designated English-language learners until kindergarten, there is a recognized need to support this population of students in ECE centers and as they move into the school systems around the state.

## Early Dual-Language Learner Initiative

The Early Dual-Language Learner Initiative provides resources, professional development, and technical assistance to community partners regarding culturally and linguistically responsive practices for children, from birth through age five ([Wisconsin Early Childhood Collaborating Partners, 2021](#)). This cross-sector group collaborates with other state initiatives, including

Wisconsin Model Early Learning Standards, Preschool Options Project, and the Wisconsin Pyramid Model for Social-Emotional Competence.

## Current Programs and Supports Available to Connect Families in Crisis to Needed Programs or Services

*What programs or supports do you have available that help ensure that early care and education settings are able to connect families in crisis to needed programs or services (e.g., family violence programs, emergency economic assistance, mental health care, substance abuse treatment)?*

Wisconsin has several programs and support services specially designed to support families in crisis (see [Appendix D](#)). These include Temporary Assistance for Needy Families (TANF), Oshkosh Kids Foundation, and the McKinney-Vento Homeless Assistance Act.

- Mental health services include Children Come First, Wellpoint (formerly Saint A), Wraparound Milwaukee, Next Step Clinic, Infant Mental Health Initiatives, and Wisconsin Office of Children’s Mental Health.
- Child welfare programs include Parents Supporting Parents and the Targeted Safety Support Funds program.

The Child Abuse and Neglect Prevention Board and the Wisconsin Alliance for Infant Mental Health (WI-AIMH) also provide critical services to support child and family mental health and well-being. The Child Abuse and Neglect Prevention Board partners with organizations across the state through professional development, programming, and public awareness activities to prevent child maltreatment ([CANPB, n.d.](#)). WI-AIMH promotes infant mental health through increasing public awareness, providing professional training, and advocating for policies and practices that support healthy development ([Wisconsin Alliance for Infant Mental Health, 2021](#)).

## Strengths

*What works well about these programs or supports?*

### Community Partnerships

A strength within services for children and families living in crisis is the number of partnerships among child welfare, mental health services, ECE programs, and school districts.



**I think that when the support programs are...directly offered in the spaces where families and young children already are, so that they’re not having to go outside to seek out those services, that really helps accessibility and participation. I think, for example here in Milwaukee, the Next Door Early Childhood Program has something called the Next Step Clinic, which actually provides mental health services and services for young children on the autism spectrum, but like directly within the program they don’t have to go across town to provide that or access to that.**

STAKEHOLDER FROM AN  
EDUCATIONAL ORGANIZATION  
IN SOUTHEASTERN WISCONSIN



## Current Initiatives

### The Living Independently through Financial Empowerment (LIFE) Program

The recently launched statewide LIFE program, funded by DCF, was created to help survivors of domestic violence by providing them with a financial safety net so their basic needs can be met as they aim to create better, violence-free lives for themselves and their children (DCF, n.d.-d). The goal of the program is to reduce and potentially eliminate unintended barriers to marginalized groups of individuals and identify that group as survivors of domestic violence. Specifically, the program was developed to focus on helping survivors of domestic violence to remove themselves and their children from violent environments. The equity focus along with the short turnaround time from development to implementation is a significant strength of Wisconsin's efforts to improve the lives of children and families living in crisis.

### Survivor Advisory Panel

The Survivor Advisory Panel is composed of domestic violence survivors who will provide recommendations and guidance to DCF's Division of Family and Economic Security's Domestic Violence Task Force (DVTF) as it develops programs and initiatives. The DVTF includes 30 internal members (i.e., from DCF) and external members (e.g., attorneys, financial professionals, representation from End Domestic Abuse Wisconsin). The realization of financial abuse as a component of domestic violence has led to the creation of a financial abuse awareness initiative, launched in October 2021. The initiative will include infographics for use by W-2 agencies and training developed in conjunction with the Wisconsin Financial Inclusion Committee, which is an advisory committee to the Governor's Council on Financial Literacy and Capability.

## Challenges, Barriers, and Recommendations

*What could work better?*

### Increased Need for Mental Health Services

In recent years, families have had increasing and ever-changing needs. Stakeholders explained that families' needs used to be specific to financial assistance or food support. Now, families often need assistance for services related to mental health, learning difficulties, and/or physical challenges. Compared with previous

years, support programs and services are seeing a wider range of needs among families and communities. Although it has been a contributing factor, this increase in needs is not all related to the COVID-19 pandemic.

### Impact of the COVID-19 Pandemic

The COVID-19 pandemic has had a substantial impact on Wisconsin's child welfare system. Reports to Child Protective Services by teachers and other school personnel dropped by 25% in 2020 following the onset of the COVID-19 pandemic, as teachers had reduced ability to observe and report signs of child abuse and neglect (Bureau of Compliance, Research and Analytics [BCRA], 2021b). The decreased reports by schools were most pronounced for Black (75% fewer cases) and Hispanic children (63% fewer cases) (BCRA, 2021b). There was also a 24% decrease in out-of-home care entries in 2020 as compared to 2019 (BCRA, 2021b). The COVID-19 pandemic has highlighted the urgent need to consider the impact of child welfare policies and programs on families of color (BCRA, 2021a).



# Future Considerations

Wisconsin has many programs and supports available to families with young children. The following are specific opportunities for improving access and engagement in support services and programs:

## Streamlined Access

Families in Wisconsin would benefit from having a single point of entry into the B-5 ECSS at the state level that allows them to learn about, apply for, and become eligible for support services. Currently, multiple points of entry are required for different types of services (e.g., [Well Badger Resource Center](#), [ACCESS](#), [211 Wisconsin](#)). A single point of entry should function as a central hub for families where they can learn about all B-5 ECSS programs and services for which they may be eligible. The application and eligibility process should be streamlined so it is easier for families to engage in the mixed-delivery system and access vital services that support family well-being and child development. A navigator should be available to act as a point person who helps families understand and apply for services. The Wisconsin Child Abuse and Neglect Prevention Board, in collaboration with DCF, funded Family Resource Navigators in the 53206 ZIP code in 2021. These efforts could be expanded or replicated to include other areas of the state. Another example of a “one-stop shop” is the Sojourner Truth Center in Milwaukee, which supports families by providing a navigator, as well as access to every support system that a family would need in one agency’s space.

## Sharing Information and Making Connections Across Programs

Those working in support programs need to be well versed in other programs available in their local community, region, and state. This includes understanding the mission of each program, who is eligible, how families can apply for services, and how to refer families. Many pilot programs and initiatives are happening across the state; while these undertakings are clearly valuable, it is important that staff are aware of these efforts so they can make appropriate referrals. In addition, pilot efforts need to be coordinated to avoid duplication of services and optimal efficiency of resources. Staff should be communicating across agencies to facilitate an understanding of the role of different support programs within their community in order to create a safety net for families. Collaboration



**I think we’ve just created a lot of hoops for families to jump through. A lot of requirements for eligibility, a lot of paperwork. So, if there’s a way we could have one place where it’s [a] single point of entry. And then, now here, you filled out this form. Now you’re eligible for all these things. Versus you have to apply 52 different times in 52 different ways.**

STAKEHOLDER FROM A  
STATEWIDE ADVOCACY  
ORGANIZATION

among community organizations is essential for bridging service gaps within the B-5 ECSS. For example, when a community organization is working near a tribal reservation, there may be minimal consultation between local government and tribal communities. Intentional, well-coordinated efforts are needed to improve organizing and collaborating with tribal education and community services. While it may be understood across agencies that opportunities to reach out exist, if it is not clear who to reach out to, that becomes a barrier itself.

## Target Specific Infrastructure Needs

Families need transportation and broadband internet to access and participate in services within the B-5 ECSS. Additional resources should be dedicated to expanding public transportation or other alternatives that allow families to have reliable transportation to access jobs or job training, child care, and other services. Families also need reliable access to broadband internet in order to learn about, apply for, and engage with programs and services. Both of these issues are more pronounced for families living in rural areas and pose a barrier to providing equitable access to services.

## Increased Funding and Resources

Increased investments in support programs are needed to effectively serve families who are vulnerable or underserved. Although there has been an influx of funding in response to the COVID-19 pandemic, more funding is needed to meet the needs of all families and to sustain programs in the future. Funding should be focused toward efforts to coordinate across existing support programs at the state and local levels. This includes investments in systems-level improvements (e.g., an online central hub; family navigators) that help families learn about, apply for, and engage in services. This also includes more funding to support coordination among agencies (e.g., shared training, positions dedicated to interagency collaboration) to ensure that families are being served efficiently and effectively.



**There's not enough resources.... People don't know about the services that are out there...Every week, I'm learning about more and more programs that are out there... and who qualifies even. People think they don't qualify for some of these services when they do.**

STAKEHOLDER FROM  
A STATEWIDE FAMILY  
ADVOCACY ORGANIZATION







## VII. Measurable Indicators of Progress



## VII. Measurable Indicators of Progress

This section addresses the following questions from the federal needs assessment guidance ([Administration for Children and Families, 2019, p. 5](#)):

- *What measurable indicators currently exist that can be used to track progress in achieving the goals of this grant and your strategic plan?*
- *What opportunities are currently underway involving developing additional measurable indicators to track progress in achieving the goals of this grant and your strategic plan?*

### Importance of Developing Measurable Indicators of Progress

A systematic effort in identifying evidence-based, measurable outcomes is a critical component for assessing the impact of ECE programs to support children and families. Outcomes are the changes in systems as a result of project activities ([Hebbeler et al., 2021](#)). Once outcomes are identified, measurable indicators need to be developed that are aligned with the outcomes. Measurable indicators provide evidence as to whether or not the intended outcome was achieved ([Hebbeler et al., 2021](#)). Good indicators are meaningful, direct, useful, and practical to collect ([Hebbeler et al., 2021](#)). Specific components of a well-developed indicator include the targeted percentage (i.e., criteria), the intended beneficiaries, the amount of change expected, and the timeframe for achieving the specified outcome ([Hebbeler et al., 2021](#)). Challenges with measuring outcomes occur if indicators are not closely aligned with the outcomes and/or if the indicators developed do not include all of the recommended elements described above.

Wisconsin recognizes that in order to measure progress toward the goals of PDG, data on key indicators must be collected that provide concrete information that can be used to make decisions and move the needle on important child and family outcomes. Specifically, measuring progress should assist stakeholders in determining to what extent progress toward outcomes is being made, and provide useful information for evaluating the impacts of initiatives designed to address PDG goals. Moreover, measuring progress will result in improved decision-making processes, more efficient use of resources, and ultimately better outcomes for young children and their families.

### The PDG Strategic Plan

The PDG vision is that all Wisconsin families will have access to high-quality, affordable, local ECE opportunities by 2023. Wisconsin's [PDG B-5 Statewide Strategic Plan for 2021–23](#) was developed based on the initial Needs Assessment conducted in 2020 and focused on four major areas of need: workforce, access, affordability, and quality. Strategic plan goals and objectives were developed for each major area (DCF et al., 2021; see [Table 20](#)).

### Current Measurable Indicators Utilized to Track Progress in Achieving the Goals of the PDG B-5 Strategic Plan

*What measurable indicators currently exist that can be used to track progress in achieving the goals of this grant and your strategic plan?*

Since developing the strategic plan, Wisconsin's PDG team has worked with the Institute for Research on Poverty (IRP) at UW-Madison to develop a logic model and a Program Performance Evaluation Plan (PPEP). The purpose of the PPEP is "to build a rigorous evaluation infrastructure that will inform continuous quality improvement (CQI) for WI's early childhood and education programs, to measure the success of implementation of the Strategic Plan, and to extend beyond the duration of this Strategic Plan" (UW-Madison Institute for Research on Poverty, 2021b, p. 1). The PPEP identifies research and evaluation questions, as well as measurements and indicators, in the four key areas of workforce, access, affordability, and quality.

In addition, the PPEP identifies four areas in which Wisconsin would like to measure global outcomes:

- Reduction of racial and ethnic or other group disparities in child and family outcomes
- Increased readiness for kindergarten
- Increased family and community well-being and satisfaction with Wisconsin’s B-5 Early Childhood State System (ECSS)
- Improved infrastructure to support system-level impacts on child and family outcomes, including the capacity to measure outcomes, effective continuous quality improvement, and collaboration at the state and local levels

Given that the 2020 Needs Assessment and the Strategic Plan that followed were primarily focused on child care, this initial PPEP focused primarily on child care as well. DCF engaged with IRP to develop a logic model and the PPEP as a first step in the process of developing broader measurable indicators for PDG, which will require cross-departmental collaboration. While the development of measurable indicators is currently in progress, the PPEP laid the groundwork for measuring short- and medium-term outcomes (see [Table 20](#)).

## Initiatives, Opportunities, and Future Considerations

*What opportunities are currently underway involving developing additional measurable indicators to track progress in achieving the goals of this grant and your strategic plan?*

As the 2022 Needs Assessment process has been more comprehensive in nature than the 2021 Needs Assessment, and the B-5 ECSS Strategic Plan will also be more comprehensive, future iterations of the PPEP and measurable indicators will be more inclusive of programs and services across the B-5 ECSS. Important next steps will be to engage partners in DHS and DPI in the development of measurable indicators of progress. Once the indicators are identified and developed, it will be essential to gather baseline data to be able to show progress over time.





**Table 20. Summary of Preschool Development Grant (PDG) Birth to 5 (B-5) Statewide Strategic Plan for 2021–23 and Potential Short- and Medium-Term Outcomes and Indicators**

Focus Area	Initial Strategic Plan Goal	Initial Strategic Plan Objectives	Potential Short-Term Outcomes and Indicators from Program Performance Evaluation Plan (PPEP)	Potential Medium-Term Outcomes and Indicators from PPEP
Workforce	The Wisconsin early care and education (ECE) workforce will be diverse, fairly compensated, and supported.	<ul style="list-style-type: none"> <li>• Increase the size and diversity (i.e., by race, ethnicity, language, and gender) of the ECE workforce.</li> <li>• Maintain the current ECE workforce and increase their job satisfaction.</li> <li>• Increase collaboration across the B-5 Early Childhood State System (ECSS) and with community members to address workforce issues.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase pay/benefits for ECE workforce               <ul style="list-style-type: none"> <li>» Average annual pay at various positions</li> <li>» Access to benefits (paid time off, health insurance)</li> <li>» Use of public benefits (e.g., SNAP [Supplemental Nutritional Assistance Program], Medicaid)</li> </ul> </li> <li>• Increase knowledge or credentials               <ul style="list-style-type: none"> <li>» Change in number of credentials in identified focal areas (e.g., trauma-informed practice, antibias training)</li> <li>» Change in YoungStar ratings re: education/practice</li> </ul> </li> <li>• Expand education pipeline and reduce barriers to entry into profession               <ul style="list-style-type: none"> <li>» Change in number and demographics of people entering profession</li> </ul> </li> <li>• Increase ECE workforce satisfaction               <ul style="list-style-type: none"> <li>» Identify ways to increase</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Increase delivery of evidence-based services               <ul style="list-style-type: none"> <li>» Identify appropriate scales in YoungStar evaluation, other credentialing and licensing documentation; monitor change</li> </ul> </li> <li>• Increase retention of ECE workforce               <ul style="list-style-type: none"> <li>» Monitor annual retention; identify particularly challenging areas where disaggregation may be needed (e.g., child care deserts, special education, family providers)</li> </ul> </li> <li>• Increase the extent to which the ECE workforce reflects community demographics and needs of families               <ul style="list-style-type: none"> <li>» Identify gaps (gender, racial and ethnic, etc.) and track change</li> </ul> </li> </ul>

**Table 20. Summary of Preschool Development Grant (PDG) Birth to 5 (B-5) Statewide Strategic Plan for 2021–23 and Potential Short- and Medium-Term Outcomes and Indicators (cont.)**

Focus Area	Initial Strategic Plan Goal	Initial Strategic Plan Objectives	Potential Short-Term Outcomes and Indicators from Program Performance Evaluation Plan (PPEP)	Potential Medium-Term Outcomes and Indicators from PPEP
Access	Wisconsin children and families, including vulnerable or underserved and rural populations, will have equitable access to ECE programs that meet their needs.	<ul style="list-style-type: none"> <li>• Build awareness of the amount and type of B-5 local ECE that is available and/or needed in each region.</li> <li>• Increase the number of children and families served by B-5 ECE programs by opening new programs and/or expanding existing programs.</li> <li>• Prioritize programs meeting targeted needs, particularly in rural areas.</li> <li>• Increase collaboration across the B-5 ECSS and with community members to address needs for expansion of ECE programs.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase availability or choice of services                             <ul style="list-style-type: none"> <li>» Monitor change in supply/demand of services; identify particular challenges/areas of interest (e.g., deserts, rural, infant, nonstandard, culturally and linguistically responsive care, mental health, health)</li> </ul> </li> <li>• Increase family knowledge about services                             <ul style="list-style-type: none"> <li>» Measure knowledge pre- and post-communication/outreach strategies</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Increase family engagement with services                             <ul style="list-style-type: none"> <li>» Measure take-up of services (percent eligible vs. participating); identify vulnerable/underserved populations of interest</li> </ul> </li> <li>• Increase family satisfaction                             <ul style="list-style-type: none"> <li>» Measure satisfaction; elevate family voice via survey, listening sessions, additional qualitative work</li> </ul> </li> </ul>

**Table 20. Summary of Preschool Development Grant (PDG) Birth to 5 (B-5) Statewide Strategic Plan for 2021–23 and Potential Short- and Medium-Term Outcomes and Indicators (cont.)**

Focus Area	Initial Strategic Plan Goal	Initial Strategic Plan Objectives	Potential Short-Term Outcomes and Indicators from Program Performance Evaluation Plan (PPEP)	Potential Medium-Term Outcomes and Indicators from PPEP
Affordability	ECE and related services will be affordable for Wisconsin families, including vulnerable or underserved and rural populations.	<ul style="list-style-type: none"> <li>• Reduce the percentage of families’ income spent on ECE.</li> <li>• Decrease the cost of operating ECE programs without reducing quality through innovative cost-sharing models and economies of scale.</li> <li>• Increase collaboration across the B-5 ECSS and with community members to increase the affordability of ECE programs.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce ECE program operating costs               <ul style="list-style-type: none"> <li>» Measure savings from shared services networks; cost-benefit analysis</li> <li>» Additional investments in ECSS programming</li> </ul> </li> <li>• Reduce administrative burden for families (e.g., difficulty applying for services)               <ul style="list-style-type: none"> <li>» Measure changes in service take-up, churning</li> </ul> </li> <li>• Increase availability of low- or no-cost programming</li> <li>• Measure changes in participation in Head Start, prekindergarten, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce cost of services for families               <ul style="list-style-type: none"> <li>» Measure average cost of care as percentage of income via market survey, or new administrative data process</li> </ul> </li> <li>• Increase take-up of Wisconsin Shares Child Care Subsidy and other benefits               <ul style="list-style-type: none"> <li>» Measure take-up and churning of use of child care subsidies; may identify particular vulnerable/underserved populations to monitor</li> </ul> </li> <li>• Increase take-up of high-quality services               <ul style="list-style-type: none"> <li>» Identify programs of interest (e.g., 4- and 5-Star providers, evidence-based home visiting, new programming); measure take-up and churning; may identify particular vulnerable/underserved populations to monitor</li> </ul> </li> </ul>



**Table 20. Summary of Preschool Development Grant (PDG) Birth to 5 (B-5) Statewide Strategic Plan for 2021–23 and Potential Short- and Medium-Term Outcomes and Indicators (cont.)**

Focus Area	Initial Strategic Plan Goal	Initial Strategic Plan Objectives	Potential Short-Term Outcomes and Indicators from Program Performance Evaluation Plan (PPEP)	Potential Medium-Term Outcomes and Indicators from PPEP
Quality	Wisconsin ECE will be high-quality and responsive to all families’ needs.	<ul style="list-style-type: none"> <li>• Increase participation among current and future ECE professionals in a range of enhanced professional learning opportunities.</li> <li>• Increase child care programs’ participation in YoungStar.</li> <li>• Increase movement of YoungStar-participating programs from 2- to 3-Star ratings or higher.</li> <li>• Increase collaboration across the B-5 ECSS to foster parent, provider, and community engagement in quality-improvement efforts.</li> <li>• Expand research-based programs that ensure parents/guardians have supports to promote optimal health and development for their children.</li> <li>• Reduce preschool suspension and expulsion rates, particularly among Black boys.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase ECE provider knowledge and credentialing               <ul style="list-style-type: none"> <li>» Measure changes in targeted credentialing (overall increase in numbers, percentage of workforce credentialed)</li> </ul> </li> <li>• Increase participation and advancement in YoungStar and other quality-rating systems               <ul style="list-style-type: none"> <li>» Measure change in percentage of providers engaging in YoungStar and other quality-rating systems</li> <li>» Measure change in percentage of providers in higher-level YoungStar</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Increase quality of ECE services               <ul style="list-style-type: none"> <li>» Measure change in particular scales, classroom observation tools re: particular evidence-based practices and strategies</li> </ul> </li> <li>• Increase family satisfaction with services               <ul style="list-style-type: none"> <li>» Measure via survey, qualitative work</li> </ul> </li> <li>• Reduce suspensions and expulsions               <ul style="list-style-type: none"> <li>» Measure reductions (note, no current way of measuring this and may have to look for proximal outcomes)</li> </ul> </li> </ul>

**Note.** Potential short- and medium-term outcomes and indicators are from a working draft of the PPEP (UW-Madison Institute for Research on Poverty, 2021b).



## VIII. Issues Involving ECCE Facilities

## VIII. Issues Involving ECCE Facilities

The federal guidance questions ([Administration for Children and Families, 2019, p. 6](#)) addressed in this domain include:

- *What issues have been identified involving ECCE [early childhood care and education] facilities?*
- *What innovative efforts have taken place to improve ECCE facilities? Have these efforts targeted vulnerable or underserved children and those who live in rural areas?*
- *What opportunities exist for different ECCE and/or other early childhood programs and systems to work together collaboratively on ECCE facility improvement (e.g., through co-location of key early childhood services)?*

### Key Findings

- Wisconsin is piloting programs and initiatives to reduce exposure to such contaminants as lead, radon, nitrates, and asbestos, and to improve the health and safety of young children in early care and education (ECE) programs.
- Wisconsin is implementing programs to address limited ECE facilities, including Four-Year-Old Kindergarten Community Approaches and the Dream Up! Grant program.

#### *What issues have been identified involving ECCE facilities?*

Two primary issues have been identified related to ECE facilities in Wisconsin. The first is a lack of sufficient facilities or classroom space to house core ECE programs. The second is ensuring that facilities are safe for young children and their families. Here we describe each issue as well as recent initiatives to address these concerns.

### Ensuring Sufficient ECE Facilities and Classroom Space

ECE programs for young children are optimal when several programs (e.g., Head Start, Four-Year-Old Kindergarten [4K], child care, family resources, health care, social services) are located in one facility ([DPI, n.d.-q](#)). Facilities should also support children with appropriate environments and support families with access to resources ([DPI, n.d.-q](#)). In a 2015 Needs Assessment survey, more than 60% of programs surveyed reported sharing space within a school district

([Head Start Collaboration Office, 2015](#)). However, nearly half of Head Start programs reported that space or lack of facilities were the biggest barrier to offering child care in addition to Head Start or Early Head Start ([Head Start Collaboration Office, 2015](#)). Individual school districts have conducted studies of their facilities, which provide insight into space constraints in local districts, including space for 4K classrooms. However, systematic data on the sufficiency of classroom space were not available for 4K programs across the state.

### Ensuring Safe Facilities and Healthy Learning Environments

Providing safe and healthy ECE facilities is important for promoting learning and healthy development. Every child, and the ECE workforce, should have high-quality, safe, and healthy learning environments. Head Start has standards for facilities and learning environments that support children and families ([Head Start Early Childhood Learning & Knowledge Center, 2022](#)).



Additionally, the state has child care licensing rules for facilities and for ensuring the health and safety of children in group ([DCF, 2020d](#)) and family child care centers ([DCF, 2020c](#)).

## Health Hazards

Four common health hazards of concern in ECE facilities are lead exposure, radon, clean water, and asbestos.

### Lead Exposure

Significant progress has been made to reduce lead exposure and blood lead levels throughout Wisconsin, especially among vulnerable populations, including infants, young children, and pregnant women and their unborn children ([DHS, 2021f](#)). Increased lead levels are associated with reduced postnatal growth, hearing loss, decreased academic achievement, and attention-related behavior issues ([Public Health Madison & Dane County, 2017](#)). The primary source of lead poisoning is lead paint in older homes and buildings ([DHS, 2021f](#)).

The highest rates of lead poisoning in the state are in the cities of Milwaukee, Watertown, Racine, and Rusk County, which have a large number of older homes ([DHS, 2017](#)). In 2016, 10.8% of children under age six in Milwaukee who were tested for lead poisoning had blood lead levels  $\geq 5$  mcg/dL ([DHS, 2017](#)). The COVID-19 pandemic has resulted in missed well-child checkups, including recommended blood lead testing. The number of children in Wisconsin who were tested for elevated blood lead levels decreased by 75% in April 2020, compared with April 2019 ([Courtney et al., 2021](#)).

The Wisconsin Childhood Lead Poisoning Prevention Program provides funding and technical support to individuals within the health field and community groups in assisting in the detection, prevention, and treatment of childhood lead poisoning ([DHS, 2021g](#)). Governor Evers's 2021–2023 biennial budget included ongoing funding to help eliminate lead poisoning in Wisconsin through such programs as the Lead-Safe Homes Program and the Birth to 3 program, and the replacement of lead service lines ([Governor Tony Evers, 2021](#)).

### Radon

Radon is a naturally occurring radioactive gas that forms when radioactive metals break down in soil or groundwater. Breathing in elevated levels of radon over a long period of time significantly increases one's risk of contracting lung cancer ([DHS, n.d.-d](#)). Children exposed to radon have nearly twice the risk of developing lung cancer

when exposed to the same amount of radon relative to adults ([Agency for Toxic Substances and Disease Registry, 2013](#)). Testing is the only way to know whether radon levels are elevated ([DHS, n.d.-d](#)). In Wisconsin, only 30% of residential homeowners, 35.1% of public school districts, and 31% of landlords have tested for radon ([Denu et al., 2019](#)). Of the tests that returned elevated results, 25% of school districts and 63% of homes employed mitigation efforts ([Denu et al., 2019](#)). For school districts, lack of funding was cited as the biggest barrier to mitigation efforts ([Denu et al., 2019](#)).

DHS recommends that schools test for radon every five years or after major renovations ([DHS, n.d.-c](#)). A new rule proposed by DCF would require regular radon testing and mitigation in all child care centers licensed by the state ([State of Wisconsin, n.d.](#)). After the initial test, residential child care centers would be required to retest every two years, and commercial child care centers would be required to test every five years. Under the proposed rule, if radon levels are found to be above the limit deemed safe by the Environmental Protection Agency, mitigation efforts must be made within a year of the test results being received.

### Clean Water

Common sources of contaminants in drinking water include industry and agriculture, human and animal waste, contaminants from the water treatment and distribution process, and natural sources such as arsenic in rocks and soil. Wisconsin's groundwater and private wells can include traces of arsenic, atrazine, bacteria, chloride, copper, iron, lead, manganese, nitrate, and sulfate, all of which can have short- and long-term effects if consumed at high levels ([Center for Watershed Science and Education, 2022](#)). Nitrate is the most common contaminant found in groundwater in the state and may contribute to cases of very low birth weight, preterm birth, and neural tube defects ([Mathewson et al., 2020](#)).

### Asbestos

Breathing in asbestos has been shown to increase the risk of developing asbestosis, mesothelioma, and lung cancer ([DHS, 2022c](#)). As part of the Asbestos Hazard Emergency Response Act, inspections and asbestos-management plans are required for all U.S. public school districts ([U.S. Environmental Protection Agency, 2021](#)). The plans must contain comprehensive building information, asbestos inspection dates, and locations of asbestos-containing material. Additional documentation is required within the plans when asbestos is located,

action is recommended, and actions are taken to remove the asbestos. These management plans must be made available to parents, students, teachers, and other school employees to inspect. DHS keeps contact information for a designated individual in each local education agency who serves as the asbestos coordinator and works with the Air Management Program of the Wisconsin Department of Natural Resources (DNR) to regulate asbestos removal ([DHS, 2022c](#)).

## Initiatives and Programs to Provide Safe and Healthy ECE Facilities

*What innovative efforts have taken place to improve ECCE facilities? Have these efforts targeted vulnerable or underserved children and those who live in rural areas?*

### Choose Safe Places

The purpose of DHS's [Choose Safe Places](#) program is to help child care facilities identify and ensure environmentally safe facilities for children. The program includes information on four key elements to ensure safe child care facilities: former use of the property and former pollutants that may still exist; movement of harmful substances from adjacent properties; presence of naturally occurring harmful substances, such as radon, arsenic, and heavy metals; and access to safe drinking water ([DHS, 2021e](#)). Applicants complete a checklist to identify these common concerns. Participation in the program is voluntary.

### Green & Healthy Schools Wisconsin

Led by DPI and the DNR, [Green & Healthy Schools Wisconsin](#) is a movement of schools, community partners, and state agencies working together to reduce environmental impacts and costs, improve health and wellness, and increase environmental sustainability and literacy ([DPI, n.d.-o](#)). Schools with kindergarten for ages three to five are eligible for recognition through the program.

### Early Childhood Health Consultation

ECE providers can receive free [early childhood health consultation](#), on-demand training, and tailored resources surrounding best practices for health and safety needs at their child care facilities through this collaboration between DCF, the UW-Madison School of Human Ecology, and the UW-Madison School of Medicine and Public Health's (SMPH's) Department

of Pediatrics ([UW-Madison Early Childhood Health Consultation, 2022](#)). The program is currently being piloted in Adams and Rock counties, and with the Lac Courte Oreilles Tribe. The SMPH conducted an early childhood health consultation needs assessment in 2020 that led to the development of this pilot project ([Carlisle et al., 2020](#)).

### Water Infrastructure Improvements for the Nation (WIIN) Grant

Funding from both PDG and the [WIIN Grant](#) will be used to test water for lead in licensed group ECE facilities across the state and to implement lead remediation services when needed ([DCF, 2021g](#)). DHS is currently piloting the program with Rock County Public Health and will roll out the program statewide in 2022.

## Opportunities for New Facilities and Classroom Spaces

*What opportunities exist for different ECCE and/or other early childhood programs and systems to work together collaboratively on ECCE facility improvement (e.g., through co-location of key early childhood services)?*

### 4K Community Approach (4KCA)

4KCA is a public-private partnership effort to provide comprehensive ECE options for families through the collaboration of school districts and community partners, such as child care programs and Head Start ([DPI, n.d.-b](#)). The 4KCA program provides an opportunity for communities to use existing space and resources within the community and avoid expenses related to building new 4K facilities ([DPI, 2013](#)). Using existing facilities for 4K programs is less expensive, more sustainable, and more efficient than building new facilities ([DPI, 2013](#)).

### Dream Up! Grant Program

The Dream Up! Grant program is a new initiative that will support 30 communities across Wisconsin by developing teams of cross-sector professionals to work together to expand child care options in their communities. A total of \$8.1 million will be provided to communities through this program ([DCF, n.d.-e](#)). DCF is partnering with First Children's Finance to consult with and guide Dream Up! Grant recipients.

## Resources for Construction and Renovation

Several state programs are available to assist child care programs or communities planning construction and renovation projects. Key resources include the Wisconsin Small Business Development Center, Wisconsin Department of Administration Community Development Programs, Wisconsin Housing and Economic Development Authority, Wisconsin Economic Development Corporation, and Community Development Financial Institutions ([DCF, n.d.-b](#)).

## Loans in Rural Areas

The U.S. Department of Agriculture provides low-cost financing for the development, building, purchase, or improvement of farm labor housing and related facilities, including on-site child care centers ([U.S. Department of Agriculture Rural Development, n.d.](#)). The Rural Housing Program's Community Facility Guaranteed Loans provide funding for the development or improvement of essential community facilities, including child care centers ([U.S. Department of Agriculture Rural Development, n.d.](#)).







**IX. Barriers to Funding and Provision of High-Quality ECE Services and Supports and Opportunities for More Efficient Use of Resources**

# IX. Barriers to Funding and Provision of High-Quality ECE Services and Supports and Opportunities for More Efficient Use of Resources

The following questions from the federal guidance ([Administration for Children and Families \[ACF\], 2019, p. 6](#)) will be addressed in this domain:

- *What barriers currently exist to the funding and provision of high-quality early childhood care and education [ECCE] supports?*
- *Are there characteristics of the current governance or financing of the system that present barriers to funding and provision of high-quality ECCE services and supports?*
- *Are there opportunities for a more efficient allocation of resources across the system?*
- *Have there been successful efforts in the state at implementing strategies that have improved the efficient use of resources?*

## Key Findings

- Wisconsin has a coordinated Birth to 5 Early Childhood State System (B-5 ECSS) governance structure with three state agencies that administer programs with the B-5 ECSS.
- Programs in the B-5 ECSS receive funds from multiple state and federal funding streams with a recent influx of funding in response to the COVID-19 pandemic.
- The B-5 ECSS structure with multiple state agencies and programs operating at state, regional, and local levels can create challenges for state agency staff, program administrators and staff, and families accessing services.

The efficient use of federal, state, and local resources is critical to ensuring a well-functioning B-5 Early Childhood State System (ECSS) that provides accessible, affordable, high-quality ECE services and supports that lead to optimal child and family outcomes. However, across the United States, early childhood systems often include a network of programs governed and funded by different state and local agencies, which creates challenges in coordinating efforts to serve children and families ([Regenstein, 2020a](#)).

## Overview of Governance

Early childhood governance is “a state’s organizational structures and its placement of authority and accountability for making program policy, financing, and implementation decisions for publicly funded

early care and education for children birth to age five” ([Regenstein & Lipper, 2013, p. 2](#)). States can leverage their ECE governance structures to support the state’s mission and goals for the B-5 ECSS ([Dichter et al., 2021](#)). Effective early childhood governance models support five values: coordination, alignment, sustainability, efficiency, and accountability ([Regenstein & Lipper, 2013](#)). Early childhood governance structures that are fragmented and inefficient lead to significant problems for families who may be unable to access ECE programs and services ([Bipartisan Policy Center, 2018a](#)). These issues are often exacerbated for the most vulnerable families ([Bipartisan Policy Center, 2018a](#)). Identifying and addressing issues related to governance can increase efficiency to improve outcomes for children and families ([Dichter et al., 2021](#)).



There are three primary approaches to early childhood governance: coordinated, consolidated, and created ([Dichter et al., 2021](#); [Regenstein & Lipper, 2013](#)). The first approach is a coordinated governance model in which the authority and accountability for early childhood programs are distributed across multiple agencies. The second is a consolidated model in which early childhood programs and funds are moved into one existing state agency. The third is a created model in which there is a new state agency formed specifically to house all early childhood programs. While each governance model has strengths and limitations, most states have a coordinated model of early childhood governance ([Regenstein & Lipper, 2013](#)).

## Wisconsin's Governance Structure

Wisconsin has a coordinated governance structure, with three state agencies (DPI, DHS, and DCF) that provide oversight for core ECE programs and support programs in the B-5 ECSS (see [Figure 5](#)). DPI is the state agency that advances public education in Wisconsin. Local school boards oversee school districts and local policies and thus provide oversight of Four-Year-Old Kindergarten (4K) and Early Childhood Special Education (ECSE) at the local level. DHS administers the state's Birth to 3 program. DCF oversees child care licensing, YoungStar (Wisconsin's Quality Rating and Improvement System), the Wisconsin Shares Child Care Subsidy program, and Family Foundations Home Visiting. The three state agencies oversee B-5 ECSS support programs as well (see [Appendix D](#) for a description of support programs). The federal Administration for Children and Families (ACF) in the Department of Health and Human Services (DHHS) administers the Head Start program and oversees activities of local grantees. Wisconsin's Head Start Collaboration Office, which has been housed in both DPI and DHS, has been housed within DCF since 2020. The Head Start State Supplement, which provides additional funds to federal Head Start grantees, is housed within DPI.

Wisconsin is home to 11 federally recognized sovereign Tribal Nations. Wisconsin Executive Order #18, which was signed by Governor Evers in 2019, reaffirmed the relationships among the Tribal Nations and the State of Wisconsin and encourages close collaboration between state and tribal governments ([Governor Tony Evers, 2019](#)). Each of the three state agencies has collaborative partnerships with the Tribal Nations and various

structures are in place to support this work. DPI has a memorandum of understanding with five Tribal Nations ([DPI, n.d.-t](#)), as well as a staff member who serves as a liaison to tribal communities in Wisconsin ([DPI, n.d.-s](#)). DHS has a Tribal Affairs Office, which works with tribal governments regarding funding and services for tribal members to lead healthy lives ([DHS, 2019c](#)). DCF also has a Tribal Affairs Office, which houses staff who assist with tribal policy development and serve as liaisons between the Tribes and DCF ([DCF, n.d.-r](#)).

The structure of the three state agencies varies; DCF and DHS are cabinet agencies, while DPI is led by a nonpartisan, elected state superintendent. Additional state-level offices, councils, and boards are part of the B-5 ECSS. These include the Office of Children's Mental Health, the Child Abuse and Neglect Prevention Board, the Governor's Early Childhood Advisory Council (ECAC), and the Leadership Council on Early Years. In an analysis of ECSS organization and integration conducted by the [Bipartisan Policy Center \(2018b\)](#), Wisconsin received a score of 40 out of 50 possible points. Wisconsin was ranked 20 among the states and Washington, D.C., in system organization and integration ([Bipartisan Policy Center, 2018b](#)).

## Funding

Each of the three state agencies receives funding for B-5 ECSS programs and support services.

### DPI

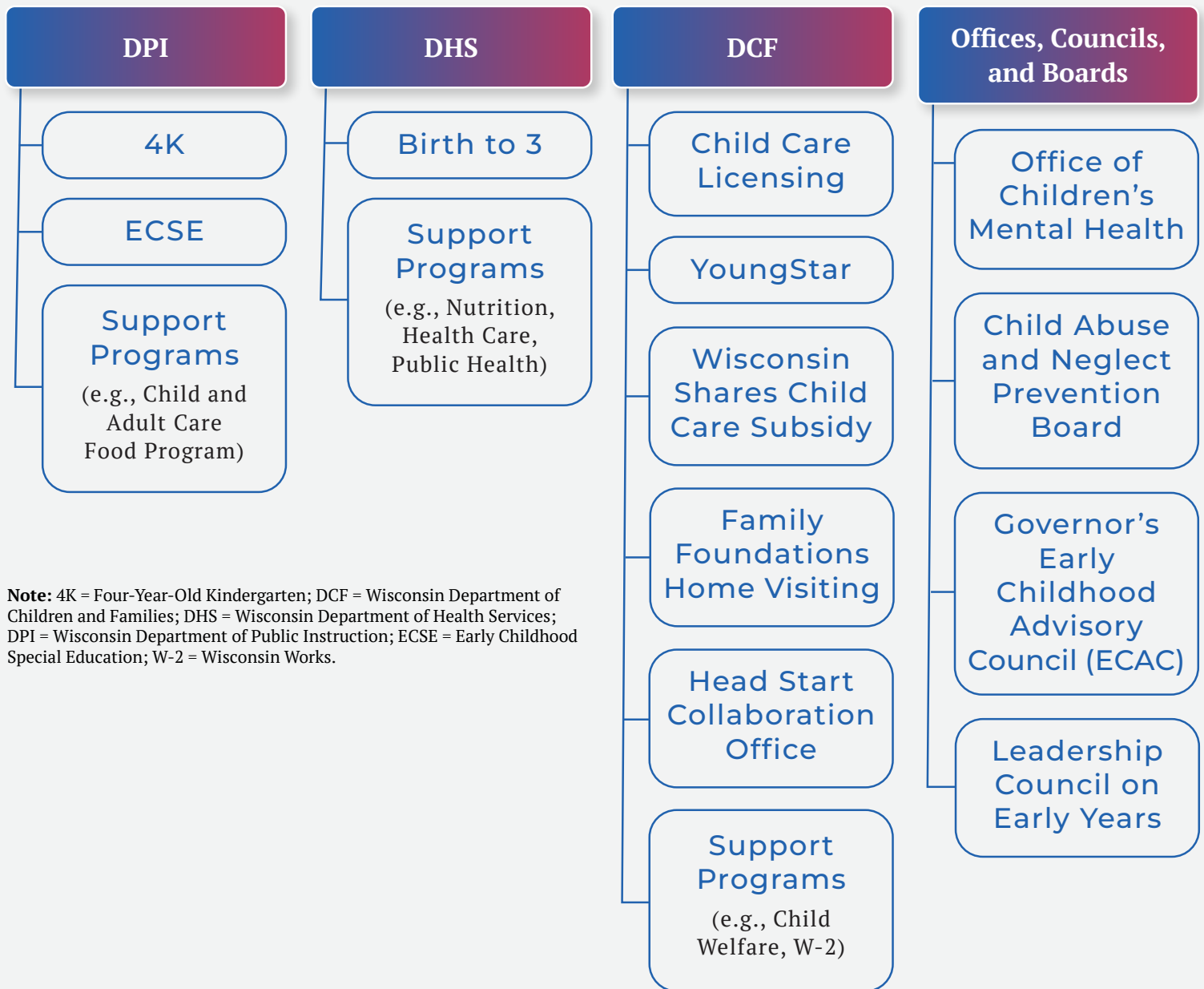
DPI receives federal funding for Part B, Section 619 of the Individuals with Disabilities Education Act (IDEA), which provides resources for school districts to serve preschool children with disabilities. Funding for 4K comes from state equalization aid and state categorical aids ([DPI, 2017](#)). In a report ranking of prekindergarten (i.e., 4K and Head Start) spending by state, Wisconsin ranked 35 in state spending (i.e., state expenditures per child enrolled) and 27 in all reported spending (i.e., federal, local, and state expenditures per child enrolled; [National Institute for Early Education Research, 2021a](#)). DPI also receives funding for the Child and Adult Care Food Program.

### DHS

DHS receives federal funding for Part C of IDEA which provides funding for Birth to 3 early intervention for infants and toddlers with disabilities or at risk for disabilities. DHS also receives federal funding for many



Figure 5. Coordinated Governance Structure of Programs in Wisconsin’s Birth to 5 Early Childhood State System



support programs in the B-5 ECSS (e.g., Medicaid, Supplemental Nutrition Assistance Program [SNAP], Special Supplemental Nutrition Program for Women, Infants, and Children [WIC]).

## DCF

DCF receives federal funding for Temporary Assistance for Needy Families (TANF), which funds support programs designed to help low-income families attain self-sufficiency (DCF, 2019c). Programs funded by TANF include Wisconsin Works, Supplemental Security Income benefits, Kinship Care payments, services to prevent child abuse and neglect, and Wisconsin Shares. The Child Care and Development Fund (CCDF) provides

resources for ECE programs that enable low-income parents to work or pursue education and training while also supporting their child’s development (DCF, 2021a). These programs include child care licensing, Wisconsin Shares, and YoungStar.

## COVID-19 Relief Funding

Additional funding has flowed into the state in response to the COVID-19 pandemic, with resources often allocated at the local level. DPI anticipates receiving approximately \$1.4 billion in American Rescue Plan Act (ARPA) funding, which is available for use by local education agencies through September of 2024 (DPI, 2021a). School districts receiving these funds must

set aside 20% of the funds to address learning losses related to the COVID-19 pandemic ([DPI, 2021a](#)).

DHS has received millions in ARPA funding to support a number of initiatives, including approximately \$397 million to enhance and expand Home and Community Based Services across the state ([DHS, 2022a](#)). A portion of this funding is being used to support children and families participating in the Children’s Long-Term Support Waiver Program and to help connect families in the Birth to 3 program with community services and supports ([DHS, 2022b](#)).


Funding from COVID-19 relief to support child care includes \$131 million from the Coronavirus Aid, Relief, and Economic Security Act in 2020, \$148 million from the Consolidated Appropriations Act of 2021, and \$580 million in ARPA funding ([Wisconsin Women’s Council, 2021](#)). Nearly \$190 million has been paid to child care providers through the state’s Child Care Counts payment programs to offset additional costs incurred by providers during the pandemic ([DCF, 2021b](#)). DCF has also used ARPA funding to create or support other programs across the agency. For example, DCF began distribution of \$14 million of emergency funds to over 4,000 survivors of domestic violence through the Living Independently through Financial Empowerment program, which was created to provide cash assistance to survivors of domestic violence for housing, clothing, and other necessities needed to escape unsafe environments (DCF, n.d.-d).

agencies and local programs, and inadequate funding and other funding issues.


*Are there characteristics of the current governance or financing of the system that present barriers to funding and provision of high-quality ECCE services and supports?*

## Challenges in Coordination and Alignment

Wisconsin’s B-5 ECSS structure can create challenges in coordination and alignment across the three lead agencies and across programs at the local and regional levels. Programs that serve young children and families have different purposes and serve different populations resulting in policies and regulations that often do not align (Wallen & Hubbard, 2013). Federal regulations and state statutes, differing eligibility criteria and definitions for populations served, and differing policies can create barriers to a well-functioning system. State agency staff face barriers to collaboration due to separate data systems and data that cannot be shared across agencies without formal agreements in place. At the state and local levels, programs that receive funding from multiple funding streams are required to meet reporting requirements for different funders, creating a burden on program resources. This burden could be reduced by collaboration among programs to develop streamlined reporting requirements.

 **With the ARPA funding, we’re just able to kind of build on that, to address the impact of the pandemic on the families, especially those that were disproportionately affected by the pandemic.**

STATE AGENCY STAFF

 **He was also at this age where he [had] to exit out of the Birth to 3 program and then go into the school system, which it was very hard to understand for myself, because once you turn three years old, you are entered into this public school system... not through DCF or Birth to 3 anymore, and so that was another system to navigate.**

HMONG CAREGIVER OF A CHILD WITH A DISABILITY

## Barriers to Efficiency in Wisconsin

Barriers to efficiency in Wisconsin include challenges related to coordination and alignment across state

State agency leadership changes can also lead to shifts in vision and priorities, making it difficult to have continuity across administrations. New leaders must work to form relationships with other leaders across state agencies to carry out the work needed to sustain the B-5 ECSS which can result in lost momentum. One strategy for addressing this issue is to have strong, consistent partnerships across agencies at the civil service level, where staffing does not change based on election cycles and political appointments. In addition, alternating leadership cycles allow for continuity in leadership, with an incumbent serving on governing bodies (such as the ECAC) at all times.

An additional challenge for coordination and alignment is that programs in the B-5 ECSS in Wisconsin are often operated at the county or local level. Birth to 3 programs are administered by counties, and 4K programs are administered by school districts. State agency staff and stakeholders noted that local control makes it difficult for state agencies to know what is happening at the local level in different parts of the state. For example, state agencies often do not know how counties or school districts handle transitions between programs and the practices vary at the community level. Differences in local control also create challenges for state and local agencies in ensuring consistency and quality of service delivery across the state that ensures access to services for all children and families who may be eligible for the program.

Wisconsin's B-5 ECSS structure can also create challenges for families when transitioning between programs (see [Domain X](#) for more information about transitions). For example, the transition between Birth to 3 and ECSE, which can be challenging for families ([Branson & Bingham, 2009](#)), is further complicated by programs that are housed in two different state agencies.

Local agencies may not be well connected to other services in their community. For example, child care providers may not know about the Birth to 3 program or ECSE to make referrals for children who may have developmental delays or disabilities. This may create inequities in that families with more resources (e.g., education, time, money, knowledge of the community) may be better able to access services for their children than families who have fewer resources. Addressing these inequities is critical to ensuring access to high-quality programs and support services within the B-5 ECSS.

*What barriers currently exist to the funding and provision of high-quality early childhood care and education supports?*

## Inadequate Funding and Related Issues

The most common challenge stakeholders noted related to funding was a lack of adequate funding. Agencies rely heavily on federal funding and may not have adequate resources to fully fund programs and services that are essential for ensuring that children are ready to learn when they enter the public school system. As noted by one stakeholder, this lack of funding is sometimes due to a broader lack of understanding of the importance of ECE. Funding shortfalls were noted in several areas, including funding for direct services to children (e.g., three-year-old programming, 4K, Birth to 3, ECSE), funding to support the ECE workforce (e.g., wages, professional development), and funding for services that help families navigate the B-5 ECSS (e.g., Family Resource Centers, Child Care Resource and Referrals [CCR&Rs]). Although there has been a recent influx of funding related to COVID-19, stakeholders and state agency staff raised concerns about the lack of sustainability of grant-funded initiatives and funding for programs bolstered by ARPA and other pandemic-related funding. Stakeholders also noted inequities in



**Our early care and education system at large is underresourced and is fragmented such that families really have to take a lot of initiative to access services, and have a lot of resources and privilege, in order to be able to access the services. And that leads to both inadequate services overall and significant inequities.**

STAKEHOLDER FROM AN  
EDUCATION ADVOCACY  
ORGANIZATION IN  
SOUTHEASTERN WISCONSIN



funding. For example, in Wisconsin, a large share of public school funding (41.9% in 2017–2018) comes from property taxes, which can create inequities in educational outcomes across racial and economic groups ([Reschovsky, 2021](#)). Stakeholders also raised questions about how increases in expansion of universal preschool initiatives might impact the child care market, which is an issue that has been explored by researchers ([Bassok et al., 2016](#)). One stakeholder suggested that collaboration provides an important path forward for addressing this issue, as it can present a significant barrier to providing a full range of coordinated ECE program options to families with young children.

## Successful Efforts in Using Resources Effectively

*Have there been successful efforts in the state at implementing strategies that have improved the efficient use of resources?*

Despite the challenges described above, Wisconsin is utilizing strategies that are known to be effective in increasing efficiency of funding and other resources. Blended and braided funding, as well as public–private partnerships, are two examples of ways in which Wisconsin has used resources effectively in the B-5 ECSS.



**I know, probably one of the bigger issues that we've run into in the past with some bills, is we've got to find a way to work in areas where there are already existing early childhood providers—that we're not stepping on toes, that we find a way to collaborate and work with them.**

STAKEHOLDER FROM A  
STATEWIDE EDUCATIONAL  
ORGANIZATION

## Blended and Braided Funding

Blended and braided funding are financing strategies that increase efficiency, increase families' access to high-quality programs, and support continuity of care for children ([Wallen & Hubbard, 2013](#)). Funds from both CCDF and TANF are currently being used in Wisconsin to support families participating in Wisconsin Shares. Funding for Wisconsin Early Childhood Collaborating Partners (WECCP) is an initiative using a braided funding model. This initiative is funded by DPI, DHS, and DCF to support cross-sector professional development and the development of the Wisconsin Model Early Learning Standards. Historically successful, the WECCP has lost momentum and could be revitalized to strengthen collaborative efforts. Building on this existing partnership would be an efficient way to increase coordination among programs administered by the three state agencies, as well as provide support at the regional level for individuals working in the field.

## Public–Private Partnerships

Public–private partnerships occur when the public and private sectors join to meet a common goal ([ACE, 2015](#)). In Wisconsin, the 4K Community Approach (4KCA) is a comprehensive public–private partnership effort that involves local ECE partners that have a common goal of ensuring the well-being of children ([DPI, n.d.-b](#)). Partners include school districts, child care providers, Head Start, and ECSE programs (DPI, n.d.-b). In this approach, communities blend public and private funding to provide wraparound services and seamless ECE for children and families ([DPI, 2009](#)). DPI offers 4K Start-Up Grants to school districts implementing new 4K programs ([DPI, n.d.-m](#)). Programs are awarded up to \$3,000 per student in the first year of funding and up to \$1,500 per student in the second year of funding ([DPI, n.d.-m](#)).

The Head Start Collaboration Office supports Head Start programs in the development of public–private partnerships to benefit low-income children and families at the state and local levels ([Wisconsin Head Start Association \[WHSA\], 2019a](#)). In 2020, 76% of Head Start programs had 4K collaborations and 690 agreements were in place between Head Start programs and school districts to coordinate services for children with disabilities ([WHSA, 2020](#)). In 2020, children were served in Head Start programs through a variety of combined funding streams, including 1,113 children served through tribal enrollment, 809 children served through an Early Head Start and child care partnership,



**...it would be awesome to see a partnership, where the state legislature puts Wisconsin tax money in and where foundations and corporations dedicate and commit to that and we work together and say, “You know what? We can do better.”**

STAKEHOLDER FROM  
A STATEWIDE ADVOCACY  
ORGANIZATION



124 children funded through MIECHV (Maternal, Infant, and Early Childhood Home Visiting) enrollment, and 1,546 children who received Wisconsin Shares subsidies (WHSA, 2020).

Funds to promote public–private partnerships are being offered as part of PDG B-5 initiatives in Wisconsin. In 2021, Community Innovation Grants were awarded to seven organizations to engage in coordinated efforts to support young children and families in communities across Wisconsin (DCF, n.d.-h). A new grant initiative, Project Growth, provides funding to businesses that partner with ECE programs to provide child care to employees (DCF, n.d.-w). As part of Project Growth, the Partner Up! grant program will provide \$10 million in funding in 2022 to support businesses to purchase child care slots at existing providers (DCF, n.d.-w). The Dream Up! Program will provide \$8.1 million in 2022 to support 30 communities to evaluate and expand child care options in their community (DCF, n.d.-w). In 2019, DCF and the Wisconsin Early Childhood Association received a \$100,000 grant from the Pritzker Children’s Initiative for the Wisconsin Infant Toddler Policy Project to engage in planning a policy agenda and action plan to improve the quality and availability of care for infants and toddlers (Petrovic, 2019).

## Future Considerations

*Are there opportunities for a more efficient allocation of resources across the system?*

### Evaluate the Current Structure of the B-5 ECSS

Evaluating the current structure of the B-5 ECSS to identify what is working, what is not working, and what could be improved is critical to improving the efficiency and effectiveness of the system (Regenstein, 2020b). It is important that states have a cohesive vision for serving all children within the system (Smith & McHenry, 2021). Making changes that result in more coordinated services at the state, regional, and local levels that reflect a cohesive vision could improve access to high-quality programs and services for children and families.

## Expand Efficient Models of Funding

One way to increase the funding of ECE programs and the availability of high-quality ECE options for families is to further develop public–private partnerships by involving private businesses. Increasing the business community’s awareness of the importance of ECE and the associated economic benefits are key to increasing participation in public–private partnerships (ACE, 2015). A recent study found that arguing for the positive economic benefits of investing in ECE programs may be one way to increase interest in public–private partnerships, which in turn would increase child care access (KW2 Madison, 2021). Blended and braided funding provides another opportunity for increasing efficiency within the B-5 ECSS.

## Incorporate Lived Experience

Efforts have been underway to gather input from families who are accessing and engaging in the B-5 ECSS. Agency staff and stakeholders expressed a need for programs to continue gathering meaningful input about the lived experiences of families and the ECE workforce. This feedback could be used to understand specifically how the current governance structure either supports or hinders participation in state agency programs. Feedback gathered could be instrumental in making changes to the system that have positive impacts on the state’s young children and families.





## X. Transition Supports and Gaps

# X. Transition Supports and Gaps

The following questions from the federal guidance ([Administration for Children and Families \[ACF\], 2019, p. 6](#)) will be addressed in this domain:

- *What are the strengths and weaknesses of the transition supports for children moving from the early care and education system to school entry?*
- *Are there targeted supports for vulnerable or underserved children and children in rural areas? What is effective about these? What could be better?*
- *Are there transition supports across the age spans or are they for specific age populations? Are there transition policies/practices that support children in all types of care and education settings?*
- *What is effective about the supports for children with developmental delays or other special needs? What could be more effective about them? For this question you should look at both transition to kindergarten and transition between early intervention and preschool special education programs.*
- *How effective is the communication between early care and education providers and school systems? What could be done to improve that communication?*

## Key Findings

- **Long-standing programs help support transitions for children moving from the early care and education (ECE) system to school entry, including the Wisconsin Model Early Learning Standards, Wisconsin Core Competencies, Four-Year-Old Kindergarten (4K) Community Approaches, and collaborative agreements between ECE providers and school districts. Additionally, targeted programs support vulnerable and/or underserved children, such as Young Learners Tribal Language Revitalization Grants and the Child Development Division of UMOS (United Migrant Opportunity Services).**
- **Challenges related to transition supports include lack of program alignment, lack of knowledge of child development, lack of sharing of information and data across programs, and lack of communication between ECE providers and school systems.**
- **Opportunities for addressing issues related to transitions include building on current programs and targeted supports, by engaging families in the transition process, working toward program alignment, creating bridges between programs, and supporting transitions using child development as a foundation.**

Children under age five experience many transitions (e.g., from home to ECE settings, between age groups or program settings, and from preschool to kindergarten) (DCF, 2021a). Young children and their families experience a variety of feelings as they transition between settings or programs (Head Start Early Childhood Learning & Knowledge Center [ECLKC], n.d.-c). ECE programs can help children and families manage transitions successfully by understanding how children experience transition at different points in their development, implementing strategies to help children feel secure during the transition, and collaborating with families throughout the transition process (ECLKC, n.d.-c). There is no systematic statewide approach to transitions. Some ECE programs (e.g., Head Start, Birth to 3, Early Childhood Special Education [ECSE]) have federal guidelines or requirements related to transitions. Other programs (e.g., Four-Year-Old Kindergarten [4K], child care) manage transitions at the local or individual-program level. These varying approaches result in different experiences for children and families as they transition from one ECE program to another. Although many transitions occur from birth to age five, in this domain we will focus on the following:

- Transitions from preschool to kindergarten (i.e., from ECE to school system)
- Transitions from Early Intervention to ECSE
- Transitions from ECSE to kindergarten

## Strengths of Transition Supports

*What are the strengths of the transition supports for children moving from the early care and education system to school entry?*

Wisconsin has a history of successful collaborations that lay the foundation for strong transition supports for children moving from the ECE system to the school system. Strengths of the transition supports include statewide standards and competencies, 4K Community Approach (4KCA) programs, and collaborative agreements between ECE providers and school districts.

### Statewide Standards and Competencies

Statewide standards and competencies serve as a common thread for children, families, and educators in Wisconsin. The Wisconsin Model Early Learning

Standards (WMELS) are a research- and evidence-based framework of educational and developmental standards used from birth to first grade (Wisconsin Early Childhood Collaborating Partners [WECCP], 2020b). WMELS were developed so adults educating and caring for children from birth to first grade in Wisconsin have a common understanding of development and expectations (WECCP, 2020b). Similarly, Wisconsin Core Competencies were designed to create uniform professional development expectations across system partners (i.e., higher education, child welfare, home visiting, mental health, child care, Head Start, 4K, Five-Year-Old Kindergarten [5K], special education, afterschool, advocacy, etc.) (WECCP, 2019). Both WMELS and Wisconsin Core Competencies help strengthen the transition for young children in Wisconsin by providing consistent standards and competencies across programs and systems.

### 4KCA

Advocates in ECE consider the community approach to be a logical and effective way to provide universal 4K (DPI, n.d.-b). The 4KCA program in Wisconsin is an innovative, locally driven solution that encourages communities to merge their ECE efforts—including Head Start, early intervention, ECSE, child care, and 4K—into a single program at multiple sites (DCF et al., 2021). When a district offers 4K or 4KCA, it must be available for all age-eligible children in the district (DCF, 2020b). Wisconsin is one of few states in the country that maintains state funding for 4K/4KCA; districts offering services receive state funding for half-day programming (DCF, 2020b).

The 4KCA program provides opportunities for children to remain in the same facility for both 4K and child care (DPI, n.d.-b), which minimizes transitions and maximizes time for learning (DPI, n.d.-b). According to DPI, benefits for children include

- fewer transitions during the day;
- increased continuity of care;
- increased ability to provide inclusive settings for four-year-olds with special needs;
- easier transitions for three-year-olds entering 4K; and
- more information shared among 4K teachers, early childhood staff, and public school staff (DPI, 2013).

The State Superintendent Advisory Council for 4K and 4K Community Approaches works to increase the availability of 4K/4KCA options and make 4K accessible



to all children and families in Wisconsin. The council is composed of stakeholders from child care, Head Start, public school, and higher education communities ([State Superintendent’s Advisory Council for 4K and 4K Community Approaches, 2020](#)), and provides guidance to the Wisconsin state superintendent on efforts to expand 4K/4KCA. The council has also advocated for improved cross-sector family and community engagement activities ([DCF et al., 2021](#)).

## Collaborative Agreements Between ECE Providers and School Districts

Successful transitions require coordination and communication between ECE providers and schools ([DPI, n.d.-aa](#)). Local educational agencies (LEAs) receiving Title I funds are required by the Every Student Succeed Act to develop agreements and increase coordination with ECE providers (e.g., faith-based programs, family- or center-based child care, state-funded prekindergarten, Head Start), promoting a more seamless transition to kindergarten ([National Head Start Association \[NHSA\] & Council of Chief State School Officers \[CCSSO\], 2017](#)). Children enter school with various experiences and levels of what schools deem “readiness” for kindergarten; collaboration between LEAs and ECE programs provides opportunities to respond to these individual needs and to support children’s development and success in school ([NHSA & CCSSO, 2017](#)).

According to DPI, collaborative agreements between ECE providers and schools need to include the following:

- Developing and implementing a systematic procedure for transferring records
- Establishing channels of communication to coordinate programs
- Conducting meetings with parents and teachers from both entities to discuss the developmental and other needs of individual children
- Organizing and participating in joint professional development
- Linking the educational services provided by the LEA with Head Start ([DPI, n.d.-aa](#))

## Weaknesses of Transition Supports

*What are the weaknesses of the transition supports for children moving from the early care and education system to school entry?*

## Lack of Program Alignment

Wisconsin is working diligently to create statewide resources and structures to promote family engagement in their children’s education and successful transition from ECE to school entry ([DCF, 2020a](#)). Despite the existing structures that are in place, Head Start and state agencies throughout Wisconsin each have their own resources and materials for families, located on different websites and platforms and not always connected or easily accessible to providers or families ([DCF, 2020a](#)).

## Lack of Sharing Information and Data Across Programs

Sharing early assessment data and other information about a child prior to school entry is a significant challenge among different programs and services across the B-5 Early Childhood State System (ECSS) in Wisconsin ([DCF, 2020a](#)). State agency staff and stakeholders identified such barriers as lack of communication among programs, stark differences in data and assessment systems, and lack of a seamless handoff as a child transitions into kindergarten. For example, when children transition from Birth to 3 to

“

**[Early care providers] would really like to know what services and interventions Birth to 3 programs are offering to children so that the early care providers can reinforce those same kinds of systems, structures, etc. Yet oftentimes they just don’t have that information, so that they don’t know how to reinforce or amplify what it is that the kids that they’re serving are getting when they’re in Birth to 3.**

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SOUTHEASTERN WISCONSIN

other programs, the receiving programs report that they don't receive information to support children once they transition into their programs.

State agency staff also identified significant differences between data systems during the transition from 4K/4KCA to kindergarten:



**So that's really what we're finding...just a huge disconnect between 4K, especially our community approach programs, and our K-12 System. In terms of assessments, that is a big one...it's almost like going from one whole system to another.**

STATE AGENCY STAFF

Another challenge related to the sharing of data across programs is the need for a better process of information sharing between regular and special educators when a child transitions to kindergarten.



**We wish there was a better process [so] that information could be shared with the kindergarten teacher and the special education teacher. We wish...that they would take that information [about the performance level of the children] and use that as a starting point because we find that a starting point when they go to kindergarten is kind of zero.**

STATE AGENCY STAFF

In sum, the challenges related to sharing information and data across programs significantly impact transitions for young children and their families. These challenges were identified across transitions including 4K to 5K, early intervention to ECSE, and ECSE to kindergarten. In response to these challenges, stakeholders and state agency staff identified the need to have an individual whose primary responsibility is to support students and families through transitions and collaborate across agencies.

## Lack of Knowledge of Child Development

An understanding of child development can help educators and providers better understand how to respond to transition ([ECLKC, n.d.-d](#)). State agency staff and stakeholders identified challenges related to lack of knowledge of child development among ECE system personnel as they support children and families through transitions. These challenges include the need to prepare prior to transitions and for someone involved to have a knowledge of child development.



**Who's at the table even before the transition... to support the children with developmental delays or other special needs? Because...that's a huge continuum...and who gets to decide if the child has special needs or not? Especially in early childhood developmental...social, emotional, [and] behavioral needs. I'm wondering who is the expert in the room to be able to make that call?**

STATE AGENCY STAFF

The need for educators to be familiar with child development is also critical once children are identified as needing special education services beyond age three.



**Kids with IEPs [Individualized Education Programs], because of their atypical development and not following that typical trajectory, we really need to know what is the developmental continuum and where they are because they’re already what we would call “behind.”**

STATE AGENCY STAFF

Knowledge of child development is necessary for those working with children—from birth and continuing throughout their education—and their families, in order to ensure that children are assessed correctly and that their current levels of development are accurately identified, and to ensure that children can transition into services that are developmentally appropriate and meet their needs. This applies to those working with typically developing children as well as children with developmental delays or special needs.

## Supports for Vulnerable or Underserved Children and Children in Rural Areas

*Are there targeted supports for vulnerable or underserved children and children in rural areas? What is effective about these? What could be better?*

### Young Learners Tribal Language Revitalization Grants

In 2021, DPI and DCF awarded \$290,000 to Tribal Head Start and other tribal ECE programs for the support of American Indian language revitalization (DCF, n.d.-c). These grants were funded by Wisconsin’s PDG B-5 to

guide work in three areas: the transition from ECE to elementary school, academic outcomes in early grades, and reducing opportunity gaps (DCF, n.d.-c).

### UMOS (United Migrant Opportunity Services) Child Development Division

With school readiness at the core of everything they do, UMOs Child Development Division provides safe, nurturing, and high-quality ECE programs (United Migrant Opportunity Services [UMOS], 2021). The UMOs Migrant and Seasonal Head Start program, which includes Early Head Start, defines school readiness as children possessing the knowledge, skills, and attitudes needed for success in school and throughout their lives (UMOS, 2021). In the interest of promoting parental involvement in the transition from ECE to kindergarten, UMOs facilitates parent–teacher conferences, home visits, coordination with kindergarten teachers, open houses, information packets and field trips to local schools (UMOS, 2021).

## Transition Supports

*Are there transition supports across the age spans or are they for specific age populations? Are there transition policies/practices that support children in all types of care and education settings?*

### Transitions from Preschool to Kindergarten (i.e., from ECE to school system)

To be eligible to start 5K in a given school year, a child must turn five on or before September 1 of that year (DPI, n.d.-a). The transition into 4K or 5K is more than just getting children “ready” to enter kindergarten programming (DPI, n.d.-a). DPI describes this transition as a comprehensive process that should engage families, schools, and community members to make sure that children and families are provided with a continuum of educational services and supports (DPI, n.d.-a).

One of the keys to this successful transition, according to DPI, is developmentally appropriate practice (DAP) (DPI, n.d.-a), which is defined by the National Association for the Education of Young Children (NAEYC) as “methods that promote each child’s optimal development and learning through a strengths-based, play-based approach to joyful, engaged learning” (National Association for the



[Education of Young Children \[NAEYC\], 2020, p. 5\).](#)

According to NAEYC, DAP requires educators to gain understanding and knowledge using three core considerations: commonality in children’s development and learning, individuality reflecting each child’s unique characteristics and experiences, and the context in which development and learning occur ([NAEYC, 2020](#)).

In a study of transition practices among 4K and 5K teachers in the Madison Metropolitan School District, 4K teachers reported several practices to prepare children for 5K, including teaching social-emotional and academic skills needed for success in kindergarten, informing parents about what to expect when their children go to kindergarten, and making referrals to summer school if needed ([Lauter et al., 2020](#)).

Researchers found that information-sharing practices were generally limited, and 5K teachers were unaware of assessment data available for 4K students ([Lauter et al., 2020](#)). Teachers of 5K reported using kindergarten orientation, open house, and initial parent–teacher conferences (i.e., Ready, Set, Go conferences) to prepare children and families for the transition to 5K ([Lauter et al., 2020](#)). Teachers of both 4K and 5K agreed that sharing information about family context and children’s coping strategies is valuable to support child transitions ([Lauter et al., 2020](#)). Researchers recommended developing a template for sharing information between 4K and 5K programs and building trust between 4K and 5K teachers ([Lauter et al., 2020](#)). In a related study, 5K teachers in the district conducted home visits with a random sample of students from their incoming classes ([Woo et al., 2019](#)). Teachers reported learning valuable information about their students but faced challenges in scheduling, changes in class rosters, and accessing translators for multilingual families ([Woo et al., 2019](#)).

The experience of transitioning into kindergarten can vary for children and families in Wisconsin, depending on the ECE program they have participated in, including faith-based programs, family- and center-based child care programs, preschool, Head Start, and 4K. Each program has unique transition supports, which are inconsistent between programs, cities, and regions. For example, Head Start uses evidence-based transition practices throughout the year in an effort to bridge the path from Head Start to kindergarten and asserts that a successful transition is dependent on sharing information, building relationships, and program alignment ([ECLKC, n.d.-d](#)). Head Start offers

a variety of resources to families including videos, literature, and other successful tips that are posted on the Head Start website ([ECLKC, n.d.-d](#)). However, specific transitions and supports available vary by individual Head Start programs, and other ECE programs may not offer these supports.

While these differences are challenging, the Wisconsin Model Early Learning Standards (WMELS) offer consistency for children from birth through first grade, as they are used in ECE programs throughout Wisconsin, facilitating smooth transitions across settings ([WECCP, 2020b](#)). WMELS also complements other program standards, such as Head Start Performance Standards ([WECCP, 2020b](#)).

## Transitions from Early Intervention to ECSE

Many children receive early intervention (i.e., Birth to 3 program services) until the child turns three years old ([DHS, n.d.-a](#)). Before a child receiving these services reaches the age of two years nine months, the Birth to 3 program team, including family members, meets to discuss whether the child should be referred for special education services through the LEA ([DHS, n.d.-a](#)). If the program team does refer the child for services, an IEP team will complete an evaluation to determine



**I think parents have a very hard time with that transition because Birth to 3 and school [are] different... they are two very different things.**

**MULTILINGUAL CAREGIVER OF CHILD WITH A DISABILITY**

eligibility for special education services ([DHS, n.d.-a](#)). If the child is found eligible, the IEP team will decide on services to be included in the child’s IEP and the best learning environment for that child to receive services ([DHS, n.d.-a](#)). On the child’s third birthday, the child will leave the Birth to 3 program, and if found eligible for special education services, the IEP will be implemented on the child’s third birthday or on the first day of school following the third birthday ([DHS, n.d.-a](#)).

## Transitions from ECSE to Kindergarten

Every school district in the state is responsible for providing a range of special education and related services to children with disabilities ([DPI, n.d.-i](#)). Part of this continuum of services consists of including children with disabilities in ECE and kindergarten programs ([DPI, n.d.-i](#)). When children transition from ECSE services to kindergarten, communication and collaboration among all team members (i.e., family members, ECSE team, kindergarten team) are key to ensuring a smooth transition ([Early Childhood Technical Assistance Center \[ECTA Center\], 2017](#)). Recommended practices include designating one ECSE team member to develop a transition plan, sharing records with the kindergarten program after obtaining parental permission, coordinating transition planning meetings with the kindergarten team, and encouraging families to share information about their child with the kindergarten team ([ECTA Center, 2017](#)). In addition, the ECSE team can prepare children for the transition by coordinating an opportunity for the child and family to visit the kindergarten classroom and meet teachers, and by reading books and having discussions about the transition to kindergarten ([ECTA Center, 2017](#)).

*What is effective about the supports for children with developmental delays or other special needs? What could be more effective about them? For this question you should look at both transition to kindergarten and transition between early intervention and preschool special education programs.*

A major benefit of the transition process from Birth to 3 to ECSE is that the early intervention team supports the family and child throughout the transition ([DHS, n.d.-a](#)). Some of these supports include providing information about the transition process, sharing options for services or activities after age three, discussing eligibility for services with the family, and collaborating with the family to develop plans for how to support their child's transition ([DHS, n.d.-a](#)).

A variety of resources are available as effective tools for providing information and supporting children with developmental delays and special needs as they make this transition, including the following:

- Resources from the DPI website
  - » Information about Wisconsin schools and the public education system generally ([DPI, n.d.-l](#))
  - » Transitional roadmaps for families that outline the transition planning process from Birth to 3

to ECSE services in the public school system ([DPI, n.d.-r](#))

- » The Preschool Transition application for use by an LEA to access all notifications and referrals received from the Birth to 3 program ([DPI, n.d.-bb](#)). This application is also used to complete the required Indicator 12 reporting for each child ([DPI, n.d.-bb](#))
- » Special Education Procedural Safeguards: Rights for Children and Families ([DPI, n.d.-y](#))
- Additional resources for families
  - » [Birth to 3 Program Transition Timeline for Families: Process for Children Leaving the Birth to 3 Program at Age 3](#)
  - » Wisconsin Statewide Parent Educator Initiative—helps families and school districts build positive working relationships that lead to shared decision making and children's learning ([Wisconsin State Parent Educator Initiative, 2022](#))
  - » Parent to Parent of Wisconsin—provides support to parents of children with special needs through one-to-one connections with other parents with similar experiences ([Parent to Parent of Wisconsin, 2021](#))
  - » Wisconsin Family Assistance Center for Education, Training & Support—provides services to help Wisconsin families and educators support and enrich the lives of children with disabilities ([Wisconsin Family Assistance Center for Education, Training & Support, n.d.](#))



**There are so many caring families with amazing kids that are really doing great work collaborating with providers. I think communities rally together to see the importance of early intervention as a way of providing for successful transitions for children, which I think is a really good source.**

STAKEHOLDER FROM A SCHOOL  
SERVING AMERICAN INDIAN  
CHILDREN AND FAMILIES

# Communication between ECE Providers and School Systems

*How effective is the communication between early care and education providers and school systems? What could be done to improve that communication?*

State agency staff and stakeholders identified the need for better system alignment, communication, and collaboration among ECE providers and school systems. The fragmented systems and processes often result in frustration for these personnel and for the families of children making these transitions. Families reported feeling overwhelmed as they transitioned between different programs and processes in ECE and the school district (e.g., Birth to 3 to ECSE). For families, navigating the system sometimes felt like a “full-time job” because agencies didn’t communicate with each other, making it difficult to find answers for supporting their child.

In response to challenges related to lack of communication, alignment, and collaboration across systems, state agency staff and stakeholders identified the need for better “bridging” and a smoother handoff as children transition into kindergarten. One way in which communication and collaboration could be improved is to have an individual whose primary responsibility is to support students and families through transitions and collaborate across agencies.



**[Having] that point person that helps the handoff when you’re talking to a family and you’re saying... this is what the experience is going to be like....I think that’s really potentially a game changer in how families are receiving services and ensuring that they’re actually receiving them.**

**STAKEHOLDER FROM A STATEWIDE HEALTH CARE ORGANIZATION**

# Future Considerations

Children under age five experience many transitions (i.e., home to ECE setting, between age groups or program settings, and from preschool to kindergarten) ([DCF, 2021a](#)). Wisconsin has a history of successful collaborations that lay the foundation for strong transition supports for children moving from the ECE system to school entry. The lack of a systematic statewide approach to transitions presents a challenge for Wisconsin educators and administrators. Opportunities for addressing issues related to transitions include building on current programs and targeted supports by engaging families in the transition process, working toward program alignment, creating bridges between programs, and supporting transitions using child development as a foundation.

## Engage Families in the Transition Process

Family engagement is essential for children’s success and is built on shared roles and mutual respect between educators and families; engagement also reinforces families’ aspirations and strengths ([DCF, 2020a](#)). Transitioning from ECE into kindergarten, or from Birth to 3 to ECSE services, can be overwhelming for families, especially given the inconsistency between programs and differences in transitions and procedures (e.g., schedules, curricula, Individualized Family Service Plans, IEPs, delivery of services). It is important for families to feel they have a voice in their child’s care and education.

Program leaders are the foundation of successful transitions and create a culture of collaboration among families, staff, early education partners, schools, and community stakeholders ([ECLKC, n.d.-e](#)). They aim to create mutual understanding, ongoing communication, and trusting relationships, which are all components of successful collaboration among partners and families ([ECLKC, n.d.-e](#)).

## Work Toward Program Alignment

A goal for the use of PDG-R funds is to improve outcomes among children entering kindergarten through increased collaboration and better alignment of policies and procedures within ECE programs and across related programs ([DCF, 2020a](#)). Alignment helps to ensure that the activities and expectations in the current settings create the foundation for learning in the next setting



(ECLKC, n.d.-e). In order to create continuity for children and families, leaders need to work toward alignment across programs, including coordination of family engagement, curricula, child outcomes, and assessment instruments and processes ([ECLKC, n.d.-e](#)).

The need to share data as children move from ECE into the school systems (e.g., sharing early assessment data and other information learned about a child prior to school entry) is a critical component for ensuring positive transitions. This was identified in the needs assessment process as an area to define, refine, and analyze ([DCF, 2020a](#)). In order to promote data sharing and align programs and assessment, sending and receiving programs should work together to do the following: (1) compare assessment tools and practices, (2) discuss data analysis and the use of data to inform program planning, (3) collaborate on what assessment will be shared between programs and how it will be shared, and (4) collaborate on how to include families in assessment of their child’s progress and what information to share once they begin kindergarten ([DCF, 2020a](#)).

## Create Bridges between Programs

Given the challenges related to lack of program alignment and lack of sharing information of data across programs, stakeholders and state agency staff expressed the need for better connection and bridging between programs. A key factor in creating bridges between programs is the need for strong coordination between LEAs and Head Start and other ECE providers ([NHSA & CCSSO, 2017](#)). This coordination and collaboration is essential to facilitating a successful transition to school and also results in other benefits, including reduction in child stress; higher social-emotional competence at the start of the school year; improved academic growth; and increased family involvement, particularly for children and families living in poverty ([NHSA & CCSSO, 2017](#)).

Stakeholders and state agencies also identified the need for a stronger handoff between programs. For example, a 5K teacher could attend an exiting IEP process for children going from 4K into a 5K system. At that meeting, child outcome ratings could be shared by the 4K teacher, including ratings for the child’s social-emotional development, cognition, and adaptive behaviors. This process would allow for a more seamless handoff from the 4K to the 5K program.

## Support Transitions Using Child Development as a Foundation

Across the B-5 ECSS, there is a need to increase knowledge of child development and to use it as a foundation when working with children and families to support transitions within and across settings. Supporting transitions can have a positive impact on children and families, and having an understanding of child development can help educators and providers better understand how to respond to transition ([ECLKC, n.d.-d](#)).







## XI. System Integration and Interagency Collaboration



# XI. System Integration and Interagency Collaboration

The following questions from the federal guidance ([Administration for Children and Families \[ACF\], 2019, p. 6](#)) will be addressed in this domain:

- *What policies and practices are in place that either support or hinder interagency collaboration?*
- *What practices are in place that reflect effective and supportive interagency collaboration supporting young children and families?*

## Key Findings

- **Wisconsin’s interagency councils and governing bodies provide a structure to promote cross-agency collaboration. Mandates for collaboration are effective in supporting collaboration across the Birth to 5 Early Childhood State System.**
- **Policies and practices that hinder collaboration include siloed programs and lack of staff capacity, inability to share data and information, and inconsistent definitions across programs.**
- **Collaborative practices in Wisconsin that support young children and families include having dedicated family navigators, incorporating lived experience, and developing partnerships at the local level.**

## Importance of Interagency Collaboration

Interagency collaboration is a key component of a well-functioning B-5 Early Childhood State System (ECSS) that supports optimal developmental outcomes for young children. Collaboration, communication, and coordination across programs at the state and local levels are key to ensuring systems that promote positive outcomes for young children ([Kasprzak et al., 2019](#)). For example, at the state level, interagency collaboration is critical for ensuring that infants, toddlers, and preschool-age children with disabilities transition successfully between early intervention (e.g., Birth to 3) and early childhood special education (ECSE) services ([Kasprzak et al., 2019](#)). At the local level, interagency collaboration is a key component of effective local services to support all children, including children in the child welfare system ([Casey Family Programs, 2020](#)).

## Policies and Practices that Support Interagency Collaboration

*What policies and practices are in place that support interagency collaboration?*

Policies, practices, and structures that support interagency collaboration within the B-5 ECSS include interagency councils and governing bodies, and mandates for collaboration across programs.

### Interagency Councils and Governing Bodies

Wisconsin has several leadership and governing bodies in place to facilitate the coordination of services across the B-5 ECSS.

- Wisconsin Early Childhood Collaborating Partners is a collaboration between DPI, DCF, and DHS that combines funding efforts and provides opportunities for stakeholders to



share information regarding issues of cross-sector interest, state initiatives, and research-based practices ([Wisconsin Early Childhood Collaborating Partners \[WECCP\], 2020a](#)).

- The State Superintendent’s Advisory Council for 4K and 4K Community Approaches provides guidance to the state superintendent to improve and expand Four-Year-Old Kindergarten (4K) services in Wisconsin ([DPI, n.d.-z](#)).
- The Governor’s Birth to 3 Interagency Coordinating Council monitors the implementation of Birth to 3 services in the state and provides recommendations to improve the Birth to 3 system ([DHS, 2016](#)).
- The Governor’s Early Childhood Advisory Council works to ensure that all children and families have access to high-quality early childhood programs and services in the B-5 ECSS ([DCF, n.d.-g](#)).
- The Leadership Council on Early Years is an interagency committee of state agency leaders who work to promote coherence across the B-5 ECSS ([DCF, n.d.-o](#)).
- The Office of Children’s Mental Health supports and encourages collaboration across state agencies, nongovernment mental health programs, advocates, and individuals with lived experiences to improve and strengthen children’s mental health and well-being ([Wisconsin Office of Children’s Mental Health, n.d.-b](#)).
- The Child Abuse and Neglect Prevention Board collaborates with organizations across the state to support community-based and family-centered strategies that prevent child maltreatment and strengthen families ([Child Abuse & Neglect Prevention Board, n.d.](#)).

## Federal, State, and Local Requirements for Collaboration

Some programs have mandates requiring collaboration with other programs that provide related services for ensuring child and family well-being. These mandates are effective in promoting collaboration that may not happen otherwise.

For example, requirements within the child welfare system support collaboration among programs. Federal policies support the enrollment of children in ECE programs like Head Start, early intervention, and child care subsidies because children in the child welfare system experience benefits from participating in ECE programs ([Casey Family Programs, 2020](#)). Wisconsin’s Family Foundations Home Visiting (FFHV) program

collaborates with Head Start and the Child Abuse and Neglect Prevention Board as required by the Child Abuse Prevention and Treatment Act ([Child Welfare Information Gateway, 2019](#)). Wisconsin’s Child Protection Services has an automated system for referrals to the Birth to 3 program for children who are victims of a substantiated allegation of child abuse or neglect ([Division of Safety and Permanence, 2019](#)). Given that young children in the child welfare system often experience delays in development, this automated system helps ensure that children receive early intervention services to optimize developmental outcomes ([Division of Safety and Permanence, 2019](#)).



**So that’s one way to make collaboration a priority, right, is to make it a federal requirement.**

STATE AGENCY STAFF

## Policies and Practices that Hinder Interagency Collaboration

*What policies and practices are in place that hinder interagency collaboration?*

Policies and practices that hinder interagency collaboration include siloed programs and lack of staff capacity, inability to share data and information across programs, and inconsistent definitions across programs.

## Siloed Programs and Lack of Staff Capacity

Many state agencies, organizations, and programs operate within silos, which impacts collaboration. State agency staff and stakeholders described the following issues related to silos and lack of staff capacity:

- Lack of communication across agencies or programs
- Turf or power dynamics
- Differing vision or agendas across agencies or programs
- Lack of time to collaborate with other staff
- Duplication of work across agencies
- Limited flexibility to collaborate with others outside of one’s own agency



**They [Head Start and 4K] are all in many ways very siloed. They have separate funding sources. They have separate regulations. And so it would be really awesome if there were [a] much more kind of unified system.**

STAKEHOLDER FROM A  
STATEWIDE NONPROFIT AGENCY

State agency staff suggested strategies for addressing these challenges, including

- looking to the local level for examples of effective and supportive collaborations that could be replicated at the state level to support young children and their families (see description below of effective local partnerships),
- devoting additional staff time to collaborating to allow staff to learn about other programs within and across agencies, and
- designating individuals who are responsible for connecting the dots across state-level agencies and programs to support interagency collaboration.

## Inability to Share Data and Information

Each state agency has separate data systems, which creates another barrier to collaboration. Specifically, sharing participants' data and information is not always seamless, which can impact collaboration on shared initiatives and result in duplicated efforts. For example, the FFHV program has team members who are employed within two different state agencies. Challenges described by participants include difficulty sharing files, using virtual meeting platforms, and developing and monitoring contracts because of different systems.

## Inconsistent Definitions

Agencies sometimes use inconsistent definitions, which can create further operational challenges and barriers to collaboration. For example, state agency staff explained that DPI and Head Start use the McKinney-Vento definition of homelessness, which is relatively broad ([DPI, n.d.-j](#)), while the U.S. Department of Housing and Urban Development uses a narrower definition ([U.S. Department of Housing and Urban Development, 2014](#)). This results in challenges when partnering between agencies to assist families with locating housing.



**Individual programs are somewhat siloed in what we do. So when it comes to collaboration, when we finally get brought together it feels as though we spend a lot of time learning about what other agencies or programs are doing, versus if we collaborated more regularly, we could really just get into the meat of the work right away and not spend so much time upfront really getting to know each other's programs.**

STATE AGENCY STAFF





It's just kind of like daily logistics...we have separate shared drives, so it can be more challenging to share files. And then [we were using] a different virtual platform...Maybe it seems small, but when you experience it on a daily basis it's really frustrating. Especially when you just want to get to the meat of the meeting and talk about the important stuff.

STATE AGENCY STAFF



## Practices that Reflect Interagency Collaboration to Support Young Children and Families

*What practices are in place that reflect effective and supportive interagency collaboration supporting young children and families?*

Practices that reflect effective and supportive interagency collaboration include family navigators, incorporating lived experiences, and partnerships at the local level.

### Family Navigators/Family Resource Specialists

The role of the family navigator or the family resource specialist is to ensure that families are able to successfully engage in and navigate programs and supports. The family navigator provides support to help families navigate the administrative burden across different systems (e.g., home visiting or child care subsidy). For example, for families of children with disabilities, a family navigator helps families know what supports are available to them and helps them access those supports in health care, community, and school programs ([Wisconsin Family and Caregiver Support Alliance, 2020](#)).

Some ECE programs have dedicated family navigators. Head Start programs, for example, provide comprehensive health and family services and employ staff whose primary role is to connect families with community services ([Wisconsin Head Start Association \[WHSA\], 2020](#)). In 2020, Head Start programs employed 493 family and community partnership staff ([WHSA, 2020](#)). As another example, connecting families with community services that promote children's development is a primary responsibility of home visitors in both the FFHV and Birth to 3 programs. Having dedicated navigators supports collaboration as these individuals are able to dedicate the time needed to develop relationships with service providers in other local agencies and become more knowledgeable about services in their area. These collaborative relationships ultimately help connect families to needed services.





“

**What really is effective to promote collaboration is really the individual champions of the work and the need for those directives to come from the top down and to be supported by the leadership so that work is given the adequate time and support that's needed to carry out the tasks to support the collaboration across agencies.**

STATE AGENCY STAFF

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**I had reached out to our family advocate at [our] home visitors' staff meeting this morning. We have seven of them on staff that work with Head Start families. Like I mentioned earlier, we feel [this] is such a resource-rich community, and it is the role of our home visitors to meet with families, and set goals for those families, and connect them with resources in the community.**

STATE AGENCY STAFF

**We're often just doing things that we think are going to bridge those gaps or meet those needs. Hearing from families [and] really using those groups to figure out, are we hitting the mark or are we doing the right thing? And how are the decisions that we're making impacting the people that we're intending to serve?**

STATE AGENCY STAFF

## Incorporating Lived Experience

System leaders can create lasting improvements in the B-5 ECSS by seeking to incorporate the voices and experiences of families who have participated in the system ([Wisconsin Office of Children's Mental Health \[OCMH\], n.d.-a](#)). Including people with lived experience provides an authentic perspective that builds equity and reduces barriers to accessing services, empowers individuals who have participated in services, and builds compassion in professional stakeholders ([OCMH, n.d.-a](#)). It is critical to identify and capture diverse voices for input and feedback into the services provided. When lived experience is incorporated, it allows ECE professionals to hear from families participating in various programs, which in turn helps to build better collaboration.

State agencies are engaging in several new initiatives to incorporate family voices in an intentional way. The Office of Children's Mental Health's Lived Experience Partners program is an example of an existing program incorporating lived experience ([OCMH, n.d.-b](#)). Lived Experience Partners share their stories and ideas, based on their own journey, with organizational leaders and peers to advocate for systems change ([OCMH, n.d.-b](#)).

DCF hired its first Lived Experience Coordinator and launched the Parent Leaders in Child Welfare Stakeholder Group in January 2021 ([DCF, n.d.-i](#)). Both are efforts to elevate the lived experience of families in the child welfare system to support strategic transformation ([DCF, n.d.-i](#)). The Parent/Caregiver Equity Advisory Cabinet is a new initiative that will bring caregiver voices and lived experiences into program and policy planning ([DCF, n.d.-k](#)). Caregivers are currently being recruited for this cabinet which will begin meeting in 2022. DCF's Division of Family and Economic Security is also launching a Survivor Advisory Panel composed of domestic violence survivors who share input and recommendations on programs and initiatives of the Domestic Violence Task Force.

## Local-Level Partnerships

State agency staff and stakeholders indicated that programs at the local or community level are collaborating effectively to develop networks to support families within their local communities. Stakeholders described relationships as a key to effective partnerships. Examples of successful local collaborations are described below.

- 4K Community Approaches (4KCA) are locally driven public-private partnerships in which



local early childhood programs work together to provide full-day ECE options for children ([DPI, n.d.-b](#)). Many communities have formed successful 4KCA partnerships to support young children and their families ([DPI, n.d.-b](#)).

- County Birth to 3 agencies and home visiting programs collaborate to support young children and families through referrals to Birth to 3 programs. County Birth to 3 agencies also partner with local school districts to transition children to ECSE services.
- Local Community Action Agencies connect low-income individuals to support services ([Wisconsin Community Action Program Association, n.d.](#)).
- Family Resource Centers collaborate with local housing, medical providers, religious organizations, and other local organizations.

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**I think the biggest strength is that we all value cross-sector connections. We value our relationships with families [and] the relationships that we have with other community partners, and...we recognize we are a part of a bigger picture.**

STAKEHOLDER FROM A  
PUBLIC SCHOOL PROGRAM  
IN NORTHERN WISCONSIN

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# Appendix A. Methodology

**Table A1. State Agency Office, Bureau, and Program Participants in Attendance at Kickoff Meetings**

Agency	Offices, Bureaus, and Programs
Wisconsin Department of Children and Families	Secretary's Office
	Division of Early Care and Education: DECE Administrator's Office
	Bureau of Analytics and Research
	Wisconsin Works Program
	Bureau of Child Support Services: BCSS
	Bureau of Early Care Regulation: BECR
	Bureau of Performance Management: BPM
	Bureau of Refugee Programs
	Bureau of Safety and Well-Being: BSWB
	Family Foundations Home Visiting Program
	Bureau of Working Families: BWF
	Bureau of YoungStar: BOY
Head Start Collaboration Office	
Wisconsin Department of Health Services	Bureau of Children's Services
	Birth to 3 Program
	Division of Medicaid Services
Wisconsin Department of Public Instruction	Office of the State Superintendent

**Table A2. Kickoff Meeting Discussion Questions**

Topic	Discussion
Interagency Collaboration	<ul style="list-style-type: none"> <li>• What policies or practices are in place that reflect effective and supportive interagency collaboration supporting young children and families?               <ul style="list-style-type: none"> <li>» How were they developed?</li> <li>» What would need to happen for them to spread to other areas, agencies, or sectors?</li> </ul> </li> <li>• What policies and practices are in place that hinder interagency collaboration?               <ul style="list-style-type: none"> <li>» Potential prompts: lack of information, knowledge about other programs; lack of communication between program staff; inability to share data; funding restraints; administrative rules/burden (for staff or families); staff capacity</li> </ul> </li> <li>• Are there specific funding policies and practices that support or hinder interagency collaboration?</li> </ul>
Vulnerable and Underserved Populations	<ul style="list-style-type: none"> <li>• Who are the vulnerable or underserved populations in your programs?               <ul style="list-style-type: none"> <li>» What are their characteristics in terms of race/ethnicity, recency of immigration, language spoken at home, poverty and low-income status, concentration in certain cities or towns and/or neighborhoods, rurality, families interacting with other systems (e.g., child protective services, the criminal justice system)?</li> <li>» What makes these groups vulnerable or underserved?</li> <li>» Are there any vulnerable or underserved groups that you wish were served in your program but aren't?</li> </ul> </li> <li>• What are the challenges in serving vulnerable populations?</li> <li>• What are successful strategies for working with these groups?               <ul style="list-style-type: none"> <li>» In what ways have you been particularly successful in developing quality environments for any particular populations or in any particular settings?</li> <li>» Are there specific initiatives, tools, to share?</li> <li>» What made these efforts successful and what needs to be done to replicate them?</li> </ul> </li> </ul>



*Table A2. Kickoff Meeting Discussion Questions (cont.)*

<b>Topic</b>	<b>Discussion</b>
Availability and Quality of Early Care and Education (ECE)	<ul style="list-style-type: none"> <li>• What do you see as your biggest need and opportunity to improve the availability of early care and family supports, particularly for vulnerable or underserved children?               <ul style="list-style-type: none"> <li>» Are services available (and well-staffed)?</li> <li>» How hard/easy are they to access for families (why)?</li> <li>» Are they meeting family needs/interests?</li> </ul> </li> <li>• What would you describe as your current strengths in making care available across populations and settings?               <ul style="list-style-type: none"> <li>» Examples of initiatives, tools, success stories?</li> <li>» What programs or supports do you have available that help ensure that early care and education settings are helping vulnerable or underserved children access needed support services, such as health care, food assistance, housing support, and economic assistance? What works well about these programs or supports? What could work better?</li> <li>» What programs or supports do you have available that help ensure that early care and education settings are able to connect families in crisis to needed programs or services (e.g., family violence programs, emergency economic assistance, mental health care, substance abuse treatment)? What works well about these programs or supports? What could work better?</li> </ul> </li> <li>• What would you describe as your early childhood care and education system’s current strengths in terms of quality of care across settings?               <ul style="list-style-type: none"> <li>» What does high-quality service look like in your area?</li> <li>» How is quality measured?</li> <li>» How is quality information used/shared (with whom, what processes)?</li> <li>» Are there tools, initiatives, success stories?</li> </ul> </li> <li>• What would you describe as key gaps in quality of care across settings?               <ul style="list-style-type: none"> <li>» Services, resources, staffing, cultural responsiveness, evidence-based curriculum?</li> <li>» What additional information would be helpful to your program? What do you need from others?</li> </ul> </li> </ul>

**Table A3. Biweekly Meeting Topics and Discussion Questions**

Topic	Discussion
Transitions for Children with Special Needs	<p>What is effective about the supports for children with developmental delays or other special needs? What could be more effective about them? For this question you should look at both transition to kindergarten and transition between early intervention and preschool special education programs.</p> <p>From Birth to 3 to Early Childhood Special Education (ECSE) and from ECSE to kindergarten: How are parents of children with special needs currently provided with information about transitions? Is the information provided in a culturally and linguistically sensitive manner? What is effective about the information provided? What could be improved? Have there been any innovative efforts to improve transitions? How effective were they? How effective is the communication between early care and education providers and school systems? What could be done to improve that communication? What resources should we look at for the Needs Assessment regarding transitions for children with special needs (e.g., reports, studies, papers)? Who else should we be talking to about transitions for children with special needs (e.g., community partners, other state agencies)?</p>
Equity	<p>What framework does your agency use in considering equity? What would you describe as your current strengths in addressing equity in your programs? What do you see as the biggest challenges in addressing equity in your programs? What initiatives do you currently have underway to address equity? How is structural and systemic racism being addressed in your programs? How do these initiatives align with other frameworks being used in the state (e.g., Governor’s Health Equity Council, Governor’s Council on Equity and Inclusion)? How does the impact of structural and systemic racism across ECE and broader Birth to 5 (B-5) Early Childhood State System (ECSS) influence the outcomes of children and families in your programs? What resources should we look at for the Needs Assessment regarding equity (e.g., reports, studies, papers)? Who else should we be talking to about equity (e.g., community partners, other state agencies)?</p>
B-5 ECSS Quality and Availability; Access to Support Services	<p>What do we mean by availability?</p> <ul style="list-style-type: none"> <li>• How does your agency/program define or determine availability of ECE and ECSS services? Is there a consistent agency-wide definition? How do you measure availability?</li> <li>• Are services available at all? Are they adequately staffed? Are they easy for families to navigate? Are they the services families need/want?</li> <li>• What do you see as your greatest need and opportunity to improve the availability of early care and education and ECSS family support services, particularly for vulnerable or underserved children?</li> <li>• What would you describe as your current strengths in making early care and education and family support services available across populations and settings?</li> </ul> <p>What do we mean by quality?</p> <ul style="list-style-type: none"> <li>• How does your agency/program define quality? Is there a consistent agency-wide definition? How do you measure quality?</li> <li>• What do high-quality ECE and family support services look like?</li> <li>• What are different dimensions of quality identified by families, programs, and research?</li> <li>• What would you describe as current strengths in the system, in terms of quality of ECE and family support services?</li> <li>• What would you describe as key gaps in quality of services?</li> </ul> <p>What resources should we look at for the Needs Assessment regarding quality (e.g., reports, studies, papers, etc.)? Who else should we be talking to about quality (e.g., community partners, other state agencies)?</p>

**Table A3. Biweekly Meeting Topics and Discussion Questions (cont.)**

Topic	Discussion
Children Living in Rural Areas	<p>How does your program define rural? What works well about this definition? What is problematic about it? How do you think we should define rural when we analyze data for this Needs Assessment? Why?</p> <p>Using your definition, who are the children who live in rural areas in Wisconsin? What are their characteristics in terms of race/ethnicity, recency of immigration, language spoken at home, poverty, and low-income status? Are they concentrated in certain regions of the state? Are data available on how far they typically live from an urban area? What are the strengths and weaknesses of the data we have? Are there initiatives underway to improve these data?</p> <p>What are the best ways to address these varying definitions of rural in order to get the most accurate picture of how the state is identifying and serving rural children and families?</p>
Parent and Family Voice, Family Engagement	<p>What initiatives do you have in place to promote and increase involvement by, and engagement of, parents and family members in the development and education of their children? How do you work to ensure that individuals with lived experience are authentically represented in this process? What works well about these initiatives? What could be better? What resources should we look at for the Needs Assessment regarding family engagement (e.g., reports, studies, papers)?</p>
Measuring Progress	<p>What measurable indicators currently exist that you are using to track progress? What are the strengths and the weaknesses of these indicators? Include the extent to which they can be used to describe the current conditions experienced by vulnerable, underserved, and rural populations? What opportunities are currently underway involving developing additional measurable indicators to track progress? What resources should we look at for the Needs Assessment regarding measurable indicators of progress (e.g., reports, studies, papers)? Who else should we be talking to about measurable indicators of progress (e.g., community partners, other state agencies)?</p>
Transition from Prekindergarten to Kindergarten	<p>What are the strengths and weaknesses of the transition supports for children moving from the early care and education system to school entry? Are there targeted supports for vulnerable or underserved children and children in rural areas? What is effective about these? What could be better? Are there transition supports across the age spans or are they for specific age populations? Are there transition policies/practices that support children in all types of care and education settings? How are parents currently provided with information about transitions? Is the information provided in a culturally and linguistically sensitive manner? What is effective about the information provided? Have there been any innovative efforts to improve transitions? How effective were they? How do the supports differ based on the type of early care and education provider (e.g., Head Start, state/territory prekindergarten, home care provider, private or religious-based provider)? How effective is the communication between early care and education providers and school systems? What could be done to improve that communication? What resources should we look at for the Needs Assessment regarding transition to kindergarten (e.g., reports, studies, papers)?</p>
Governance	<p>What are the primary challenges that you see related to governance? How does the state's current governance structure either support or hinder creating an equitable early childhood system, where services reach the children and families who need them most? What challenges do you think the current governance structure creates for families using the B-5 system in Wisconsin? What changes do you think could be made that would improve governance of early childhood programs in Wisconsin? Do the three state agencies have the same priorities for the B-5 system?</p>
Impacts of COVID-19	<p>How has COVID-19 impacted the children and families served in your programs? How does equity intersect with the impact of COVID-19 (i.e., have you seen different impacts for different populations)? What initiatives have been implemented in the State of Wisconsin to help mitigate the negative impacts of the COVID-19 pandemic on young children and their families? What other initiatives would you recommend? What resources should we look at for the Needs Assessment regarding the impacts of COVID-19 (e.g., reports, studies, papers)? Who else should we be talking to about this topic (e.g., community partners, other state agencies)?</p>



**Table A4. Number of Stakeholders Interviewed by Program Type and Region of the State**

<b>Program Type</b>	<b>Northern</b>	<b>Northeast</b>	<b>South Central</b>	<b>Southeast</b>	<b>West Central</b>	<b>Statewide</b>
Early Childhood Advocacy Organizations				1		1
Early Care and Education (ECE) Professional Organizations						1
ECE State/ Regional/Local Collaboratives						
Public Schools/ Cooperative Education Service Agency (CESA)		3	1	2		2
Family Resource Center	1					
Health						1
Higher Education				1	1	
Nonprofit and Philanthropic				1		1
Parent and Family Advocacy Organization						2
State Agencies and Boards	1		1	1	2	1
Tribal Entities				1		1
<b>Total</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>7</b>	<b>3</b>	<b>10</b>

**Figure A1. Stakeholder Interview Questions**

1. Tell us about your current role in your job at (insert name of agency/organization).
2. What other positions have you held in the early childhood field, or related fields, in Wisconsin?
3. What do you see as the biggest strengths of the Birth to 5 early childhood system in Wisconsin?
4. What do you see as the greatest challenges in the Birth to 5 system in Wisconsin?
5. What support programs (e.g., housing, employment, etc.) do you partner with the most in your current position?
6. What are the greatest strengths and most difficult barriers for families in accessing the benefits of these support programs?
7. What would you recommend to improve early care and education in Wisconsin and why?

Figure A2. Codes for Biweekly Meetings and Stakeholder Interviews

**Definition:** any references to how a program defines something.

**Rural:** any references to children and families living in rural areas; could include demographics or references to programs and services; anything having to do with families in rural areas.

**Transitions:** anything related to children transitioning from early care and education (ECE) programs to kindergarten/elementary school, anything related to children with delays or disabilities from Birth to 3 to early childhood special education.

**Quality:** any references to the quality of early childhood programs, defining or describing quality, how families define or think about quality, measuring quality, YoungStar, Quality Rating Improvement System (QRIS).

**Availability:** how available or accessible services are to children and families; includes access, child care deserts.

**Affordability:** how affordable early childhood programs are for families; references to the cost of child care or to the cost of other early childhood programs.

**Family Engagement:** anything about families, parents; family involvement; lived experience of families.

**Measuring Progress:** any references to using indicators, assessments, etc. to track progress in meeting program outcomes). For example, there may be references to tracking third-grade reading outcomes, housing stability, mental health outcomes, employment, child development, etc.

**Data:** references to issues with data, data gaps, data that is collected, data initiatives.

**Governance:** state organizational structure including how the departments of Public Instruction, Children and Families, and Health Services are set up and related to one another within the ECE system as a whole; which agencies are responsible for, have decision-making authority for, and are accountable for particular programs; challenges of this structure; ECAC (Early Childhood Advisory Council).

**Funding:** any references to how programs are paid for or funded, funding streams, braided funding.

**Workforce:** any references to issues related to educators who directly work with young children and families—child care providers, teachers, home visitors; examples might include workforce shortages, low wages, retention.

**System:** any references to the Birth to 5 system as a whole.

**Collaboration:** references to a program or agency working with other programs or agencies, programs collaborating with families, communication, team work, policies that either promote or hinder collaboration. Note: If the comment is about collaboration with families, please also code as “Family Engagement”.

**Equity:** anything related to equity/inequities, structural or systemic racism, disparities, fairness, social justice, etc.

**COVID-19:** any references to COVID-19, the pandemic, effects of the pandemic, etc.

**Strength:** any references to strengths, positives, successes, what’s working.

**Challenge:** any references to challenges, weaknesses, barriers, problems, hindrances, what’s not working.

**Recommendation:** any suggestions for initiatives, changes to programs or services, improvements that can be made.

**ECE Programs:** Four-Year-Old Kindergarten (4k), child care, Head Start, Early Head Start, Family Foundations Home Visiting, early intervention, Birth to 3, Early Childhood Special Education, kindergarten

**Support Programs:** All programs that provide support to families that are not early childhood programs: housing, WIC (Special Supplemental Nutrition Program for Women, Infants, and Children), SNAP (Supplemental Nutrition Assistance Program), child welfare, health care, job assistance programs, etc.

**Quote:** code anything that a speaker says that you think would make a good quote. This may be because it summarizes the topic/point well, is well said, etc.

Figure A3. Family Interview Demographic Survey

**University of Wisconsin-Whitewater**  
**Consent Agreement for Online Research Study Involving Human Subjects**

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**Description:** The Investigators of this project are conducting a Needs Assessment for Wisconsin's Department of Children and Families (DCF). The project is being conducted by the University of Wisconsin-Whitewater for the Wisconsin Department of Children and Families (DCF) and with the collaboration of the University of Wisconsin-Madison. The purpose of this project is to better understand the availability and quality of existing programs in Wisconsin that support children from birth to age 5. The information gathered in the Needs Assessment will provide information to assist efforts so that all Wisconsin families will have access to high-quality, affordable, local early care and education opportunities.

The purpose of this consent agreement is to invite families and caregivers to participate in a brief survey and a 45-60-minute interview. If you agree to participate in the study, you will be directed to the next page which will go to the survey. The survey will ask you a few questions about you and your family (e.g., how many people live in your family, the ages of your children, your race) and for contact information to set up a possible interview. If you meet criteria to participate in the interview, a member of our research team will contact you to schedule the interview. During the interview we will ask you questions about your perspectives and insights about the quality and availability of early childhood programs and supports. A member of the research team will conduct the interview using Zoom or phone if needed. The interview will be recorded and transcribed for later data analysis.

**Research Risks:** There are minimal risks associated with your participation in the project. Anticipated risks may be associated with illegal access of electronic data from an unknown source; however, safeguards will be in place to prevent that from happening. Many precautions have been taken to ensure the security and privacy of your responses, however as a participant in electronically collected research data, you need to be aware that there is always a risk of intrusion by outside agents such as hacking, and therefore a risk of being identified.

**Research Benefits:** Benefits include: the opportunity to reflect, share, and provide recommendations for programs for children birth to age 5. The information you share will be used to understand the experiences of children and families as they participate and engage in these programs.

**Special Populations:** Not applicable.

**Time Commitment and Payment:** The survey will take less than five minutes. If you participate in an interview, it will last approximately 45-60 minutes. You will receive a \$25 gift card after you complete the interview. If you are not invited to participate in an interview, you will receive a \$5 gift card for completing the survey.

**Safeguarding the Identity of Participants:** All information gathered in this research study will be stored in secure electronic and/or physical locations and protected to the extent afforded by law. However, since this research is conducted in a public education setting, some electronic communications may be subject to open records requests. Each participant will be given an ID number. These ID numbers will be stored in a secure electronic location. Your name will not be used on any documents that contain your interview or survey responses. Interviews and survey responses will be stored in a location that is separate from the location for storing participant ID numbers.



Figure A3. Family Interview Demographic Survey (cont.)

The results of this study will be shared with the Wisconsin Department of Children and Families and will be summarized in a written report and other publications (e.g., an education journal). No names or other identifying information will be used in written reports. For example, if we were to include a quote from your interview, we would not use your real name or any other information that would allow someone to identify you.

**Consent for Future Use of Data:** Data (e.g., a transcript of your answers from the interview), with all identifying information removed, will be kept indefinitely and may be used for future research by the researchers in this study or by others. Because all identifying information will be removed, your participation in this study authorizes this potential future use of unidentifiable data without further notification.

**Permission to Audio or Video Tape:** During your participation in this project, your interview will be audio recorded using Zoom or phone. The recordings will only be used for transcribing and recording of data and will only be accessible to the researchers. They will be retained for a minimum of three years as required by federal guidelines, and then destroyed.

**Right to Withdraw:** Your participation in this study is entirely voluntary. You may choose not to participate without any adverse consequences to you. However, should you choose to participate and later wish to withdraw from the study, there is no way to identify your anonymous document (e.g., a transcript of your interview) after it has been submitted to the investigator.

**IRB Approval:** This study has been reviewed and approved by The University of Wisconsin-Whitewater's Institutional Review Board (IRB). The IRB has determined that this study meets the ethical obligations required by federal law and University policies. If you have questions or concerns regarding this study please contact the Principal Investigator. If you have any questions, concerns, or reports regarding your rights as a research subject, please contact the IRB Administrator.

**IRB Administrator:**

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If you would like a copy of this consent page for your records, right click with your mouse and select "print".

I certify that I am at least 18 years of age or older, that I have been offered a copy of this consent document. Do you agree to participate in this study?

- Yes, I agree to participate
- No, I do not agree to participate.

Figure A3. Family Interview Demographic Survey (cont.)

What is your first and last name?

Including you, how many adults (18 years of age and older) are in your household?

How many children (under 18 years of age) are in your household?

- 1
- 2
- 3
- 4
- 5
- 6 or more

What are their ages in years?

- Child 1
- Child 2
- Child 3
- Child 4
- Child 5
- Child 6
- Child 7

Are you single, married, or living with a partner?

- Single
- Married
- Living with a partner

What is your annual household income?

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 or more

What is the highest level of education you have completed?

- Some high school
- High school diploma or GED
- Some college
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral degree

What is your race/ethnicity?

- Non-Hispanic American Indian or Alaskan Native (AIAN)
- Non-Hispanic Asian
- Non-Hispanic Black or African American
- Hispanic or Latino
- Non-Hispanic Native Hawaiian or Other Pacific Islander
- Non-Hispanic White
- 2 or more race groups-please specify

Does your child have an identified disability or a delay?

- Yes
- No

What is the primary language that your family speaks at home?

Do you speak any other languages? If yes, please specify.

- Yes
- No

What early childhood programs do you and your family use or have you used in the past (check all that apply)?

- Family child care
- Group child care center
- 3K
- 4K
- Early Head Start
- Head Start
- Birth-3/County Early Intervention
- Early Childhood Special Education
- Public Elementary School
- Private Elementary School
- Other (list all other programs)
- None of the above

Figure A3. Family Interview Demographic Survey (cont.)

What other support programs do you and your family use or have you used in the past (check all that apply)?

- Wisconsin Shares
- Supplemental Nutrition Assistance Program (SNAP)
- Wisconsin Works (W2)
- Women Infants and Children (WIC)
- Supplemental Security Income (SSI)
- Children's Health Insurance Program (CHIP)
- Katie Beckett Program
- Family Foundations Home Visiting (FFHV)
- Other (list all other programs)
- None of the above

What is your home address (so that we may send you a gift card to thank you for your time)?

- Address
- City
- State
- Postal code

If you meet the criteria for participating in an interview, we will contact you to schedule an interview. Please provide your contact information below

- Name
- Email address
- Confirm email address
- Phone number

Would you prefer to be contacted by email or by phone?

- Email
- Phone

If you meet the criteria for participating in an interview, would you prefer to complete the interview over Zoom or by phone?

- Interview over Zoom (video)
- Interview by phone

From which agency did you find out about this survey?



## Figure A4. Family Interview Questions

1. Tell us about your experiences with (fill in all program name(s) like Head Start, 4K, early childhood special education based on their survey responses).

**Prompt:** What did you like?

**Prompt:** What could have been better?

**Prompt (if the family does not talk about all programs):** Can you tell me about your experiences with [program name]?

2. Tell us about your experiences with (fill in support program names like BadgerCare, WIC).

**Prompt:** What did you like?

**Prompt:** What could have been better?

**Prompt (if the family does not talk about all programs):** Can you tell me about your experiences with [program name]?

3. How did you find out about these programs and whether or not you were eligible? Describe the process. (**Note:** If the family already described how they found out about programs and whether or not they were eligible skip this question or series of questions).

**Prompt:** How easy/hard is it to find and apply for the services you need?

**Prompt:** Which aspects were easy and why?

**Prompt:** Which aspects were hard and why?

4. In [insert program name like Head Start or 4K], how have you been involved in making decisions and setting goals for your child?

**Prompt:** How do you and your child's teacher communicate with each other? Is there back and forth sharing of information?

**Prompt:** Have there been any barriers or challenges to participating in your child's programs?

**Prompt:** Are there other ways you would like to be involved?

**Prompt (if the family does not talk about all programs and time allows):** Ask above questions related to other programs.

5. In what ways have the early care and education programs you've participated in reflected your family's cultural traditions, customs, and home language?

**Prompt:** How could this be improved or enhanced?

6. How have you given feedback to programs about your positive experiences as well as any concerns?

**Prompt:** Have any changes been made as a result of your feedback? Explain.

7. What is missing from the programs and services your family participated in? What other services do you need?

Please ask the questions in the section below that are appropriate based on the family you are interviewing (e.g., if you are interviewing a family member who has a child with a disability or a child who is a multilingual learner). You may ask more than one set of questions if they apply (e.g., ask both sets of questions if you are interviewing a family who has a child with special needs who is also a multilingual learner).

Figure A4. Family Interview Questions (cont.)

Question Number	Families of Children with Special Needs	Families of Multilingual Learners	All other Families
8.	<p>How have your child’s special needs been met in their early childhood education programs? Explain.</p> <p><b>Prompt:</b> What about these programs could be better? What else do you wish was available to help support your family?</p>	<p>We want to understand the experiences of families who are newcomers to the country and families who have been in the country for a while. Tell us about your experience either as a newcomer or someone who has been in the country for a while. What programs and supports have you found to be helpful?</p> <p>How have your child’s language or communication needs been supported in their early childhood program? Explain.</p> <p><b>Prompt:</b> What about these programs could be better? What else do you wish was available to help support your family?</p>	n/a
9.	<p><b>For families who have a <u>child with special needs under age three</u>:</b></p> <p>Have you received information about the transition from birth to three to early childhood special education? If so, explain.</p> <p><b>Prompt:</b> Do you have concerns about your child’s transition to early childhood special education? If so, explain.</p> <p><b>Prompt:</b> Were you able to choose and/or were you satisfied with the choice for your child’s special education placement?</p> <p><b>For families who have a <u>child with special needs over age three</u>:</b></p> <p>Have you received information about the transition to kindergarten including special education services in kindergarten? If so, explain.</p> <p><b>Prompt:</b> Do you have concerns about your child’s transition to kindergarten? If so, explain.</p> <p><b>Prompt:</b> Were you able to choose and/or were you satisfied with the choice for your child’s special education placement?</p> <p><b>If time allows, go back and ask families of children over age three the questions for families of children under age three to get their perspective on the transition from birth to three to early childhood special education.</b></p>	<p><b>For all other families who have a child under age three:</b></p> <p>If you have transitioned from one early childhood program to another (e.g., child care to Head Start), how was your experience when transitioning across programs?</p> <p><b>For all other families who have a child over age three:</b></p> <p>Have you received any information about transition to kindergarten including information about your rights and choices related to services for multilingual learners? If so, explain.</p> <p><b>Prompt:</b> Do you have concerns related to your child’s transition to kindergarten? If so, describe your concerns.</p>	

**Figure A4. Family Interview Questions (cont.)**

10. If you could recommend one thing to improve early care and education in your community, what would that be and why?
11. Is there anything else you'd like us to know about your experience navigating early childhood services?

**Figure A5. Search Terms for Wisconsin Reports and Other Resources**

Access	Early Intervention	Mixed-delivery system
Affordability	Availability (of ECE)	Needs assessment
Birth to Five	English learners	Preschool
Block grants	Equity	Quality (ECE)
Children in rural areas	Family engagement	Risk and reach
Dual language learners	Head Start	Systems
Early childhood programs	Health	Transitions
Early childhood Special Education (ECSE)	Home visiting	Vulnerable children
	Kindergarten (readiness)	

**Figure A6. Key Questions for Coding Wisconsin Reports by Needs Assessment Domain**

- Does this report give definitions of key terms?
- Does this report provide information on characteristics of populations of children and families served in Wisconsin?
- Does this report provide information on the number of children being served (or waiting to be served) in programs?
- Does this report provide information on the quality of early care and education (ECE) programs (e.g., child care, Four-Year-Old Kindergarten [4K], preschool) services, staff, environment, etc.?
- Does this report provide information about availability of ECE programs (e.g., child care, 4K, preschool)?
- Does this report talk about how we don't have enough data or research on early childhood programs or other services and/or what is being done to address these gaps?
- Does this report talk about services, and supports (i.e., support services like health care, housing, etc.) that connect families and children (from our focal populations—see #2 domain) to high-quality care and education?
- Does this report talk about measurable indicators that currently track progress for the goals of the Preschool Development Grant (PDG) and the strategic plan?
- Does this report talk about safety issues with child care or school buildings?
- Does this report talk about a lack of facilities/buildings?
- Does this report talk about issues or barriers related to funding or running programs and services?
- Does this report provide information about transitions between programs and/or supports available to families?
- Does this report discuss policies and practices that support or hinder interagency collaboration?
- Does this report specifically address the issue of equity?



# Appendix B. Definitions

*Table. 2021 and 2022 Needs Assessment Definitions and Evidence for Changes in Definitions*

Term	2021 Definition	2022 Definition <sup>a</sup>	Evidence/Explanation
Wisconsin Birth to 5 Early Childhood State System (B-5 ECSS)	<p>The policy and infrastructure components that support and influence the well-being of children and families across core ECE [early care and education] programs, including</p> <ul style="list-style-type: none"> <li>• Child Care</li> <li>• Early Head Start and Head Start</li> <li>• Part C of IDEA [Individuals with Disabilities Act] (Birth to 3 Program)</li> <li>• Home Visiting</li> <li>• Local education agency-sponsored early childhood programs               <ul style="list-style-type: none"> <li>» Part B, Section 619 of IDEA (Early Childhood Special Education)</li> <li>» 4-Year-Old Kindergarten (4K) and 4-Year-Old Kindergarten Community Approach (4KCA)</li> <li>» Title I Preschools</li> </ul> </li> </ul> <p>In addition, it encompasses a wide range of ECE programs and services that strengthen, engage, and stabilize families and their infants and young children, including supports that target health and wellness. *These include but are not limited to programs such as Medicaid; the Children’s Health Insurance Program (CHIP); Title V Maternal and Child Health Programs; Healthy Start; Child and Adult Care Food Program (CACFP); the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and child abuse and neglect and family-support programming (<a href="#">Wisconsin Department of Children and Families [DCF], 2020a</a>).</p>	<p><b>“Core ECE [early care and education] programs, including the Child Care and Development Fund and state child care, which may include center-based, family child care, and informal care providers; Early Head Start and Head Start; the Maternal, Infant, and Early Childhood Home Visiting Program, and other state or locally funded home visiting services; Part C and section 619 of Part B of IDEA [Individuals with Disabilities Education Act]; state preschool programs; and programs funded by Title I of the ESEA [Elementary and Secondary Education Act]. In addition, it also includes a wide range of ECE programs and services that strengthen, engage, and stabilize families and their infants and young children including supports that target health and wellness, such as Medicaid; the Children’s Health Insurance Program (CHIP); Title V Maternal and Child Health Programs; Healthy Start; Child and Adult Care Food Program (CACFP); the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and the infrastructure components that support these programs and services”</b> (<a href="#">DCF, 2020a, p. 5</a>).</p>	<p>We used the federal definition of B-5 ECSS. We added <a href="#">Figure 1</a> (see <a href="#">Domain I</a>), which includes examples of core ECE programs and support programs and services in the B-5 ECSS.</p>

<sup>a</sup>**Bold** = New substantive text added to the 2022 definitions

*Table. 2021 and 2022 Needs Assessment Definitions and Evidence for Changes in Definitions (cont.)*

Term	2021 Definition	2022 Definition <sup>a</sup>	Evidence/Explanation
Core ECE Programs	Core ECE Programs were not defined in the 2021 Needs Assessment.	<p><b>“(A) a Head Start program or an Early Head Start program...(B) a State licensed or regulated child care program; or (C) a program that—(i) serves children from birth through age six that addresses the children’s cognitive (including language, early literacy, and early mathematics), social, emotional, and physical development; and (ii) is—(I) a State pre-kindergarten program; (II) a program authorized under section 619 or part C of the Individuals with Disabilities Education Act; or (III) a program operated by a local educational agency”</b> (<a href="#">DCF, 2020a, pp. 4–5</a>).</p>	This definition was added to clarify the two primary components of the B-5 ECSS (i.e., core components and support programs and services).
Support Programs and Services	Support Programs and Services were not defined in the 2021 Needs Assessment.	<p><b>Programs and services that provide support to families to ensure child and family well-being and support optimal child development</b> (see <a href="#">Domain I, Figure 1</a>).</p>	This definition was added to clarify the two primary components of the B-5 ECSS.

<sup>a</sup>**Bold** = New substantive text added to the 2022 definitions

*Table. 2021 and 2022 Needs Assessment Definitions and Evidence for Changes in Definitions (cont.)*

Term	2021 Definition	2022 Definition <sup>a</sup>	Evidence/Explanation
Equity	<p>The absence of unfair, unjust differences among groups of people in a system, particularly among vulnerable or underserved populations. Equity in ECE means that children, families, and the ECE workforce experience culturally and linguistically responsive interactions that nurture their full range of social, emotional, cognitive, physical, and linguistic abilities; that reflect and model fundamental principles of fairness and justice; and reduce inequity. (Adapted from <a href="#">Wisconsin Department of Children and Families [DCF], 2020b</a>; National Association for Education of Young Children <a href="#">[NAEYC], 2019a</a>; <a href="#">World Health Organization, 2022</a>.)</p>	<p>The absence of unfair, unjust differences among groups of people in a system, particularly among vulnerable or underserved populations.</p> <p>Equity in ECE means that children, families, and the ECE workforce have <b>access to and meaningful engagement in high-quality programs and supports in the B-5 ECSS:</b></p> <ul style="list-style-type: none"> <li>• in which they experience culturally and linguistically responsive interactions that nurture their full range of social, emotional, cognitive, physical, and linguistic abilities;</li> <li>• <b>in which lived experience is valued and reflected in decision-making processes;</b> and</li> <li>• that reflect and model fundamental principles of fairness and justice and reduce inequity (adapted from <a href="#">DCF, 2020b</a>; National Association for Education of Young Children <a href="#">[NAEYC], 2019a</a>; <a href="#">World Health Organization, 2022</a>).</li> </ul>	<p>State agency staff from the Department of Public Instruction (DPI), the Department of Health Services (DHS), and the Department of Children and Families (DCF) who work in programs supporting young children and their families discussed equity issues during needs assessment information-gathering meetings. These discussions were considered in modifying the definition of equity. Staff described power imbalances, the impact of inequities on child outcomes, and environmental disadvantages as they related to inequity. We also reviewed several national- and state-level definitions and descriptions of equity. We added components from these other sources, particularly around the concepts of opportunity and accessibility.</p> <p><b>Equity Starts Early</b></p> <p>“An equitable child care and education system supports all children’s health and development, including socio-emotional development related to a child’s cultural, racial, and linguistic identity. In addition, it provides affordable access and high-quality choices to all parents and employs its caregivers in high-quality jobs with a baseline living wage and a pathway to higher wages based on knowledge, skills, and competencies.” (<a href="#">Johnson-Staub, 2017, p. 3</a>)</p>

<sup>a</sup>**Bold** = New substantive text added to the 2022 definitions



*Table. 2021 and 2022 Needs Assessment Definitions and Evidence for Changes in Definitions (cont.)*

Term	2021 Definition	2022 Definition <sup>a</sup>	Evidence/Explanation
Equity (cont.)			<p><b>Governor’s Health Equity Council</b></p> <p>“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.” (<a href="#">Governor’s Health Equity Council, 2020, p. 17</a>)</p> <p><b>DPI, Wisconsin Response to Intervention Center, and the Disproportionality Technical Assistance Network Model to Inform Culturally Responsive Practice</b></p> <p>“Educational equity means that every student has access to the resources and educational rigor they need at the right moment in their education, across race, gender, ethnicity, language, ability, sexual orientation, family background, and/or family income.” (<a href="#">Wisconsin Department of Public Instruction [DPI], n.d.-j, para. 1</a>)</p>

<sup>a</sup>**Bold** = New substantive text added to the 2022 definitions

*Table. 2021 and 2022 Needs Assessment Definitions and Evidence for Changes in Definitions (cont.)*

Term	2021 Definition	2022 Definition <sup>a</sup>	Evidence/Explanation
Equity (cont.)			<p><b>DCF Equity and Inclusion Plan</b></p> <p>“Equity is the elimination of explicit and implicit bias and systemic injustice through the creation of fair and full opportunity and accessibility for all built on respect and dignity.” (<a href="#">DCF, n.d.-f., p. 7</a>)</p> <p><b>DCF Equity and Inclusion Lens</b></p> <p>“DCF uses the following Equity and Inclusion Lens as a transformative tool to: 1. Identify systemic and institutionalized racism, bias, disparity, and inequality in practices, policies, procedures, and programming. 2. Analyze data and information for racism, bias, disparity, and inequity in order to: a. Move towards more equitable and inclusive planning, programming, decision-making, and resource allocating b. Ensure that everyone, particularly members of underrepresented groups (communities of color, low socioeconomic populations, vulnerable populations, people with disabilities and other disenfranchised peoples) are included as equal participants at every level of policy, procedure, and program processes. 3. Work to equalize power in decision-making and opportunities for self-governance so that all Wisconsin children and youth are safe and love members of thriving families and communities.” (<a href="#">DCF &amp; Center for Community and Nonprofit Studies, 2020, p. 29</a>)</p>

*Table. 2021 and 2022 Needs Assessment Definitions and Evidence for Changes in Definitions (cont.)*

Term	2021 Definition	2022 Definition <sup>a</sup>	Evidence/Explanation
Inclusion	<p>Ensuring the right of all people to involvement in a B-5 ECSS System that empowers all participants—regardless of race, ethnicity, gender, ability, religious beliefs, socioeconomic status, or family circumstance—to achieve equitable outcomes across ECE. (adapted from National Association for Education of Young Children <a href="#">[NAEYC] &amp; the Division for Early Childhood, 2009</a>).</p>	<p>Ensuring the right of all people to <b>authentic access, participation, and belonging in their community</b> B-5 ECSS, <b>which provides programs and supports</b> that empower all participants—regardless of race, ethnicity, gender, ability, religious beliefs, socioeconomic status, or family circumstance—to achieve equitable outcomes <b>and reach their full potential</b> (adapted from <a href="#">NAEYC &amp; DEC, 2009</a>).</p>	<p>We updated this definition to include key components from the following state and national sources:</p> <p><b>Division for Early Childhood and the National Association for the Education of Young Children (NAEYC) Joint Position Statement on Early Childhood Inclusion</b></p> <p>“Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports.” (<a href="#">NAEYC &amp; DEC, 2009, p. 2</a>)</p> <p><b>DCF Equity and Inclusion Plan</b></p> <p>“Inclusion is the intentional creation of an environment that ensures all individuals of all identities can authentically participate and belong with respect and dignity.” (<a href="#">DCF, n.d.-f, p. 7</a>)</p>



*Table. 2021 and 2022 Needs Assessment Definitions and Evidence for Changes in Definitions (cont.)*

Term	2021 Definition	2022 Definition <sup>a</sup>	Evidence/Explanation
ECE Workforce	The people working within the ECE system and its programs ( <a href="#">DCF, 2020b</a> ).	The people working <b>within core ECE programs, including child care providers, Head Start and Early Head Start teachers, Four-Year-Old Kindergarten (4K) teachers, Birth to 3 providers, home visitors, early childhood special educators, English-language specialists, and other early childhood professionals serving children and families.</b>	<p>We updated this definition to include all individuals who serve children from birth to age five and their families within core ECE programs as defined in Wisconsin’s B-5 ECSS. Concerns were expressed by state agency staff about whether we are only talking about child care professionals. Stakeholders noted concerns related to differences between child care providers and those in public school positions in terms of salary and respect for the profession. We also looked at the following definition of workforce:</p> <p><b>Research Connections Child Care and Early Education Glossary</b></p> <p>“The broad range of individuals engaged in the care and education of young children. Members of the early childhood workforce may include teaching, caregiving and administrative staff, as well as consultants, learning specialists, and others that provide training and Technical Assistance to programs.” (<a href="#">Child Care &amp; Early Education Research Connections, n.d., para. 3</a>)</p>

<sup>a</sup>**Bold** = New substantive text added to the 2022 definitions

*Table. 2021 and 2022 Needs Assessment Definitions and Evidence for Changes in Definitions (cont.)*

Term	2021 Definition	2022 Definition <sup>a</sup>	Evidence/Explanation
Availability	<p>Availability was not defined in the 2021 Needs Assessment. However, the 2021 Needs Assessment indicates that “Wisconsin believes that the availability of ECE to children and families lies at the intersections of a strong workforce supporting accessible, affordable, high-quality early care and education that is centered on equity and inclusion” (<a href="#">DCF, 2021b, p. 19</a>).</p>	<p><b>The extent to which families are able to choose ECE programs and services from their neighborhood or surrounding areas that meet their needs.</b></p>	<p>Availability was not specifically defined in the 2021 Needs Assessment. We therefore developed a definition for the 2022 Needs Assessment.</p> <p>Availability is related to the components of the Preschool Development Grant framework in many ways. For example, an underpaid workforce leads to limited availability and an increased cost of care, both of which decrease access. Available programs may not be of high-quality, which also limits access. These issues disproportionately impact vulnerable populations, making this an issue of equity and inclusion. As stated in the previous Needs Assessment, “availability of ECE to children and families lies at the intersection of a strong workforce supporting accessible, affordable, high-quality early care and education that is centered on equity and inclusion” (<a href="#">DCF, 2020b, p. 19</a>).</p> <p><b>Research Connections Child Care and Early Education Glossary</b></p> <p>“Definition of Child Care Availability: Refers to whether Quality child care is accessible and available to families at a reasonable cost and using reasonable effort.” (<a href="#">Child Care &amp; Early Education Research Connections, n.d., para. 1</a>)</p>

<sup>a</sup>**Bold** = New substantive text added to the 2022 definitions

*Table. 2021 and 2022 Needs Assessment Definitions and Evidence for Changes in Definitions (cont.)*

Term	2021 Definition	2022 Definition <sup>a</sup>	Evidence/Explanation
Availability (cont.)			<p><b>Diversity Data Kids Report</b></p> <p>“Neighborhood availability of early care and education (ECE)—i.e. the mix, quantity, quality and capacity of caregiving arrangements and early learning programs, supports and resources in a child’s neighborhood and the nearby areas—shapes what families can access with ‘reasonable effort.’” (<a href="#">Hardy et al., 2021, p. 23</a>)</p>

<sup>a</sup>**Bold** = New substantive text added to the 2022 definitions



*Table. 2021 and 2022 Needs Assessment Definitions and Evidence for Changes in Definitions (cont.)*

Term	2021 Definition	2022 Definition <sup>a</sup>	Evidence/Explanation
Access	The ability for all children and families to identify, engage with, and participate without barriers in quality ECE programs that meet their needs ( <a href="#">DCF, 2020b</a> ).	The ability of all children and families, <b>with reasonable effort</b> , to identify, engage with, and participate in <b>affordable</b> , quality <b>core</b> ECE programs and services that <b>support the child’s development and meet the family’s needs</b> .	<p>We made changes to reflect key components of the definition of access in the literature, particularly “reasonable effort,” “affordability,” and desired outcomes (i.e., supporting children’s development and meeting family’s needs). These themes were also evident in our data gathering with stakeholders. State agency staff discussions focused on families having a range of choices and not having to settle for what was available in their area despite programs not meeting their needs.</p> <p><b>Office of Planning, Research and Evaluation Research Brief</b></p> <p>“Access to early care and education means that parents, with reasonable effort and affordability, can enroll their child in an arrangement that supports the child’s development and meets the parents’ needs.” (<a href="#">Friese et al., 2017, p. 5</a>)</p> <p><b>Research Connections Child Care and Early Education Glossary</b></p> <p>“Child Care Access: Refers to the ability for families to find quality Child Care Arrangements that satisfy their preferences, with reasonable effort and at an affordable price. Accessibility: Refers to the availability of child care when and where a family needs it.” (<a href="#">Child Care &amp; Early Education Research Connections, n.d., para. 5</a>)</p>

<sup>a</sup>**Bold** = New substantive text added to the 2022 definitions

*Table. 2021 and 2022 Needs Assessment Definitions and Evidence for Changes in Definitions (cont.)*

Term	2021 Definition	2022 Definition <sup>a</sup>	Evidence/Explanation
Access (cont.)			<p><b>Diversity Data Kids Report</b></p> <p>“ECE Access: ‘Access’ to high quality ECE depends on four factors: 1) affordability, 2) ‘reasonable’ effort to find, enroll and attend a program, 3) alignment with parents’ needs (e.g. hours of operation), and 4) programs/ services that support a child’s developmental needs (e.g. linguistic needs) (U.S. Office of Planning, Research &amp; Evaluation, 2017).” (<a href="#">Hardy et al., 2021, p. 11</a>)</p>
Affordability	<p>The extent to which price is or is not a barrier to accessing and participating in the ECE programs and services that a family needs. ECE programs are affordable when their price does not jeopardize a participating family’s quality or standard of living.</p> <p>The extent to which the WI B-5 ECSS and its programs and services have adequate funding sources to equitably serve the children, families, and communities that need them and support the workforce’s quality or standard of living (<a href="#">DCF, 2020b</a>).</p>	<p>The extent to which price is or is not a barrier to accessing and participating in the <b>core</b> ECE programs and services that a family needs. <b>Core</b> ECE programs are affordable when their price does not jeopardize a participating family’s quality or standard of living.</p>	<p>We removed the second part of the 2021 definition. Although funding impacts affordability, it is separate from the definition. Funding, and how it relates to affordability, will be addressed in other sections of the 2022 Needs Assessment.</p> <p><b>Research Connections Child Care and Early Education Glossary</b></p> <p>“The degree to which the price of child care is a reasonable or feasible family expense. States maintain different definitions of ‘affordable’ child care, taking various factors into consideration, such as family income, child care Market Rates, and Subsidy acceptance, among others.” (<a href="#">Child Care &amp; Early Education Research Connections, n.d., para. 6</a>)</p>

<sup>a</sup>**Bold** = New substantive text added to the 2022 definitions

*Table. 2021 and 2022 Needs Assessment Definitions and Evidence for Changes in Definitions (cont.)*

Term	2021 Definition	2022 Definition <sup>a</sup>	Evidence/Explanation
Quality	<p>The ability of ECE programs to meet the following attributes of quality:</p> <ul style="list-style-type: none"> <li>• Research/evidence-based</li> <li>• Meet industry standards</li> <li>• Meet individual program requirements</li> <li>• Data-driven</li> <li>• Responsive to children, families, community, and workforce needs</li> <li>• Able to provide measurable and observable indicators of their success, including outcomes among children entering kindergarten (<a href="#">DCF, 2020b</a>).</li> </ul>	<p>The ability of core ECE programs to meet the following attributes of quality:</p> <ul style="list-style-type: none"> <li>• Evidence-based curriculum that is <b>developmentally appropriate, and culturally and linguistically appropriate, for families and children enrolled in the program</b></li> <li>• <b>Warm and responsive interactions between teachers and children</b></li> <li>• <b>Family-centered approaches that include authentic relationships that empower families and connect them with support services and programs in their community to support child and family well-being</b></li> <li>• A physical environment that meets <b>health and safety</b> standards and promotes child development</li> <li>• <b>A well-trained, diverse ECE workforce that is supported to implement best practices with children and families through coaching and ongoing technical assistance</b></li> <li>• <b>Assessment of individual child and family outcomes; data-driven decision making; and measurable and observable indicators of program success, including outcomes among children entering kindergarten</b></li> <li>• <b>Leadership that effectively implements policies and practices that are responsive to the needs of children, families, the ECE workforce, and the community</b></li> </ul>	<p>We considered state and national sources, as well as perspectives of state agency staff in modifying the definition of quality. One important component of these discussions with state agency staff focused on ensuring a race equity lens when defining quality. Participants also discussed how definitions of quality vary based on who is defining the term (e.g., different families may view quality in different ways).</p> <p><b>Research Connections Child Care and Early Education Glossary</b></p> <p>“The characteristics of learning environments that promote the physical, social, emotional and cognitive development of young children. High quality programs typically exceed state regulatory requirements, utilizing Developmentally Appropriate curricula and prioritizing adequate teacher and administrative qualifications, ongoing Professional Development, and Family Engagement strategies, among others qualities.” (<a href="#">Child Care &amp; Early Education Research Connections, n.d., para. 1</a>)</p>

<sup>a</sup>**Bold** = New substantive text added to the 2022 definitions



*Table. 2021 and 2022 Needs Assessment Definitions and Evidence for Changes in Definitions (cont.)*

Term	2021 Definition	2022 Definition <sup>a</sup>	Evidence/Explanation
Quality (cont.)			<p><b>NAEYC Accreditation Standards</b> Standards—Relationships; curriculum; teaching; assessment of child progress; health; staff competencies, preparation, and support; families; community relationships; physical environment; leadership and management. (<a href="#">NAEYC, 2019b</a>).</p> <p><b>Preschool Development Grant Qualitative Interviews (Center for Community and Nonprofit Studies)</b> “Interviewees described quality in ECE in similar ways to participants in the listening sessions, including descriptions related to child safety, developmentally-appropriate and loving care, well trained providers, and adequate facilities. However, interviewees further emphasized the significance of culturally-relevant care models and linguistically- and culturally-appropriate curricula and materials. Interviewees also described ‘quality’ with respect to a diverse and representative ECE workforce, including providers that they felt they could trust and who communicated and engaged with caregivers effectively. Some interviewees contrasted this with experiences of racism they dealt with as caregivers or providers, or that their children experienced.” (<a href="#">DCF &amp; Center for Community and Nonprofit Studies, 2020, p. 23</a>)</p>

<sup>a</sup>**Bold** = New substantive text added to the 2022 definitions

*Table. 2021 and 2022 Needs Assessment Definitions and Evidence for Changes in Definitions (cont.)*

Term	2021 Definition	2022 Definition <sup>a</sup>	Evidence/Explanation
Vulnerable or Underserved Priority Populations	<p>Wisconsin has defined vulnerable or underserved children, including children residing in rural areas, to include children</p> <ul style="list-style-type: none"> <li>• experiencing poverty</li> <li>• of color, including children from the 11 federally recognized sovereign Tribal Nations within Wisconsin’s borders</li> <li>• who are multilingual</li> <li>• with disabilities or experiencing developmental delays</li> <li>• in foster care (including kinship care)</li> <li>• receiving in-home safety services and supports</li> <li>• experiencing homelessness or housing insecurity</li> <li>• whose parents are accessing workforce programs</li> <li>• experiencing food insecurity</li> <li>• from migrant, immigrant, and refugee families</li> <li>• from military families</li> <li>• with an incarcerated or formerly incarcerated parent and</li> <li>• who have experienced abuse or neglect (<a href="#">DCF, 2019a</a>).</li> </ul>	<p><b>Children who may experience adversity related to a variety of factors.</b></p>	<p>There was discussion in the kickoff meetings about whether or not we should be using the terms <i>vulnerable</i> and <i>underserved</i>, since these have a deficit focus versus a strengths/resiliency focus. Based on these conversations, we decided to use the term <i>priority populations</i>. Another part of the conversation was that we should not automatically consider these groups vulnerable. Individuals may be underserved (i.e., programs are not reaching them) but they may not be vulnerable. We also need to recognize that children and family members are individuals and that not all people who fall within one of these categories are vulnerable just by nature of identifying with one of these groups (e.g., not all people of color are vulnerable). Families may also lack awareness of programs, contributing to them being underserved.</p>

<sup>a</sup>**Bold** = New substantive text added to the 2022 definitions

*Table. 2021 and 2022 Needs Assessment Definitions and Evidence for Changes in Definitions (cont.)*

Term	2021 Definition	2022 Definition <sup>a</sup>	Evidence/Explanation
Children in Rural Areas	No agreed-upon definition was presented in the 2021 Needs Assessment.	<p><b>Children living in areas of the state that are geographically distant from population centers, potentially resulting in children and their families experiencing social isolation, limited transportation, limited internet access, lack of access to quality ECE options, or lack of access to support services.</b></p> <p>For the purposes of data analysis for this Needs Assessment, we used data from the U.S. Census Bureau that have been used historically by the Wisconsin Department of Children and Families, with those counties with greater than or equal to 51% of their population living in rural areas considered rural counties (<a href="#">U.S. Census Bureau, 2021a</a>, see <a href="#">Domain I, Figure 2</a>).</p>	<p>We developed a definition of <i>rural</i> as well as a method for determining rural versus urban counties in the state.</p> <p>The definition for <i>rural</i> incorporates how participants in the kickoff and biweekly meetings described how they are typically thinking about rural families and the challenges experienced by children and families living in rural areas. These seemed to be the more salient issues that were considered in determining what constitutes a rural context rather than using a particular formal definition that uses data to determine whether or not an area is considered rural. In particular, participants in the kickoff meetings described the challenges often experienced by families living in rural areas including isolation, lack of access to internet, and lack of access to transportation.</p> <p>The following demonstrate the ways programs are using definitions of <i>rural</i>: DPI reported that they have multiple definitions of <i>rural</i> that are used for different purposes, including research and for the Sparsity Aid program, which provides funding to rural school districts. Programs at DCF reported that they do not specifically define rural in their policies.</p>

<sup>a</sup>**Bold** = New substantive text added to the 2022 definitions



*Table. 2021 and 2022 Needs Assessment Definitions and Evidence for Changes in Definitions (cont.)*

Term	2021 Definition	2022 Definition <sup>a</sup>	Evidence/Explanation
Children in Rural Areas (cont.)			<p>They did report considering rural areas when making decisions about allocating funding for contracts (e.g., Wisconsin Works; Transitional Jobs/ Transform Milwaukee Jobs), with higher funding amounts allocated to rural counties. They also reported considering rural counties when making decisions about special program funds, and giving special consideration to more rural counties.</p> <p>Programs reported using the following definitions: Staff in programs at DCF described using the U.S. Census definition of <i>rural</i> or U.S. Department of Agriculture Rural-Urban Continuum Codes when making funding allocation determinations for contracts and when using rural as a covariate in analyses. In their analyses, they described looking at Milwaukee versus the Balance of the State more often than rural. In other cases, programs at both DHS and DCF described using a more colloquial definition of rural rather than a formal definition. It was noted that members of rural communities often feel unheard, and that the focus for services and funding is often on Milwaukee and Madison and other more populated regions of the state.</p>

<sup>a</sup>**Bold** = New substantive text added to the 2022 definitions

# Appendix C. ECIDS

**Table. ECIDS Program Participation Definitions and Associated Data Characteristics**

Department	Program	Participation	Data Characteristics
DPI	Five-Year-Old Kindergarten (5K)	Enrolled in 5K and born in 2013–2014	School district Free/reduced lunch status Section 504 ELL status IEP status Child race/ethnicity Child gender
DPI	Four-Year-Old Kindergarten (4K)	Enrolled in 4K and born in 2013–2014	School district Free/reduced lunch status Section 504 ELL status IEP status Child race/ethnicity Child gender
DPI	Three-Year-Old Kindergarten (3K)	Enrolled in 3K and born in 2013–2014	IEP status Section 504 Child race/ethnicity Child gender
DHS	Wisconsin EHDI (Early Hearing Detection & Intervention)	Children born in 2013–2014 who received a diagnostic audiology with confirmed hearing loss before age three	
DHS	Birth Records	Children with Wisconsin residence and certificate of live birth in 2013–2014	Maternal race/ethnicity Maternal education Maternal county of residence Child gender
DHS	Lead	Children born in 2013–2014 ever tested for lead poisoning	Ever poisoned prior to fifth birthday Follow-up results for positive screen Child gender Child race/ethnicity
DHS	Immunization Registry	Children born in 2013–2014 in Immunization Registry	Immunization up-to-date at two years of age Immunization up-to-date at five years of age County and ZIP code of residence Child gender Child race/ethnicity

**Table. ECIDS Program Participation Definitions and Associated Data Characteristics (cont.)**

<b>Department</b>	<b>Program</b>	<b>Participation</b>	<b>Data Characteristics</b>
DHS	Dental Sealants	Children born in 2013–2014 screened from birth to age five	Screening status Uninsured/insured status MA status Special health care need
DHS	Birth to 3	All children born in 2013–2014 who participated in Birth to 3 program	Participation status
DCF	Wisconsin Shares Child Care Subsidy	All children born in 2013–2014 who were authorized for at least one day and/or served for at least one month by Wisconsin Shares Child Care Subsidy program	Quality rating of child care provider Child race/ethnicity Child gender
DCF	Child Welfare	Children born in 2013–2014 who had an initial assessment or out-of-home care placement	Substantiated initial assessments Unsubstantiated initial assessments Out-of-home care placement

**Notes.** DCF = Wisconsin Department of Children and Families; DHS = Wisconsin Department of Health Services; DPI = Wisconsin Department of Public Instruction; ECIDS = Early Childhood Integrated Data System; ELL = English-language learner; IEP = Individualized Education Program; MA = Medical Assistance.

# Appendix D. Support Programs and Services

*Table D1. Referral Programs in Wisconsin’s B-5 ECSS*

Program	Focus Population	Program Description	Estimated Participation	State Agency
<a href="#">Child Care Finder</a>	Wisconsin families	Provides families with multiple ways of searching for child care and other ECE programming including 4K, Head Start, and Early Head Start	Not available.	DCF
<a href="#">Child Care Resource and Referral Agencies (CCR&amp;Rs)</a>	Wisconsin families	Provides assistance to families in finding licensed child care	In 2020, 6,375 children were referred to licensed child care in Wisconsin ( <a href="#">Supporting Families Together Association, 2022b</a> ).	DCF
<a href="#">Family Resource Centers (FRCs)</a>	Wisconsin families	Provides services, supports, and community resources/ referrals to families	Not available.	DCF

**Note.** B-5 ECSS = Birth to 5 Early Childhood State System; DCF = Wisconsin Department of Children and Families.



**Table D2. Economic Support Programs in Wisconsin's B-5 ECSS**

<b>Program</b>	<b>Focus Population</b>	<b>Program Description</b>	<b>Estimated Participation</b>	<b>State Agency</b>
<a href="#">Wisconsin Works (W-2)</a>	Low-income parents (custodial and/or noncustodial) and pregnant women	Provides cash assistance, case management, and assistance locating employment and/or employment preparation services	In 2022, Wisconsin reported a total of 13,086 total cases in the W-2 program ( <a href="#">Wisconsin Department of Children and Families [DCF], 2022g</a> ).	DCF
<a href="#">Transform Milwaukee Jobs (TMI)</a>	Unemployed low-income adults within Milwaukee County, including noncustodial parents and young adults without children	Provides job opportunities, education, and job preparation training	Not available.	DCF
<a href="#">Transitional Jobs (TI)</a>	Unemployed low-income adults in certain areas of the state, including adults not participating in W-2 or not eligible for unemployment benefits, noncustodial parents, and young adults without children	Provides job opportunities to give individuals the opportunity to build work skills and or work history	Not available.	DCF
<a href="#">Supplemental Security Income (SSI)</a>	Low to no income, age 65 years old or older, assets of \$2,000 or less for single and \$3,000 or less for married; children who are blind and/or disabled	Provides monthly cash benefits to eligible individuals	In 2020, Wisconsin reported 20,208 recipients of SSI under age 18 ( <a href="#">Office of Retirement and Disability Policy, 2020</a> ).	DHS
<a href="#">Child Support Program</a>	Custodial and noncustodial parents of children 18 years or younger	Provides child support services to parents of children; support services assist and enforce financial and medical support, and assist in the establishment of legal fatherhood (paternity) for the benefit of the child or children	Not available.	DCF
<a href="#">Caretaker Supplement (CTS)</a>	Individuals who are receiving and/or eligible for SSI and have a child who meets asset and income requirements	Provides monthly cash benefit for families to care for their children in their own home and/or in the home of a relative	Not available.	DHS
<a href="#">Earned Income Tax Credit (EITC)</a>	Low-income workers who have at least one qualifying child	Provides a supplement to wages and self-employment income to offset the impact of the social security tax and increase the incentive to work	In 2018, Wisconsin 78% of eligible residents claimed the earned income tax credit ( <a href="#">Internal Revenue Service, 2021</a> ).	DOR

**Table D2. Economic Support Programs in Wisconsin’s B-5 ECSS (cont.)**

<b>Program</b>	<b>Focus Population</b>	<b>Program Description</b>	<b>Estimated Participation</b>	<b>State Agency</b>
<a href="#">Low Income Home Energy Assistance Program (LIHEAP)</a>	Residents of Wisconsin who are in need of financial assistance with home energy costs	Provides benefit payment once per heating season to help pay a portion of a household’s heating and electric energy bill	In fiscal year 2021, 253,059 households applied for energy assistance ( <a href="#">Home Energy Plus, 2021</a> ).	DOA
<a href="#">Emergency Assistance</a>	Low-income individuals with children facing an emergency-related event	Provides emergency assistance for a security deposit, to stop eviction, and utility-related expenses	Not available.	DCF
<a href="#">Temporary Assistance for Needy Families (TANF)</a>	Low-income families with children	Provides employment preparation services, case management, and cash assistance primarily through the W-2 program	Not available.	DCF
<a href="#">McKinney-Vento Homeless Assistance Act</a>	Students who are homeless	Provides connections to housing and resources for academic success.	Not available.	DPI
<a href="#">Job Access Loans</a>	Low-income individuals who have either a job or a good faith job offer	Provides families with access to short-term, no interest loans that are designed to help meet emergency needs to support employment.	Not available.	DCF
<a href="#">Workforce Innovation Grant Program</a>	Wisconsin regions facing workforce challenges due to COVID-19	Provides funding to help Wisconsin’s regions in addressing their most critical workforce difficulties by financially supporting regional organizations’ collaborative, sustainable, and creative pandemic-recovery programs.	Approximately \$59.5 million in grant funding was awarded in the first rounds of the grant in 2021 ( <a href="#">Wisconsin Economic Development Corporation, 2022</a> ).	WEDC
<a href="#">Wisconsin Employment Transportation Assistance Program (WETAP)</a>	Communities with low-income workers without access to affordable transportation	Provides local transportation to low-income workers to and from their place of employment and helps local areas develop solutions to transportation needs.	Not available.	DOT

**Table D2. Economic Support Programs in Wisconsin’s B-5 ECSS (cont.)**

<b>Program</b>	<b>Focus Population</b>	<b>Program Description</b>	<b>Estimated Participation</b>	<b>State Agency</b>
<b>Examples of Local Programs</b>				
<a href="#">Milwaukee Fatherhood Initiative</a>	Milwaukee fathers	Provides fathers with the resources needed to meet the social, emotional, and financial needs of their families and children.	Over 12,000 Milwaukee men have participated in the program.	N/A
<a href="#">Oshkosh Kids Foundation (OKF)</a>	Low-income children and families facing homelessness in Oshkosh, Wisconsin	Provides transitional and affordable housing, aid, and connections to resources for education, employment transportation, and basic needs.	Not available.	N/A
<a href="#">Wheels to Work Program</a>	Low-income individuals in Marathon County, Wisconsin and individuals with transportation obstacles	Provides services to eliminate the barrier of unreliable transportation to and from work to promote family-sustaining employment	Not available.	N/A

**Note.** B-5 ECSS = Birth to 5 Early Childhood State System; DCF = Wisconsin Department of Children and Families; DHS = Wisconsin Department of Health Services; DOA = Wisconsin Department of Administration; DOR = Wisconsin Department of Revenue; DOT = Wisconsin Department of Transportation; DPI = Wisconsin Department of Public Instruction; WEDC = Wisconsin Economic Development Corporation.

**Table D3. Health Care Programs in Wisconsin's B-5 ECSS**

<b>Program</b>	<b>Focus Population</b>	<b>Program Description</b>	<b>Estimated Participation</b>	<b>State Agency</b>
<a href="#">BadgerCare Plus</a>	Low-income Wisconsin residents	Provides coverage for health care services	1,084,536 statewide enrollment in February of 2022 ( <a href="#">Forward Health, 2022</a> ).	DHS
<a href="#">Medicaid for the Elderly, Blind, and Disabled</a>	Elderly (ages 65 and over), blind, and/or disabled	Provides coverage for a variety of medical services	264,066 statewide monthly enrollment for February of 2022 ( <a href="#">Forward Health, 2022</a> ).	DHS
<a href="#">BadgerCare Plus Emergency Services</a>	Wisconsin residents not eligible for BadgerCare Plus	Provides limited health care coverage to individuals in need of immediate care due to a medical emergency	Not available.	DHS
<a href="#">Care4Kids</a>	Children in Out-of-Home Care who reside in Kenosha, Ozaukee, Milwaukee, Racine, Washington, or Waukesha counties	Provides health services for children and youth in foster care	Serves approximately 3,000 children or half the children in foster care ( <a href="#">Wisconsin Department of Health Services [DHS], 2022j</a> ).	DHS
<a href="#">Children's Long-Term Support Waiver (CLTS)</a>	Children under age 22 who are eligible for Medicaid and require a level of care provided in an institutional setting	Provides a waiver that assists in the cost for community supports and services	In 2018, 9,817 children/families were enrolled in the CLTS program ( <a href="#">DHS, 2019a</a> ).	DHS
<a href="#">Katie Beckett</a>	Children under age 19 with long-term disabilities or complex medical needs	Provides health care coverage	In 2018, 7,184 children were enrolled in the Katie Beckett Program ( <a href="#">DHS, 2019a</a> ).	DHS

Note. B-5 ECSS = Birth to 5 Early Childhood State System; DHS = Wisconsin Department of Health Services.



**Table D4. Public Health Programs in Wisconsin’s B-5 ECSS**

<b>Program</b>	<b>Focus Population</b>	<b>Program Description</b>	<b>Estimated Participation</b>	<b>State Agency</b>
<a href="#">Immunization Program</a>	All state residents	Provides support to improve immunization delivery systems, access to immunizations, identifying and eliminating disparities, and protecting communities	In 2021, a total of 1,028,445 routinely administered vaccines were given to children from birth to age 24 months ( <a href="#">Wisconsin Department of Health Services [DHS], 2022k</a> ).	DHS
<a href="#">Wisconsin Childhood Lead Poisoning Prevention Program</a>	Children under age 6 from low-income families	Supports blood lead testing and works with local health departments to provide nurse care management and environmental lead investigation services for children who have been lead poisoned.	In 2018, 87,839 children ages 0–5 years were tested; 3,923 tested 5 mcg/dL or above ( <a href="#">DHS, 2020c</a> ).	DHS
<a href="#">Clean Water</a>	Wisconsin residents	Examines issues that affect drinking water quality and the health effects of contaminated water	Not available.	DHS
<a href="#">Seal-a-Smile Program</a>	Wisconsin children	Promotes oral health by increasing the number of dental sealants on children’s teeth	In the 2017–2018 school year, 769 schools and 71,040 students participated in the program ( <a href="#">DHS, 2019b</a> ).	DHS
<a href="#">Tobacco Prevention and Control Program</a>	Wisconsin residents	Provides tobacco prevention programs and resources to eliminate deaths and diseases caused by tobacco use	In 2021, 17% of adults in Wisconsin reported being current smokers ( <a href="#">UW-Madison Population Health Institute, 2021</a> ).  In 2019, 5% of high school students in Wisconsin reported tobacco use ( <a href="#">DHS, 2021h</a> ).	DHS

Note. B-5 ECSS = Birth to 5 Early Childhood State System; DHS = Wisconsin Department of Health Services.

**Table D5. Child and Maternal Health Programs in Wisconsin's B-5 ECSS**

<b>Program</b>	<b>Focus Population</b>	<b>Program Description</b>	<b>Estimated Participation</b>	<b>State Agency</b>
<a href="#">Children and Youth with Special Health Care Needs</a>	Children with special health care needs	Promotes quality care for children and youth with special health care needs	Over 220,000 children have special health care needs ( <a href="#">DHS, 2021c</a> ).	DHS
<a href="#">Newborn Screening</a>	Wisconsin newborns	Provides screening for 47 blood disorders and other conditions	In 2020, 59,896 newborns were screened ( <a href="#">UW-Madison Wisconsin State Laboratory of Hygiene, 2022</a> ).	DHS
<a href="#">Wisconsin Sound Beginnings</a>	Infants ages 1–6 months	Ensures that babies are screened, diagnosed, and receive quality early intervention for hearing loss	In 2016, 66,015 newborns were screened for hearing loss ( <a href="#">Wisconsin Sound Beginnings, 2018</a> ).	DHS
<a href="#">Prenatal Care Coordination</a>	Pregnant women	Provides services to women at high risk for adverse pregnancy outcomes	Not available.	DHS
<a href="#">Wisconsin Well Woman Program</a>	Women with little or no health insurance coverage	Provides preventive health screening services	Not available.	DHS

Note. B-5 ECSS = Birth to 5 Early Childhood State System; DHS = Wisconsin Department of Health Services.

**Table D6. Nutrition Programs in Wisconsin’s B-5 ECSS**

<b>Program</b>	<b>Focus Population</b>	<b>Program Description</b>	<b>Estimated Participation</b>	<b>State Agency</b>
<a href="#">Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</a>	Women and children younger than age five, women who are pregnant or have been pregnant, and meet income requirements	Provides health and nutrition screening, nutritious foods, formula, services for breastfeeding, and referrals	In December 2018, Wisconsin reported 88,194 WIC participants ( <a href="#">Legislative Fiscal Bureau, 2021</a> ).	DHS
<a href="#">FoodShare/ Supplemental Nutrition Assistance Program (SNAP)</a>	People of all ages who have a job but have low income, are living on fixed income, have lost their job, and/or are retired or disabled and unable to work	Provides financial assistance to purchase food to stop hunger and support good health and nutrition	In 2019, 82,706 children under age six participated in FoodShare (SNAP) ( <a href="#">UW-Madison Applied Population Laboratory, 2022</a> ).	DHS
<a href="#">Child and Adult Care Food Program (CACFP)</a>	Children and adults enrolled in child care, after school programs, and/or emergency shelters	Provides reimbursements to providers and sponsors who provide nutritious meals and snacks	In 2020, a total of 1,522 family child care homes and 937 child care centers (including Head Start) participated in CACFP ( <a href="#">Child Care Technical Assistance Network, n.d.</a> ).	DPI
<a href="#">Non-School Special Milk Program (SMP)</a>	Sponsors throughout Wisconsin who serve milk to children in schools and child care settings	Provides reimbursements to serve milk to children in prekindergarten and child care settings	In 2020, Wisconsin served 2.2 million half-pints of milk ( <a href="#">U.S. Department of Agriculture [USDA], 2022</a> ).	DPI
<a href="#">Summer Food Service Program</a>	Children age 18 and younger in low-income areas	Program serves free healthy meals and snacks to children and teens during the summer when children do not have access to school meals	In July 2020, on average 82,495 students participated daily in the program ( <a href="#">USDA, 2022</a> ).	DPI
<a href="#">National School Lunch Program</a>	Low-income, school-aged children	Provides free or reduced-cost lunches to low-income children and healthy meals for children who may be unable to access food outside of school	Not available.	DPI

**Table D6. Nutrition Programs in Wisconsin’s B-5 ECSS (cont.)**

<b>Program</b>	<b>Focus Population</b>	<b>Program Description</b>	<b>Estimated Participation</b>	<b>State Agency</b>
<b>Examples of Local Programs</b>				
<a href="#">Food Pantries</a>	Low-income individuals and families	Distributes food collected at food banks and locally through donations to communities and serves as a place where hungry families can receive the food they need at no cost	Not available.	N/A
<a href="#">African American Breastfeeding Network (AABN)</a>	African American pregnant women and parents of infants and toddlers in Milwaukee	Provides community-based, family-centered, culturally tailored health education and support services to support breastfeeding	Not available.	N/A
<a href="#">Feed My People</a>	Low-income individuals and families in west-central Wisconsin	Collects donated food items and distributes food to food banks and organizations throughout 14 counties	Not available.	N/A
<a href="#">Food for Families Program</a>	Low-income individuals and families in Milwaukee	Provides free meal kits every two weeks to households with a child from birth to age five	Not available.	N/A

**Note.** B-5 ECSS = Birth to 5 Early Childhood State System; DHS = Wisconsin Department of Health Services; DPI = Wisconsin Department of Public Instruction.



**Table D7. Child Protection Programs in Wisconsin's B-5 ECSS**

<b>Program</b>	<b>Focus Population</b>	<b>Program Description</b>	<b>Estimated Participation</b>	<b>State Agency</b>
<a href="#">Foster Care</a>	Children who are unable to live with parent/guardian because of an unsafe situation or environment	Provides home-like care by licensed foster parents for children	In 2019, 687 children from birth to age five were in foster care waiting for adoption ( <a href="#">Kids Count Data Center, 2021b</a> ).	DCF
<a href="#">Kinship Care</a>	Children who are in need of support and who are living temporarily or long term outside of their home with a relative or caretaker	Provides monthly cash assistance to a relative or caretaker	Not available.	DCF
<a href="#">Adoption</a>	Children who are in need of a parent or guardian	Provides assistance and information to birth parents about adoption services	In 2020, Wisconsin reported 721 adoptions ( <a href="#">DCF, 2021h</a> ).	DCF
<a href="#">Child Protective Services (CPS) and Division Milwaukee County Child Protective Services (DMCPS)</a>	Children who are and/or have experienced abuse and/or neglect	Provides support and services to children and parents/caregivers so children are protected from future abuse and/or neglect	In 2019, CPS and DMCPS received 80,709 referrals reporting child maltreatment ( <a href="#">DCF, 2020e</a> ).	DCF
<a href="#">Parents Supporting Parents (PSP)</a>	Parents involved in the child welfare system	Provides lived-experience peer mentors to parents currently involved in the child welfare system	Not available.	DCF
<a href="#">Targeted Safety Support Funds (TSSF)</a>	Families with children at risk of removal from their home because of safety concerns	Provides support and resources to build on family strengths, keep families together, and reduce maltreatment	Not available.	DCF

**Note.** B-5 ECSS = Birth to 5 Early Childhood State System; DCF = Wisconsin Department of Children and Families.

**Table D8. Children’s Mental Health Programs in Wisconsin’s B-5 ECSS**

<b>Program</b>	<b>Focus Population</b>	<b>Program Description</b>	<b>Estimated Participation</b>	<b>State Agency</b>
<a href="#">Children Come First</a>	Children age 19 and younger who reside in Dane county and have a mental health diagnosis, emotional and/or behavioral challenges	Provides wraparound care coordination for youth who have mental health challenges	Not available.	DHS
<a href="#">Wraparound Milwaukee</a>	Milwaukee County youth who have emotional, behavioral, and/or mental health needs	Coordinates care for youth to help them stay in their home and/or community	In 2020, 2,803 youth were served in the program ( <a href="#">Children’s Community Mental Health Service and Wraparound Milwaukee System of Care, 2020</a> ).	DHS
<b>Examples of Local Programs</b>				
<a href="#">Next Step Clinic</a>	Low-income, underserved Milwaukee children (15 months to 10 years old) with developmental or mental health needs	Provides developmental and mental health services with the goal of early identification and early intervention	Not available.	N/A
<a href="#">Wellpoint (Formerly known as Saint A)</a>	Milwaukee children and families who have emotional, behavioral, and/or mental health needs	Provides innovative family-centered care and educational services to improve overall quality of life within the areas of foster care, education, and mental health services.	Not available.	N/A

**Note.** B-5 ECSS = Birth to 5 Early Childhood State System; DHS = Wisconsin Department of Health Services.

# Appendix E. How Programs Measure Quality

ECE programs in Wisconsin measure quality in a variety of ways. Quality in child care programs is measured using YoungStar. See [Domain V](#) for a description of YoungStar.

## Birth to 3

Wisconsin's Birth to 3 program is required to develop a State Systemic Improvement Plan as part of a federal requirement for Results Drive Accountability ([DHS, 2022j](#)). The program submits an Annual Performance Report (APR) to the U.S. Department of Education, Office of Special Education Programs, that reports data on key indicators and outcomes for the Birth to 3 program ([DHS, 2022e](#)). Data reported annually include the percentage of children with Individualized Family Service Plans who receive services in a timely manner, the percentage of children who receive services in natural environments (i.e., home- or community-based settings), and the percentage of children participating in the program as compared with national averages ([U.S. Department of Education \[DOE\], 2021](#)). Data are also reported on the percentage of children who demonstrate improved outcomes in three areas of development: positive social-emotional skills; acquisition and use of knowledge and skills, including early language/communication; and use of appropriate behaviors to meet their needs, including self-help and motor skills ([DOE, 2021](#)).

- In 2019, 99.90% of infants and toddlers in the Birth to 3 program received services in a timely manner, and 99.54% received services in natural environments ([DOE, 2021](#)).
- In 2019, the percentages of children who were functioning within age expectations when they turned three or exited the program were
  - » 39.86% for positive social-emotional skills;
  - » 28.11% for acquisition and use of knowledge and skills, including early language/communication; and
  - » 41.06% for use of appropriate behaviors to meet their needs ([DOE, 2021](#)).

The percentage of children meeting these indicators decreased in 2019, the cause of which is unclear but may be related to several factors, including increased enrollment of children in the child welfare or foster

care system, the impact of substance abuse, lack of training to address children's social-emotional needs, and a shortage of educators ([DOE, 2021](#)). DHS is actively working to put initiatives in place to address these issues, including grant funding for counties (see initiatives below; [DOE, 2021](#)). In February 2022, the American Rescue Plan allocated an additional \$15.9 million to pilot a child care assistance program aimed at connecting families receiving Birth to 3 services with high-quality, affordable child care ([DCF, 2022c](#)).

## Early Childhood Special Education (ECSE)

Wisconsin also reports on several indicators for ECSE services for preschool children with disabilities as part of the APR for Part B of the Individuals with Disabilities Education Act ([DPI, n.d.-f](#)). Data reported annually include the percentage of children referred by a Birth to 3 program and found eligible for ECSE services and had an Individualized Education Program (IEP) developed by their third birthdays; the percentage of children with IEPs receiving the majority of services in a regular early childhood program; and the percentage of children who were functioning within age expectations when they turned six or exited the program on the same three federal indicators described above ([DPI, n.d.-f](#)).

- Of the children who were referred to ECSE by a Birth to 3 program and found eligible for services, 99.67% had an IEP developed and implemented by their third birthdays ([DPI, n.d.-f](#)).
- In 2019, 37.50% of preschool children with IEPs were served in regular early childhood programs ([DPI, n.d.-f](#)).
- In 2019, the percentages of children who were functioning within age expectations when they turned six or exited the program were
  - » 60.56% for positive social-emotional skills;
  - » 50.17% for acquisition and use of knowledge and skills, including early language/communication; and
  - » 68.53% for use of appropriate behaviors to meet their needs ([DPI, n.d.-f](#)).

It was noted in the APR that the COVID-19 pandemic impacted timely transitions because of school closures and some parents not feeling comfortable having their

child evaluated because of the risks associated with COVID-19 ([DPI, n.d.-f](#)). To address slippage in these outcomes, DPI is providing statewide training on assessment tools and the use of ongoing assessment to inform instruction ([DPI, n.d.-f](#)). DPI has also launched a statewide initiative working with focus districts to increase opportunities for preschool children with disabilities to receive services in high-quality, inclusive preschool settings, which may lead to more positive child outcomes ([DPI, n.d.-f](#)).

## Family Foundations Home Visiting (FFHV)

FFHV programs participate in continuous quality improvement projects and focus strongly on partnering with families to improve services ([DCF, 2021e](#)). Some FFHV programs provide services to families using one of four evidenced-based models, including Early Head Start (home-based), Healthy Families in America, Parents as Teachers, and Nurse-Family Partnerships ([DCE, 2021d](#)). In their 2020 Needs Assessment, the FFHV program reported on the following:

- Using Evidence-Based Tools to Better Understand Family Needs
  - » 73.2% of families received a depression screening, and
  - » 89.8% of women received an intimate partner violence screening
- Supporting Child Development and School Readiness
  - » 70.3% of children with a potential developmental delay received services in a timely manner
  - » 99% of home visits included discussion of child development
  - » 68.9% of children have a family member who reported they read, told stories, and/or sang songs with their child every day during a typical week ([DCF, 2021d](#))

## Four-Year-Old Kindergarten (4K)

High-quality 4K programs in Wisconsin have “highly trained teachers who have expertise in early childhood education, small class sizes, and a program that provides rich learning experiences and time for child-directed exploration” ([DPI, 2018, para. 5](#)). Public 4K programs are also encouraged to follow the Wisconsin Model Early Learning Standards ([DPI, 2018](#)). In a national analysis of preschool programs, Wisconsin’s 4K programs met 3 of 10 quality benchmarks ([National Institute for Early Education Research \[NIEER\], 2021b](#)). Benchmarks considered met were having an approval process and supports for curriculum, requiring that

teachers have a bachelor’s degree, and requiring that teachers specialize in prekindergarten ([NIEER, 2021b](#)).

## Head Start

Head Start centers that provide services to children and families must meet the [Head Start Program Performance Standards](#) (HSPPS) and all requirements set by the [Head Start Act of 2007](#). The program performance standards were designed to improve program quality, reduce burden on programs, and improve regulatory transparency and clarity ([ACE, 2021](#)). HSPPS indicates that all programs must provide “high-quality early education and child development services, including for children with disabilities, that promote children’s cognitive, social, and emotional growth for later success in school” ([Head Start National Center on Program Management and Fiscal Operations \[HSNC\], 2018, p.72](#)). HSPPS also emphasizes high-quality early learning experiences for both center- and home-based care ([HSNC, 2018](#)).

One way that Head Start programs measure quality is through participation in YoungStar, Wisconsin’s Quality Rating Improvement System. YoungStar ratings fall on a five-star rating system, with 5-Star programs meeting the highest standards ([Wisconsin Head Start Association \[WWSA\], 2020](#)). In March 2020, of 221 Head Start centers that were rated,

- 172 centers (77.8%) were rated 5 Star,
- 6 centers (2.7%) were rated 4 Star,
- 18 centers (8.1%) were rated 3 Star, and
- 25 centers (11.3%) were rated 2 Star.

An additional 40 centers did not participate at that time ([WWSA, 2020](#)). Head Start Programs must provide management to oversee a process of monitoring and continuous improvement to ensure safety for children and delivery of effective, high-quality program services ([Head Start Early Childhood Learning & Knowledge Center, n.d.-a](#)).



# Appendix F. ECE Workforce Preparation Programs and Supports

Wisconsin has a variety of programs in place to prepare and support the professional development of the ECE workforce, thus improving quality within the ECE in Wisconsin. A well-educated and appropriately compensated workforce is essential for supporting quality ECE programs ([Wisconsin Early Childhood Association \[WECA\], 2021e](#)). Early childhood education, with the ECE workforce at the core, is deemed an important infrastructure that is critical to the optimal development of young children in Wisconsin ([WECA, 2021e](#)). ECE professionals are essentially “the workforce behind Wisconsin’s workforce” and are critical to the economic well-being of Wisconsin and to current and future generations of workers ([WECA, 2021e](#)). At the core is a strong system of institutions of higher education (IHEs) with both two- and four-year programs, [articulation agreements](#) between technical colleges and four-year programs ([University of Wisconsin System, 2022](#)), [Credit for Prior Learning](#), and outreach programs to support nontraditional learners. Additional programs and supports in Wisconsin include the following:

## Wisconsin Core Competencies

The Wisconsin Core Competencies for Professionals Working with Young Children and Their Families, developed in 2014, are a set of criteria for workforce content, skills, and attitudes expected for those serving children and families ([Wisconsin Early Childhood Collaborating Partners \[WECCP\], 2019](#)). The competencies are organized in 12 content areas ([WECCP, 2019](#)). The purpose of these competencies is to create uniform professional development expectations across system partners (i.e., higher education, child welfare, home visiting, mental health, child care, Head Start, four- and five-year-old kindergarten, special education, afterschool, advocacy, etc.) ([WECCP, 2019](#)). The Wisconsin Core Competencies are also designed as a framework that complements other professional development systems (e.g., Wisconsin Registry, Wisconsin Model Early Learning Standards, guidance for the Wisconsin Technical College System) ([WECCP, 2019](#)).

## Wisconsin Registry

The Wisconsin Registry promotes professional development opportunities for the ECE workforce and

collects data on the credentials of the ECE workforce ([Wisconsin Registry, 2022](#)). Wisconsin Registry members are awarded a Career Level based on their education and training. Data from the Wisconsin Registry are used to inform public policy and advocacy efforts to support the ECE workforce in the state ([Wisconsin Registry, 2022](#)). As one of the few such data systems in the country, the Wisconsin Registry provides valuable information on the state’s ECE workforce, particularly for center-based and family providers.

## T.E.A.C.H. Scholarship Program

The T.E.A.C.H. Scholarship Program, which is funded by DCF, provides scholarships for 75% of the costs of stand-alone credits, credential programs, and degree programs at two- and four-year IHEs in Wisconsin ([WECA, 2021d](#)). Scholarships are available to educators who work in regulated child care and school-age care programs. In a recent survey of ECE providers in Wisconsin, participation in the scholarship program was lower for center-based providers (14%) than for family providers (28%) who responded to the survey, as was awareness of the program ([DCF, 2021j](#)). In a recent survey of the workforce, 38% of center-based teachers, compared with 21% of family providers, had not heard of the program ([DCF, 2021j](#)). The program has provided more than 16,500 scholarships to over 9,000 educators since 1999 ([WECA, 2021d](#)). The program awarded 883 scholarships between July 1, 2019, and June 30, 2020 ([WECA, 2021a](#)).

## REWARD Wisconsin Stipend Program

REWARD Wisconsin is a stipend program, funded by DCF, that provides salary supplements to child care providers based on their educational attainment and longevity in the field ([WECA, 2021c](#)). The goals of REWARD Wisconsin are to increase compensation, encourage continued education, and retain professionals in the ECE field, all of which increase the quality of ECE in the state ([WECA, 2021c](#)). In a recent survey of ECE providers in Wisconsin, 20% of center-based providers who responded participated in the REWARD program, compared with 30% of family providers ([DCF, 2021j](#)). Regarding awareness of the REWARD program, 62% of center-based providers had never heard of the program, compared with 46% of family providers ([DCF, 2021j](#)).

The REWARD program has been awarding stipends for more than 20 years and awarded 2,380 REWARD stipends to 1,451 ECE professionals in 2020 ([WECA, 2021a](#)). In addition, the REWARD-Plus Project awarded \$1,377 stipends to 96 professionals in the 53206 ZIP code ([WECA, 2021a](#)). In February 2022, the American Rescue Plan Act allocated \$30.6 million to expand the T.E.A.C.H. and REWARD programs in an effort to increase access to high-quality, affordable care and to support the ECE workforce ([DCF, 2022c](#)).

### **Workforce Recognition and Retention Stipend Program**

DCF provided additional funding for the ECE workforce in 2020 and 2021 through the Workforce Recognition and Retention Stipend Program ([DCF, 20211](#)). An additional \$10 million in funds were directed to supporting child care professionals through the federal Coronavirus Response and Relief Supplemental Appropriations Act of 2021 ([DCF, 20211](#)). Providers and staff who met eligibility criteria received awards of \$350 or more, which were disbursed through the REWARD Wisconsin Stipend Program.

### **Workforce Innovation Grant Program**

The [Workforce Innovation Grant](#) Program is a collaboration with Wisconsin Economic Development Corporation and the Department of Workforce Development. The goal of the Workforce Innovation Grant is to assist in solving the workforce challenges resulting from the COVID-19 pandemic ([Wisconsin Economic Development Corporation \[WEDC\], 2022](#)). The program supports regions across the state in the development of long-term solutions to engage businesses in finding and supporting workers in their regions ([WEDC, 2022](#)). The first round of awards provided \$59.5 million in funding to 12 recipients to address workforce needs across the state ([Office of the Governor, 2021](#)).



# Appendix G. Programs and Supports Focused on Availability and Access

There are several programs and supports in Wisconsin aimed at increasing availability of and access to core ECE programs, including the Wisconsin Infant and Toddler Policy Project, State Superintendent Advisory Council for Four-Year-Old Kindergarten (4K) and 4K Community Approaches (4KCA), Fund 80, and 21st Century Community Learning Centers.

## Wisconsin Infant and Toddler Policy Project (WITPP)

A child care crisis is currently sweeping the nation and at the forefront is a lack of access to affordable, high-quality care, especially for our youngest children ([Council for a Strong America, 2021](#)). Not surprisingly, the challenges related to availability of infant and toddler care impact families significantly; but they also impact the State of Wisconsin, as high-quality care can strengthen the workforce and contribute to a strong economy, as well as public safety ([Council for a Strong America, 2021](#)). In an effort to support infants and toddlers, [WITPP](#) is creating a statewide effort led by a State Collaborative Team, in consultation with DCF, DHS, DPI, the Department of Workforce Development, and the Office of Governor Evers ([Wisconsin Women’s Council, 2021](#)). Two of the primary goals of this project are that all low-income families have equitable access to both the information and supports needed to promote optimal early child development and well-being and also a range of affordable, high-quality, culturally and linguistically responsive child care options that meet their family and employment needs ([WECA, 2021b](#)).

## State Superintendent Advisory Council for 4K and 4KCA

The State Superintendent Advisory Council for 4K and 4K Community Approaches was created in 2006 ([DPI, n.d.-z](#)). At that time, school districts and community partners were starting to implement 4K within community settings, and 4KCAs were offered as a developmentally appropriate option for four-year-olds throughout Wisconsin ([DPI, n.d.-z](#)). The council continues to work to increase the availability of 4K options and make 4K accessible to all children and families in Wisconsin. The council is composed of

stakeholders from child care, Head Start, public school, and higher education communities ([DPI, n.d.-z](#)) and provides guidance to the state superintendent in an effort to implement and bolster community approaches as a way to expand 4K services in Wisconsin. The main purposes of the council are advising the state superintendent, identifying and sharing information and resources, and recommending and responding to policies that support 4K partnerships at both the state and community levels ([DPI, n.d.-z](#)). In October 2020, the council’s recommendations included the need to create a 4K and 4KCA statewide and regional infrastructure and promote effective cross-sector family and community engagement ([State Superintendent Advisory Council for 4K and 4K Community Approaches, 2020](#)).

## Fund 80

[Fund 80](#) is an unlimited levy that school districts in Wisconsin can use to fund any kind of nonacademic, “out-of-school” programming whose primary function is to serve the community, not only pupils of the school district ([DPI, n.d.-n](#)). Schools are required to set up a [Community Service Fund](#) for a Fund 80 levy, and a separate tax may be implemented by school districts for the levy ([DPI, n.d.-n](#)). Some examples of activities eligible for funding by Fund 80 include classes for parents, community recreation programs, food services for elderly community members, and non-special education preschool and daycare ([DPI, n.d.-n](#)). This funding helps provide access to programs for children, families, and community members in Wisconsin.

## 21st Century Community Learning Centers

The Nita M. Lowey 21st Century Community Learning Center ([21st CCLC](#)) federal grant program was established in 1994 in Title IV, Part B of the Elementary and Secondary Education Act (ESEA). In Wisconsin, the grant has been administered by DPI since 2002 ([DPI, 2021b](#)). The primary purposes of 21st CCLC program are ensuring educational equity by serving vulnerable and underserved students (from prekindergarten to grade 12) and their families in all areas of Wisconsin and to help ensure that every student in Wisconsin graduates prepared for college and career ([DPI, 2021b](#)). Grants through 21st CCLC

are awarded to local education agencies, libraries, community centers, churches, universities, and other community-focused organizations.

The 21st CCLC grant program also encourages partnerships and collaboration between schools and other community organizations ([DPI, n.d.-p.](#)). Programs eligible for grant funding are those that emphasize academic enrichment and additional learning opportunities (mentoring, social-emotional development, community involvement, and awareness of nutritional and physical health), as well as a safe place for students to be before or after school, during the summer and other times of school closure ([DPI, 2021b](#)). CCLC-funded programs are also required to offer literacy and other educational programming to the adult family members of the students they serve ([DPI, n.d.-u](#)). DPI usually awards 21st CCLC grants for a five-year period to organizations in rural as well as urban areas, with a focus on low-income schools and organizations ([DPI, n.d.-u](#)). The 21st CCLC program provides students and families access to programs and experiences that they may not otherwise have ([DPI, 2021b](#))