

# **WISCONSIN EARLY CHILDHOOD SYSTEM ASSESSMENT REPORT**

**Submitted to the  
Governor's Early Childhood Advisory Council**

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## Summary of Report

This report summarizes a review of 111 reports and documents about Wisconsin's Early Childhood System as way to begin to assess how well the system is promoting well-being among children, families, and communities. The review covered all five components identified by the Early Childhood Advisory Council: *Early Care and Education; Mental Health and Socio-Emotional Development; Parenting Education; Family Support; and Safe and Healthy Families*. The review and analysis suggests the following conclusions about these domains:

- 1) Dental care, lead poisoning, and racial and ethnic health disparities are issues that will have to be addressed by specific programs or policies, rather than by an effort to further expand publicly funded health insurance coverage
- 2) More information about Infant Mental Health programs and local capacity to serve children and families would help us better identify how to build an effective and sustainable infrastructure
- 3) Parenting education is a fragmented system, and it would seem the first logical step is to better evaluate the collaboration and overlap among existing programs, as well as the range and quality of services provided (and unmet community needs) in order to develop efficient and effective programming
- 4) Additional data on all of Wisconsin's children's early education experiences and the quality of care they receive is an important first step in improving early care and education. Next, a plan for systematically engaging and working with providers who provide low or mediocre quality care in order to improve the quality of care will also be important to improving the experience of Wisconsin's children

Far less information is provided in the reviewed reports and documents about system dimensions: *Accountability and Evaluation; Governance; Financing; Professional Development; Quality Standards; Access, Outreach, and Engagement, and Governance*. Nevertheless some observations seem warranted:

- 1) More comprehensive and complete data on multiple levels would be helpful within and across programs, as well as for individual children and families, and communities
- 2) The mix of county, regional, state, and federal structures presents challenges in creating a comprehensive and collaborative early childhood system. At minimum, relevant stakeholders should consider whether the current structure inhibits the development of a coherent and integrated system
- 3) Once a system of programs and services has been constructed, it is of critical importance to be able to ensure the effectiveness and quality of those programs and services. Recommendations that tackle issues of quality standards, technical assistance, professional development, and evaluating both program implementation and outcomes across the entire system will be valuable.

## Introduction

The goal of this report is to summarize existing information that sheds light on the system of early childhood services. The focus on assessing the system itself, rather than individual programs, is meant to provide a breadth to the landscape of early childhood. It recognizes that children and families are affected and served by multiple types of programs (or lack of programs), and their experiences reflect not just whether a particular service does or does not support their goals or fit their needs, but also whether the constellation and interaction of programs, services, and experiences supports their efforts to better their children's and families' well-being. Put simply, a system assessment should be able to answer the question of whether the supports that are needed to help families meet their goals in raising their children are available, effective, and supportive.

To make the task of describing the early childhood system more tractable, the Governor's Early Childhood Advisory Council (ECAC) defined the following system components: *Early Care and Education; Mental Health and Socio-Emotional Development; Parenting Education; Family Support; and Safe and Healthy Families*. These components are overlapping, and programs and services often span several components. For example, child abuse prevention parent education programs span not only parenting education but also mental health and socio-emotional development and safe and healthy families. Nevertheless, in the report that follows programs have been categorized within one area to simplify the discussion.

Across and within these components, there are several dimensions of systems that are relevant for taking stock of how well a particular system is functioning. These include: *Accountability and Evaluation; Governance; Financing; Professional Development; Quality Standards; Access, Outreach, and Engagement, and Governance*. Again, these dimensions are overlapping; for example, financing may be closely tied to governance, and accountability and evaluation may be tightly linked with professional development. Even more complicated is that it is often easier to focus on these system dimensions for a particular program or system component (e.g., early childhood education) than to think more broadly about these aspects of the system across all the components. Yet, such a broad perspective is necessary to understand whether there are areas of the system that are redundant, isolated, or overlooked.

The first step in the system assessment was to review existing documents to identify how the system (either as components or as a more integrated whole) is performing along the identified system dimensions. This task has the advantage of capitalizing on existing knowledge, as represented in compiled reports and data. It is limited, however, by the fact that almost none of the underlying data and documents were created with the intention of informing a system assessment. Most often such reports provide a snapshot of a particular program (and occasionally a system component), with information about who is being served by a program and what services they are receiving. For several system components, there is also (largely limited) information about child outcomes. Thus although the system dimensions are comprehensive, the information we have from existing reports to assess the system is not, since existing reports and documents were never intended to serve such a purpose. This inevitably leads to an incomplete system assessment. Nevertheless, the information that can be gleaned from the review of reports provides a useful foundation to consider both those aspects of

the system that are in need of immediate attention, as well as areas of the system that would benefit from further assessment.

The report is organized as follows: first, the process used to create the summary of existing reports is described; next, a summary of the findings is presented; and finally, a discussion of the findings is provided.

### **Methods**

Members of the Governor’s ECAC were asked to compile a list of existing reports and documents that might be relevant for the first phase of the system assessment. Under the direction of Professor Katherine Magnuson, a team of three students were asked to read the reports and documents and extract any “indicator” of system functioning, which was defined broadly, but included information about program service use, funding, quality, unmet need, collaboration, and other relevant areas. In reading reports, students were asked to track down references to other reports that might provide additional information. The indicators were entered into Excel spreadsheets that for organizational purposes were aligned (roughly) with program components identified by the ECAC (Health & Safety, Early Childhood Care and Education, Socio-Emotional Development and Mental Health, Parenting Education, and Family Support).

In April, during a joint ECAC system assessment and system design subcommittee meeting, Magnuson reported a list of topics for which information had not be found in the reports reviewed. Members of the committee then identified and provided additional data sources, reports and documents to be reviewed. The final list of 111 reports and documents that were reviewed is included as Appendix 1.

Students were also asked to keep a list of recommendations that were provided about general areas or specific programs. After this list was compiled, redundant recommendations were removed and lengthy recommendations were reduced to increase brevity. The resulting list of recommendations is provided in Appendix 2.

After all the reports were reviewed and indicators were entered into a spreadsheet, an extensive process of revisions was undertaken to reconcile seemingly divergent information (perhaps due to different underlying definitions or data sources or other discrepancies) and to reduce the number of indicators presented. This also entailed removing redundant data and making sure that estimates were as up to date as possible. The final summary of the indicators is provided in Appendix 3.

### **Findings**

#### *HEALTH & SAFETY*

##### *Health Status & Health Insurance*

A significant amount of data is available on the health of Wisconsin children and the health care services that are provided to those children. For example, data is gathered on a range of birth outcomes and important indicators of early child health including asthma, prenatal care and birth outcomes, diabetes, disability, dental health care, insurance coverage, immunization rates, childhood obesity and children with special health care needs. This information supported in part by grants from the Center for

Disease Control (CDC) is used to track trends, and as a result provides a useful snapshot of the health status of Wisconsin families and young children.<sup>1</sup>

Wisconsin's children are generally healthy. In 2007, 87 percent of children were estimated to be in very good or excellent overall health (compared with 84 percent nationwide). This relatively high level of good health may in part be the result of the relatively high access to and take-up of public health insurance (Medicaid and BadgerCare). Statistics suggest that only 3-4 percent of children have no form of health insurance, although slightly more than a quarter of insured children may not have adequate coverage for all of their health needs. As might be expected, there are greater unmet medical needs among families with children that have special health care needs than among the more general population. Support is provided to parents of children with special needs by the Family Voices of Wisconsin, which provides information, training and leadership opportunities to enable families to be effective partners in their children's care.

Despite this generally positive view, health disparities appear to be an area of ongoing concern, as is dental care. In general, health outcomes are significantly poorer for children of color, especially African American and Native American children, than for white children. This is particularly evident for rates of low birth weight and asthma. Poor dental outcomes and low rates of access to dental care appear to be a challenge for all children, although again more so for children of color. Reviewed reports and documents provide several recommendations to improve health disparities as well as to improve access to dental care. To decrease health disparities, recommendations include targeting more resources to culturally sensitive programs that serve communities of color. Reports also provide several specific suggestions about how to improve access to dental care among underserved populations; these include (but are not limited to) increasing the ability dental hygienists to provide preventative care, increasing incentives for providers to work in under-served communities, and increasing Medicaid payments for dental care (see Appendix 3).

### *Developmental Delays*

It has been estimated that in Wisconsin just under one quarter of children 1 to 5 years old are at moderate or high risk of developmental delay. Data indicate that slightly more than a quarter of children under age 5 have received standardized screening for developmental delays (or behavioral problems). In Wisconsin, infants and toddlers with identified developmental delays and disabilities are served by the Birth to Three program, which is the primary provider of services for these children and their families. The program is funded by the Individuals with Disabilities Education Act (IDEA), part C. Over 5,500 children under age 3 (2.7 percent) receive early intervention services for developmental delays and disabilities through the program. Data indicate that the program serves nearly all families in a timely manner (within 30 days). Birth to Three also provide a parent program, Parents As Leaders, which is an intensive training session meant to increase knowledge about resources for children with special needs and to increase parents' ability to become leaders and advocates in their communities and the state. It is also worth noting that the Birth to Three Program has a "General Supervision

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<sup>1</sup> The Pregnancy Risk Assessment Monitoring System is a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments <http://www.cdc.gov/prams/>

and Monitoring System” that is designed to assess, facilitate and support continuous quality improvement among local Birth to Three program providers.

At the age of three, children transition into public special education services funded by IDEA part B. Under state and federal law, school districts are required to identify children with disabilities and provide school-based services to children aged 3 to 5 in the “least restrictive environment.” As of the fall of 2008, 15,153 3- to 5-year-olds (7 percent) were enrolled in public school special education programs in Wisconsin. The burden of funding is largely on local schools which pay about 53 percent of all funding for early childhood special education; the federal government provides about 16 percent and the state provides about 28 percent.

Finally, Wisconsin’s Family Assistance Center for Education, Training and Support (WI FACETS) has a parent training and information center, which provides training, information, referrals, and individual assistance to parents raising children with disabilities, as well as to professionals working with such children. It also facilitates parent support groups and parent education workshops. Funding for these activities (as well as a Parent Technical Assistance Center which provides support to other parenting training and information centers) is funded in large part by the U.S. Department of Education.

### *Child Nutrition*

Adequate nutrition early in life is an important ingredient in health development. The fact that 12 percent of Wisconsin households with children and 33 percent of single mother households report food insecurity is an indication of the need for nutrition services targeted to these families. There are three programs that are designed to reduce food insecurity among children and families. The Women, Infants, and Children (WIC) supplemental food program provides nutrition assistance in the form of vouchers (or electronic benefit cards) to pregnant or postpartum women, infants, and children up to age 5 with household incomes up to 185 percent of the federal poverty threshold. In 2007, WIC served 196,725 participants. It is estimated that 29 percent of Wisconsin children up to 5 years old are eligible for the WIC program, but that only 79 percent of those are enrolled. The Child Care Food Program served 13,429 children free or reduced meals at child care centers and day care centers during the 2008-2009 school year. Federal meal reimbursement payments support this service which is administered through the Department of Public Instruction. A third program, FoodShare (Wisconsin’s food stamp program), also provides support to low-income families with children of all ages, and this program is discussed under the Family Support section of this report.

An additional area of interest related to nutrition for young children is breastfeeding. Breastfeeding imparts numerous health benefits to infants, and the American Academy of Pediatricians recommends that infants are breastfed (exclusively) until at least six months of age. Nearly 75 percent of Wisconsin infants are “ever” breastfed, although just under 50 percent are being breastfed at 6 months of age, which is on par with the national average for these two outcomes. Infants participating in the WIC supplemental food program are breastfed at much lower rates at 6 months (13-27 percent depending on racial group). Reviewed reports recommend increasing the rates of mothers who exclusively breastfeed their infants by increasing WIC funding for breastfeeding support.

### *Child Safety*

Children's safety is affected by a variety of circumstances that differ in their ability to be prevented. Several areas of safety (or risk) have been assessed by the reviewed reports and documents: injuries and deaths of an unspecified nature; child maltreatment identified by Child Protective Services; automobile safety; and exposure to lead poisoning.

Child Protective Services is administered at the county level with state oversight. Counties engage in both preventative efforts as well as overseeing the child welfare system for children who have been maltreated, which includes maltreatment prevention activities, investigating and substantiating reports of maltreatment, as well as managing foster care and family reunification processes. In 2008, close to 57,000 reports were made to Wisconsin Child Protective Services; in the same year, 4,865 children of all ages were found to have been maltreated by their caregivers. Rates of child maltreatment in Wisconsin are similar to those nationwide.

In 2009, there were about 7,000 children in the foster care system, with the median length of stay in out-of-home care being 16 months for all children, and shorter for children under age five. Among children in out-of-home placement, between April to October of 2009, about 87 percent of children had experienced fewer than three placements. This met or exceeded the federal performance standard in only a portion of the months.

In 2005, the Department of Children and Families created a continuous quality improvement program to review county and tribal child welfare systems. The review combines qualitative (case review) and quantitative data to identify opportunities to improve child welfare practice, and to create an improvement plan. About 12 counties or tribes are reviewed each year, so each county or tribe is reviewed about once every five years. Finally, the state underwent a Federal Children and Family Services Review in 2010, as required by federal statute. The process reviews 14 outcomes; 7 related to child safety, permanency and well-being; and 7 systemic factors relating to the capacity of the state welfare system. As part of this process, quantitative data is analyzed, on-site review of cases, and interviews with stakeholders are conducted. State conformance to federal standards is determined for all 14 outcomes, and for the outcomes that the state fails to meet the federal standards, a program improvement plan must be submitted for approval, and then implemented.

In 2007, 11.6 percent of children under age five had an injury that required medical attention; this rate is similar to the national rate. It is estimated that high levels of infants and young children (80 percent) are improperly secured in motor vehicles. Although there are numerous car seat safety inspection stations throughout the state, reports reviewed did not estimate how many parents have used these services. Wisconsin's Department of Health Services has recently received two CDC grants related to developing plans, as well as promoting injury prevention programs.

Lead poisoning poses a significant threat to children's cognitive development and unfortunately it remains a significant problem for young children in Wisconsin, especially minority children. In 2006, of 96,107 age 5-years or younger tested for lead in their blood, 1.7 percent tested positive. Estimates also suggest that less than one-third of 1- to 2-year-olds, (who are at the greatest risk of lead poisoning) had been properly

tested. The rate of lead poisoning is much higher for minority children, especially African American children. The vast majority of children testing positive lived in housing built before 1950's; specific areas of Milwaukee and Racine counties have been identified as containing housing stock that places children at an increased risk for lead poisoning. Reviewed reports recommend taking greater steps to abate lead as well as to increase testing of children in these high-risk neighborhoods.

### *MENTAL HEALTH & SOCIO-EMOTIONAL WELL-BEING*

Infant and young children's mental health focuses on the development of children's physical, cognitive, and social capacities in order to master age appropriate emotional and behavioral tasks.<sup>2</sup> Because relationships are the foundation of children's early development, disruptions to healthy family relationships place children at risk for mental health problems. Thus, efforts to improve young children's mental health typically focus on training professionals to screen and to work with young children and families, as well as addressing issues that place children at risk such as parental (and specifically maternal) depression, parental substance use, and domestic violence.

In general, more than half of children in need of mental health services do not receive treatment. This is likely due to a combination of parents needing more education and guidance about early mental health, as well as a lack of access to such services even when needs have been identified. A small survey of child care providers indicated that 42 percent of providers have asked a family to leave because of the behavior of their child. Only 73 percent of these providers reported that they had adequate training to meet the socio-emotional needs of children.

The Department of Health Services Infant Mental Health Leadership Team (IMHLT) was created in 2006 to promote healthy social and emotional development of children through prevention, early intervention, and treatment via state policies and community service providers. IMHLT has been engaged in several activities in recent years. It has created and disseminated educational brochures for parents that provide information about children's social and emotional development milestones, as well as information on concrete activities to promote children's healthy development in this arena. It has also engaged in several efforts to increase the competency of professionals working with young children and families such as providing professional training and organizing conferences. For example, recently a training certificate in infant, early childhood and family mental health was launched by the UW-Madison Division of Continuing Studies. Finally, it is collaborating across systems to implement developmental screening and early identification within the child welfare system as well as the medical community.

In 2007, 8.5 percent of mothers living with their children and 4.7 percent of fathers living with their children reported being in fair or poor mental health. Maternal depression and post-partum depression puts infants and young children at risk for poor outcomes. Nationally, about 10 percent of mothers with infants experience major depression, and rates of depression are much higher among poor families.<sup>3</sup> In the reports

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<sup>2</sup> World Association for Infant Mental Health. <http://www.waimh.org/i4a/pages/index.cfm?pageid=1>

<sup>3</sup> Center on the Developing Child at Harvard University (2009). Maternal Depression Can Undermine the Undermine Development of Young Children: Working Paper No. 8. <http://www.developingchild.harvard.edu>

and documents that we reviewed, we found no information about rates of maternal depression or programs designed to prevent, screen or treat it in Wisconsin with two exceptions. First, some counties provide mental health services to prevent child maltreatment. Second, presumably depression screening and mental health service referral occurs in the context of several of Wisconsin's home visiting programs (described in more detail in the following section). In addition, the IMHLT developed a brochure about post-partum depression that contains information and resources.

Also lacking in the reviewed reports and documents is accurate information about young children's exposure to ongoing domestic violence as well as parents' substance abuse.<sup>4</sup> The Office of Justice Assistance reports that at least 6,000 families are in need of Safe Haven sites to facilitate safe visitation and transfer of children. There is no estimate of the number of children who are exposed to domestic violence.

There are no data available on the number of Wisconsin parents of young children actively using alcohol or other drugs. However, it is possible to estimate the number of adults that engage in heavy drinking. According to the Wisconsin Interactive Statistics on Health, in 2008, there were 104,900 heavy drinking adults living with 1, 2 or 3 children in the household. This indicates that there is a significant need for alcohol treatment services for parents.<sup>5</sup> It is likely that many more parents and children are impacted by illegal drug use and are in need of treatment services. It is unclear from available data how many of these parents are receiving mental health services.

### *PARENTING EDUCATION*

The experiences and interactions that children have with their primary caregivers have long-lasting influences on children's healthy development. For this reason, supporting and educating parents is an important component of any early childhood system. Broad-based parent education occurs through medical settings, public health campaigns, home visitation programs, early childhood education programs such as Head Start, as well as Child Care Resource and Referral (CCR&R) programs, and Family Resource Centers (FRCs) located across the state. (Programs for parents with special need children are also provided and discussed under Health and Safety section of the report).

The inclusion of parents and other family members in early care and education has been associated with increased positive outcomes for children. Wisconsin's licensing rules require that all early care and education programs have written policies regarding family inclusion, such as clear procedures for parent notification, open-door policies that allow families to visit, and semi-annual staff-family communication regarding the child's development. High quality early care and education programs, such as Head Start, exceed the basic licensing requirements by providing additional training designed to enhance staff members' skills when working with families. Most early care and education programs have family conferences at least once a year to discuss children's progress. About 44 percent of programs provide a family resource center and free parental

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<sup>4</sup>Information is available about the number of reported incidences of family violence, but this likely undercounts children's exposure to domestic violence as it only reflects violence that is reported as a crime.

<sup>5</sup> Wisconsin Interactive Statistics on Health (WISH) query conducted on May 20, 2010.  
<http://dhs.wisconsin.gov/wish/>

resources, and 28.3 percent regularly sponsor educational workshops for families. Few programs, 13.4 percent, actually provide home visits to each child's home.

A primary mode of parent education is through home visiting. Home visiting programs typically conduct home safety checks, screen or refer children for hearing, vision, dental and health screenings and educate and support the parent on child development and early learning. Home visiting programs frequently target at-risk mothers; these mothers are typically identified as at-risk due to being young, low-income, and having low educational attainment. The total number of Wisconsin families served by some type of home visiting is not known, although 73% of county child welfare offices responding to a survey report offering at least one home visiting program.<sup>6</sup> The Family Foundations program reported serving 530 children at 10 sites, and the Empowering Families Milwaukee program served 217 children at 1 site; 796 children in Head Start and 1,629 children in Early Head Start received home visiting services; one Nurse Family Partnership program site served an unknown number of children; and 3,405 children were served by 45 sites of the Parents as Teachers model of home visiting (Please note not all counts are from the same year and the extent to which children were counted more than once is unknown).

There is no precise measure of the number of at-risk mothers in Wisconsin who could potentially benefit from home visiting programs, or intensive parenting education programs more generally. However, it is possible to use available birth record and maternal education data to develop a rough estimate. According to the Wisconsin Interactive Statistics on Health (WISH), in 2008 there were 30,505 births to mothers with elementary, some high school or high school graduate level of education.<sup>7</sup> An alternative, more targeted, estimate created for a report to the Children's Trust Fund estimated 11,641 annual first-time births to mothers of low socioeconomic status.<sup>8</sup> Between 11,600 and 30,505 mothers could potentially benefit from home visiting services on an annual basis, and clearly only a fraction of these mothers are currently being served.

Professional development training and technical assistance is provided to home visiting programs by the University of Wisconsin Extension program. Training is provided on two assessment procedures; one for developmental screening (the Ages and Stages Questionnaire) with 609 participants to date, and one for the home environment (Home Observation for Measurement of the Environment) with 367 participants to date. A basic, foundation training for home visitors is also provided, with 732 participants to date.

Child Care Resource and Referral (CCR&R) programs coordinate information and trainings to parents and providers within early childhood education and care field. Wisconsin hosts eight regional CCR&R main offices that divide up the state's 72 counties. For families, CCR&R provides support and help in locating licensed and accredited child care facilities.

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<sup>6</sup> 64 of Wisconsin's 72 counties responded to a prevention scan survey, conducted for the Children's Trust Fund. [http://www.wccf.org/pdf/CTF\\_child\\_maltreatment\\_directions\\_future.pdf](http://www.wccf.org/pdf/CTF_child_maltreatment_directions_future.pdf)

<sup>7</sup> Wisconsin Interactive Statistics on Health (WISH) query conducted on May 16, 2010. <http://dhs.wisconsin.gov/wish/>

<sup>8</sup> See Table 1, Benefits and Costs of Home-Based, Early-Childhood Intervention Programs for Wisconsin Children (February 2010), prepared for the Children's Trust Fund.

There are 20 FRCs funded throughout the state, funded in part by the Children's Trust Fund. These centers serve as a central location for parents to receive parenting support and education in a variety of formats. Although the number of parents using FRCs has been tracked, including the number of hours of service provided, there is not systematic information about the quality or scope of programs provided. In addition, one primary task of such centers is to provide referrals to community programs, thus the lack of information about collaboration and service integration is particularly conspicuous.

### *EARLY CHILD CARE AND EDUCATION*

The field of early care and education has historically had two goals. The first is to support parental employment by providing non-parental child care, and the second is to provide children with enriching environments that promote their healthy development, and in particular their school readiness. Given these two foci, there are several publically funded programs with distinct but overlapping goals, which taken together constitute the early childhood education system. These programs can be roughly characterized into child care regulation, child care subsidy programs, and preschool education programs.

#### *Regulation & Accreditation*

The Bureau of Early Care Regulation (BECR), in the Department of Children and Families is charged with licensing child care businesses. BECR spent \$5.3 million in 2007-2008 to monitor and license individual and group childcare providers. Most aspects of the regulations focus on minimum health and safety practices and requirements, including maximum child-staff ratios.

Wisconsin requires that all facilities serving more than 4 children in a center or home-based setting be licensed. Currently, about 5,317 such facilities are licensed to serve 163,824 children (of all ages), although the exact number of children under age 6 served in such settings is unclear because some slots may be part day and some centers may serve older children. It is difficult to assess how well the capacity of care meets demands, because there is no source of data on the number of children who experience non-parental (licensed) care or the number of parents who want it. The BECR receives complaints about licensed and unlicensed centers and family day care providers. In 2008, the bureau undertook over 1,200 enforcement actions, the largest category of which was warning letters.

Wisconsin regulations also provide for certification for child care providers serving less than four children, which makes providers eligible to receive child care subsidies, child and adult food care programs, referrals from CCR&R agencies. In 2006, some 4,059 such providers were certified by local counties or local tribes, with the potential capacity to serve 22,330 children.

National organizations provide accreditation to group-based child care providers. These organizations ensure that programs meet a higher threshold of quality than necessary to meet licensing requirements. In 2009, only 5 percent of Wisconsin child care centers have been accredited by the National Association for the Education of Young Children (NAEYC), and perhaps more distressing is that the number of accredited centers has declined by nearly 50 percent since 2002. In 2003, less than 1 percent of family day care programs were certified by the National Association for Family Child Care. In

addition, the city of Madison also has an accreditation process for center and family-based providers that is similar to, but less stringent than NAEYC standards.

### *Child Care Subsidies*

Wisconsin Shares is the state's child care subsidy program for low-income families, serving over sixty thousand children. About 64 percent of these children are under the age of 5, ninety percent are in single parent families, and ninety percent reside in families with incomes at or below 166 percent of the federal poverty threshold. The program provides subsidies to all families that meet initial eligibility requirements with incomes up to 185 percent of the federal poverty threshold and requires parents to make copayments based on a percentage of their family income. Compared to other states, Wisconsin has generous policies such as reimbursing providers at or above 75 percent of the market rate and allowing family incomes to rise to 200 percent of the federal poverty threshold while maintaining subsidy eligibility. Despite such generosity, only 22 percent of children aged birth to 3, and 38 percent of children aged 3 to 5 in families with incomes less than 200 percent of the poverty threshold, are enrolled in child care subsidy programs, and almost half of the respondents to a small survey of child care provider indicated that they asked families to leave the program because they could not pay for their Wisconsin Shares co-payment. Reasons for such a low take-up may reflect parents' preferences for parental care (or other non-licensed or certified care), inability to meet other (particularly initial income) eligibility criteria and a lack of knowledge about the program.

Families served by Wisconsin Shares choose a variety of child care arrangements. By regulation, children receiving subsidies must attend some kind of regulated child care; 86 percent of children are enrolled in licensed group- or family-based child care programs, 11 percent of children are in certified care, and 3 percent are in school programs. Over two thirds of licensed center- and family-based child care providers participate in the Wisconsin Shares program.

Turnover within the program is notably high, on average within an 8 month period, only 43 percent of children remained with the same child care provider and about 20 percent remained with the same provider for less than three months. The quality of care children within the subsidy system receive has not been assessed recently, but data from 2001 indicated that most care was only of mediocre quality, and 11 percent of programs were considered to be of low quality.

Wisconsin Shares is the most costly of all early care and education programs, with a budget exceeding \$385 million for the year 2009-2010. Recent audits have found that the cost of Wisconsin Shares could be controlled if fraud and inaccuracies had been prevented. It is estimated that between \$16.7 and \$18.5 million in subsidy payments were improperly paid to providers of children. In 2008, estimates suggest about 1,071 providers billed for more hours of care than was actually provided. Audits of Wisconsin Shares also showed that out of 45 child care programs surveyed, 22 providers fabricated or altered attendance records resulting in overpayment.

### *Developmental Screening and On-going Assessment*

Our review of existing documents concluded that there was little or no data were available on the screening and on-going assessment practices of early care and education

providers. As a result, a survey of providers was undertaken by Gaye Tylka, Early Education Director of Cooperative Educational Service Agency (CESA) #4, to better understand and describe the extent to which screening and assessment is conducted. The results of the report indicate that while it appears that most service providers do engage in some form of developmental screening, the use of valid, reliable screening tools is not a universal practice. Likewise, while some sectors report the use of published curriculum and assessment tools, collecting on-going assessment data and recording these data of reliable assessment tools are not universal practices.

### *Head Start*

Head Start is a comprehensive early care and education program for children and families from disadvantaged backgrounds, federally funded through direct grants to agencies. Wisconsin is one of only 15 states that supplements federal funding for Head Start. In 2009, Head Start funding in Wisconsin was \$108.8 million, with the state contributing \$6.9 million and federal contributing \$101.9 million. Because of its comprehensive nature, the cost of Head Start amounts to between \$5,000 and \$10,000 annually, more per child than most other early education programs.

There are three different Head Start programs: regular Head Start, Early Head Start, and Migrant/Seasonal/Tribal Head Start. Head Start serves approximately 16,356 three- and four-year-olds, about 52 percent of eligible children. Early Head Start serves 1,629 children and 181 mothers, 5 percent of eligible children (and mothers). Migrant and Seasonal Head Start programs serve over 500 children. In 2008, Head Start and Early Head Start children represented 9.9 percent of all children served by the early care and education system in Wisconsin.

At least 10 percent of all Head Start slots must be made available to children with disabilities. Thirteen percent of all children enrolled in Wisconsin Head Start programs in 2009 had some kind of disability. Of the 541 children served by Migrant and Seasonal Head Start, 7 percent were children with disabilities. Finally, 16 percent of infants in Early Head Start had some kind of disability.

Only 20 percent of Head Start programs operate programs for full days five days per week. As a result, many families need to arrange for supplemental child care. When children are not attending Head Start, 40 percent of children are in some kind of informal care setting, 35 percent are in a child care center, 15 percent are in a family child care, 9 percent are in a public pre-k program, and 1 percent are in some other form of child care.

The comprehensive approach of Head Start provides families with many other services beyond early education for children, such as parenting education, health education, transportation and housing assistance, crisis intervention, services for dual language learners, and adult education and job training. Most families served by Head Start access at least one type of family service.

The Wisconsin Head Start State Collaboration Office issued a Needs Assessment report in 2009 that analyzed Head Start responses to an online survey regarding their collaborative partnerships. The resulting report is an important model for assessing areas of strength and weakness in collaborative efforts to meet the comprehensive needs of young children and their families. The report documented that overall, most Head Start agencies report having cooperative arrangements with other programs and agencies, and do not report either difficulty or extreme difficulty in these relationships. The report does

identify particular areas in need of improvement, however, which include the following: aligning practices with and securing high quality child care; obtaining oral health care for children and families; obtaining mental health care services for young children; and providing culturally and linguistically appropriate services.

As a federal program, Head Start is subject to comprehensive and rigorous performance standards, including the requirement that local Head Start agencies provide detailed information annually through a Program Information Reporting system. As a result, the information about Head Start programs, including markers of program quality, is the most comprehensive of any early childhood program in the state. Data suggest that all Wisconsin Head Start agencies meet the national performance standards, and national data indicate that on average Head Start is of *close to good* quality on standardized assessment of the quality of caregiving environments. Teachers in Head Start have lower rates of turnover and higher rates of educational qualifications, compared to teachers in general child care programs.

#### 4K

4k is Wisconsin's universal pre-kindergarten program available to all four-year olds in school districts that offer the program. Currently, 77 percent of school districts offer a 4k program and just under half of all 4-year-olds are enrolled in a 4k program. About 30 percent of school districts are implementing 4k programs through a community based approach, which involves partnering with existing early childhood programs, such as Head Start centers, to provide the educational programs. The 4k program is funded through local and state revenues; on average 63-64 percent of funding is covered by the state. In 2007 and 2008, Wisconsin was ranked 7<sup>th</sup> among states for access to pre-kindergarten enrollment. According to the 2008 State Preschool Yearbook put out by the National Institute for Early Education Research, Wisconsin met 5 of 10 quality benchmarks. The benchmarks met were in early learning standards, teacher degree, teacher specialized training, teacher in-service, and monitoring. The quality of Wisconsin's 4K programs has not been directly assessed, and programs are under the supervision of local school districts.<sup>9</sup> Teacher education for these programs is quite high, as all 4K teachers must be licensed to teach in Wisconsin.

#### *Professional Development and Quality Improvement*

The state of Wisconsin supports several efforts to increase the quality of early education teachers and care providers as well as the more general quality of early education and care programs. Some programs focus specifically in providing or supporting training or education for teachers and caregivers, while other programs focus on providing technical assistance about a broad range of issues to child care and early education providers.

Highly skilled caregivers and teachers provide superior learning, growth, and development within early childhood. Unfortunately, low pay for caregivers and teachers often limits the quality of the early childhood workforce, and results in high rates of teacher turnover. It is difficult to directly assess teacher and caregiver skills, so

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<sup>9</sup> Although WI was part of the NCEDL SWEEP study, it is not clear how WI's 4K program rated compared to the other four states, and thus the findings from this report do not directly shed light on the quality of 4K in the state.

educational attainment, a rough proxy for skills, often becomes the focus of attention. In general, the educational attainment of child care workers is relatively low, reflecting the wages they receive. About 30 percent of family day care providers and 45 percent of center-based care providers have post-secondary education (2- or 4-year degree). As noted above, the educational levels of 4K and Head Start programs have higher levels of educational attainment.

Although the educational attainment levels of child care workers are relatively low, many caregivers and teachers attend non-credit based trainings. The Registry, Wisconsin's recognition system for the childhood care and education profession, tracks the training and experience that contributes to high quality care. Employees from about 1,800 child care centers have paid to participate in the registry program in the past 5 years, and have accumulated between 164 and 190 hours of training. It is unclear whether non-participating caregivers will have accumulated as much training as participants.

In attempts to increase the skills and competencies of early childhood caregivers and teachers and increase retention rates, public and private partners in Wisconsin have established two programs: T.E.A.C.H. and R.E.W.A.R.D. Both programs require an application process that is administered by the Wisconsin Early Childhood Association and both initiatives have hundreds of applicants on their waiting lists. The first is a statewide scholarship program designed to help early childhood teachers and providers meet their professional development goals while continuing their current employment. T.E.A.C.H. scholarship recipients receive financial awards to be used toward continuing professional development within early childhood, with 4,084 recipients serving over 69,900 children since 1999. This initiative has been proven to lower turnover rates among recipients compared to non-scholarship teachers in early childhood, as well as increasing hourly wages for recipients when compared to non-recipients. R.E.W.A.R.D. is a stipend program of compensation and retention for members of the early care and education workforce, awarding incremental yearly salary supplements to individuals based on their educational attainments and longevity in the field.

The state budgeted nearly \$500,000 for administrative costs associated with technical assistance programs like the Registry (discussed above), Supporting Families Together Association (SFTA), and developing and training providers on early-learning standards. For providers, SFTA helps with pre-licensing preparations, program quality enhancement, and professional development trainings including one-on-one consultations, targeted workshops, CDA advising, business planner consultations and environment assessments. Between 2005 and the first quarter of 2010, 2,658 providers have been trained in Wisconsin's Early Learning Standards, and more than 70 trainers are available to conduct trainings throughout the state.

The Wisconsin Child Care Information Center (CCIC) is a mail-order lending library and information clearinghouse serving anyone in Wisconsin working in the field of child care and early childhood education. The CCIC also handles approximately 4,300 inquiries per year; loans or distributes over 280,000 items; and distributes a newsletter to 10,000 child care and early education programs, staff, teacher educators, and others. In addition, the CCIC maintains a website for individuals to review or download materials that had been distributed through the mail in the past. Funding for the CCIC was budgeted at \$113,000 in 2008-09.

The Department of Children and Families has recently worked to craft legislation that would create a Quality Rating Improvement System (QRIS). The so-called Young Star program would rate licensed child care programs along a scale of 1 to 5 stars based on measurable program characteristics such as teacher education and training and parent involvement practices. The intention of the program is to improve overall program quality by improving parents' ability to identify high quality care, as well as to provide incentives for program improvement by linking subsidy rates to star ratings (with more stars garnering higher levels of payment).

### *FAMILY SUPPORT*

Between 2005 and 2007, about 14 percent of children in Wisconsin resided in families with incomes below the federal poverty threshold, a number below the national average and the poverty rate of several Midwest neighboring states.<sup>10</sup> National child poverty rates have risen since 2007, so it is likely now higher. Several counties and regions in Wisconsin have much higher rates of child poverty than the rest of the state; especially high child poverty rates are found in Milwaukee County, Kenosha County, and a 10-county area in northern Wisconsin near Lake Superior. Early childhood poverty is a concern because it is linked to poor outcomes for children. Poverty compromises parents' abilities to provide safe, warm, and enriching environments for their children. Without such environments, children are at risk for poor health as well as poor socio-emotional and cognitive development.

State and county governments provide economic supports to families through several programs. During national welfare reforms of the mid-to-late 1990's, Wisconsin attracted national attention with its early efforts to increase employment among welfare recipients. The resulting program, referred to as Wisconsin Works (W-2), transformed welfare benefits from an income-based entitlement to a discretionary benefit contingent on a demonstrated formal employment effort. Although W-2 is not specifically an early childhood program, many W-2 recipients have young children, and the program provides benefits to new mothers for three months (without employment requirements). In 2003, 14,997 adult participants and 29,918 children were served by the W-2 program, with 73 percent of participants having at least one child age six or younger. In addition, W-2 recipients are also disproportionately involved in the child welfare system, Wisconsin Shares, Medicaid, and BadgerCare programs. In 2009, W-2 agencies vary significantly in the rate of participants who obtain employment, with most agencies rate falling between 20 percent and 40 percent, and only about half of agencies exceeded DCF's benchmark. Likewise, wages for W-2 recipients that secured employment also varied considerably,

Recommendations to make W-2 more supportive to families with young children include reducing the work requirements for families with special needs, extending benefits to pregnant women in their third trimester, and extending from three to six the number of months that women may be exempt from work requirements following the birth of a child.

FoodShare is the state's main food assistance program for low-income families. FoodShare caseloads have been steadily increasing since 2000, reaching a peak in 2009,

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<sup>10</sup> Issacs, J. & Smeeding, T., *First Wisconsin Poverty Report*, Institute for Research on Poverty, 2009. [http://www.irp.wisc.edu/research/WisconsinPoverty/pdfs/First\\_Wisconsin\\_Poverty\\_Report\\_Final-2.pdf](http://www.irp.wisc.edu/research/WisconsinPoverty/pdfs/First_Wisconsin_Poverty_Report_Final-2.pdf)

with an average monthly expenditure of nearly \$65 million. Currently, children under age 5 are the largest age group of recipients (among five-year groupings), representing 16 percent of all recipients. In 2004, 79 percent of eligible children received subsidies for food.

Wisconsin provides two tax credits for low-income families. First, the state has an Earned Income Tax Credit (in addition to the federal EITC credit), which is a refundable tax credit for working poor families with children. The maximum benefit is a set percentage of the federal EITC benefits with the highest payment amounting to \$2,432 (for a family with three or more children earning between \$12,550 and \$21,450). In 2008, 243,131 filers claimed the state tax credit with total payments amounting to almost \$96 million, an average of \$394 per family. The Homestead Tax Credit Program is a tax credit created to reduce the burden of property tax on low-income families. The maximum credit is \$1,160 (for families earning \$8,000 and paying \$1,450 in property taxes). In 2008, 236,193 filers received an average credit of \$517.

Another way in which the state provides economic support to families with young children is by enforcing child support orders from non-custodial fathers. About 80 percent of child support recipients are low-income, and 40 percent are living in poverty. In 2009, about 84 percent of children in single parent families had paternity established, a rate above the federal standard. In 2009, about 70 percent of child support was collected in the month it was due, a rate slightly below federal standards.

### **Discussion**

The summary of findings is important both for the information it provides, as well as for the information that is not provided. In this section, we provide several observations which we believe are evident from the data provided, as well as observations about what information would be useful but is not present:

- 1) In the Health and safety domain, it is clear that state efforts to insure young children have paid off in terms of generating higher rates of coverage through public health insurance. Areas of concern that still persist do not appear to be a result of lacking “coverage,” but rather the translation or correspondence of health insurance coverage into good health care and health behaviors. Thus, dental care, lead poisoning, and racial and ethnic health disparities are issues that will have to be addressed by specific programs or policies or changes in programs and policies, rather than by an effort to further expand publicly funded health insurance coverage. Possible solutions include changing providers’ incentives to provide care to underserved populations, as well as programs that specifically target communities to increase engagement and awareness.
- 2) In terms of children’s mental health and socio-emotional development, the capacity of the system to care for children is not well documented. Efforts by the IMHLT have likely improved parent and professional understanding and knowledge about the importance of socio-emotional development, and also increased the prevalence of developmental screening. Yet this remains an area in which there is little infrastructure and programming. In particular, the connection between services and treatment for parents’ mental health (substance abuse, depression, etc.) seems to be granted far less attention than

warranted, given its important effects on children's development. More information about programs and local capacity to serve children and families would help us better identify how to build an effective and sustainable infrastructure to better reach and serve families and children with unmet needs.

- 3) Parenting education is a fragmented system, comprised of early education programs like Head Start, FRCs, child welfare prevention efforts, CCR&R centers, and home visiting programs. While these efforts might differ in emphasis and mode of service delivery, they all share some common goals. Given this fragmented system, it would seem the first logical step is to better evaluate the collaboration and overlap among existing programs, as well as the range and quality of services provided (and unmet community needs). With this as a starting point, local and state stakeholders could begin to evaluate whether the current fragmented system could benefit from combined efforts, and could also consider how best to ensure that families' needs are being met and their goals are being supported.
- 4) In the realm of early childhood education and care, we know much more about publicly funded preschool programs like 4K and Head Start than we do about other types of programs (especially infant care). It is also apparent that Wisconsin's child care subsidies are generous, which makes the relatively low levels of take-up somewhat puzzling. As a result, it is difficult to provide a complete picture of the experiences of Wisconsin children in early care and education institutions. Moreover, even if participation rates were known, information about the quality of care is also needed as well as targeted efforts to increase the quality among low-quality programs. Although, the Young Star quality rating system appears poised to be implemented, and will provide a rating for child care providers (and tier Wisconsin Shares subsidies to these ratings), it is yet to be seen whether this effort will be sufficient to raise the quality of care Wisconsin children experience. The provision of funding to support professional development and technical assistance will also be important in determining how likely it is that low performing programs will improve. As a result, additional data on all of Wisconsin's children's early education experiences and the quality of care they receive is an important first step in improving early care and education. Next, a plan for systematically engaging and working with providers who provide low or mediocre quality care in order to improve the quality of care will also be important to improving the experience of Wisconsin's children.

As is evident from the summary above, the reviewed reports and documents are more oriented toward assessing substantive issues with system components than systemic issues, which affect the broader system. As a result, questions related to the system dimensions such as collaboration across programs, the use of data to inform program and policy decision-making, and evaluation of program outcomes are not well represented. A broad look across the components provides some relevant observations about these more systemic issues:

- 5) More comprehensive and complete data on multiple levels would be helpful within and across programs, as well as for individual children and families, and communities. These data can be used to inform system and program planning (as well as financing) at both the state and local level. The need for such comprehensive data collection (and to some extent data integration) has been recognized by a variety of new initiatives in several state departments, but a coordinated vision for how this type of data collection and analysis should proceed has not been developed.
- 6) System components (and programs) differ in the form and level of governance (and sources of funding). In many ways, the mix of federal, state, and more local governance reflects programs' differing goals and communities' differing needs. Yet, the mix of county, regional, state, and federal structures presents challenges in creating a comprehensive and collaborative early childhood system. How best to address this situation is unclear, but several states have tackled these issues with varying levels of success. At minimum, relevant stakeholders should consider whether the current structure inhibits the development of a coherent and integrated system.
- 7) Once a system of programs and services has been constructed, it is of critical importance to be able to ensure the effectiveness and quality of those programs and services. This requires mechanisms for establishing quality standards, providing strategies to support professional development, and evaluating both program implementation and outcomes. Our review of existing reports and documents found that each system component has programs with some aspects of these system dimensions present, and yet, just as many others do not. Although each dimension requires tailoring to the components (and in some instances specific programs within a component), there is surely something to be gained from a systemic perspective on each dimension across components. This suggests that recommendations that tackle issues of quality standards, providing strategies to support professional development, and evaluating both program implementation and outcomes across the entire system, will be valuable.