



Building Blocks for Wisconsin's Future

The Foundation for an Early Childhood System

Building Blocks for Wisconsin's Future

The Foundation for an Early Childhood System

2009 – 2014 Overview of System Development

This report was developed in collaboration with the Governor's Early Childhood Advisory Council, the Department of Children and Families, and the Department of Public Instruction.



This report was developed jointly by the Early Childhood Advisory Council, the Department of Children and Families, and the Department of Public Instruction

**For additional information, contact
Bridget Cullen
Department of Children and Families
bridget.cullen@wisconsin.gov**

**or
Jill Haglund
Department of Public Instruction
jill.haglund@dpi.wi.gov
ec.dpi.wi.gov**

Additional copies are available online at www.dcf.wi.gov/ecac/pdf/report15.pdf

© September 2015 Wisconsin Department of Public Instruction
Tony Evers, PhD, State Superintendent
Madison, WI

The Department of Public Instruction does not discriminate on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital status or parental status, sexual orientation, or disability.

Cover Photo: Harmony House Montessori, Madison, WI



Printed on recycled paper



Table of Contents

Letter from Co-Chairs	7
Introduction	9
Strengths of the Council	10-11
Historical Overview	12-13
Highlights	14-18
2009 Achievements and Recommendations	14
2010 Achievements and Recommendations	15
2011 Achievements and Recommendations	16
2012 Achievements and Recommendations	17
2013 Achievements and Recommendations	18
Challenges	19
Future Focus of the ECAC	20
Appendix I: ECAC Performance Measures	21-29
Appendix II: 2014 Members of Wisconsin Governor’s Early Childhood Advisory Council	30



Letter from Co-Chairs

Dear Governor Walker:

We are pleased to deliver the report, *Building Blocks for Wisconsin's Future: The Foundation for an Early Childhood System*, submitted by the Governor's Early Childhood Advisory Council (ECAC). The ECAC has been an important force in recommending and helping to shape a range of critically important early childhood system-building developments that took place in 2014.

Highlights of 2014 include the following activities:

- Engaged in the opportunity for the council to refresh its collective memory of the strong foundation and legacy of collaboration on which the current system-building work is founded on.
- Supported the Race to the Top – Early Learning Challenge grant's efforts to continue early childhood system-building efforts, focused on improving the quality of child care for high needs children.
- Collected and compared data from 2010 to 2014 on measures with the progress goals.
- Monitored the development of the "Blueprint for a Comprehensive and Aligned System for Screening and Assessment of Young Children."
- Reviewed efforts to strengthen and align the cross-sector professional development system creation of core competencies for professionals working with young children.
- Provided an opportunity for key early childhood stakeholders to discuss what is working well in early childhood, barriers to collaboration, and ideas for how to work more effectively together.
- Implemented the ECAC Operating Principles that provide a clear infrastructure for committee and stakeholder engagement in ongoing system-building efforts.

The ECAC is poised to make progress on all aspects of the early childhood system in our state. We look forward to continuing to work together as we move Wisconsin closer to the vision of the ECAC that "all children are healthy, safe, nurtured, and successful." We know that getting children off to a great start has significant benefits to our state now and for years to come.

Sincerely,

Eloise Anderson, Secretary
Department of Children and Families
Co-Chair, Governor's Early Childhood
Advisory Council

Tony Evers, PhD, State Superintendent
Department of Public Instruction
Co-Chair, Governor's Early Childhood
Advisory Council



Eloise Anderson



Tony Evers



Introduction



The Governor's Early Childhood Advisory Council (ECAC) was formed as a result of the Head Start Reauthorization Act of 2007 and Executive Order #269 (April 2009). The ECAC is building upon the work of the Wisconsin Early Childhood Collaborating Partners, the Child Abuse and Neglect Prevention Board (CANPB), the Partners for Wisconsin Economic Success, and the Governor's Birth to Three Interagency Coordinating Council.

The mission of the council is to help ensure that all children and families in Wisconsin have access to quality early childhood programs and services. One of the initial efforts of the ECAC was to conduct, in collaboration with the University of Wisconsin, a thorough needs assessment of Wisconsin's early childhood programs. This needs assessment highlighted key gaps at the system level, and at individual program levels.

Since this assessment, the ECAC has engaged in a number of initiatives related to strategic planning, aligning Early Childhood (EC) programs across the state, securing funding for enhancing programs, evaluating their quality, developing multiple frameworks related to EC education, and developing plans for a longitudinal data system (EC-LDS).

The ECAC is approaching a five-year milestone. In order to take full advantage of the best approaches to continue its vital work, the ECAC developed this report to provide a year-by-year reflection of the achievement of recommendations it has made from 2010 to 2014. The report addresses the ECAC strengths, recommendations, achievements, benchmarks, and challenges.



Strengths of the Council



The ECAC defined its mission as ensuring every child in Wisconsin is “healthy, nurtured, safe, and successful,” and the following as its guiding principles:

- Children – The primary focus is to operate in the best interest of Wisconsin’s children.
- Parents – Empower parents and primary caregivers who are the key decision-makers, teachers, and advocates for their children.
- Communities – Support communities to provide integrated quality services and to ensure children’s access to education, physical and mental health services as well as family support.
- Systems – Help integrate and align the multiple early childhood systems operated by public and private entities.
- Professional Development – Educate and provide more quality professional development opportunities to the workforce that serves early childhood.
- Financing – Ensure there is adequate funding to support the ECAC’s mission and provide comprehensive early childhood services.
- Public Policy – Wisconsin public policy should support blended funding streams to create comprehensive systems.

In 2011, the ECAC developed a vision that allowed it to identify key performance indicators and data sources to measure progress towards accomplishing its mission. That same year, the ECAC reviewed and made changes to its organizational structure including the council and its committees. A steering committee was also created and tasked with keeping the council informed and on track, and with coordinating the six different committees and project teams.

One of the greatest accomplishments of the ECAC has been to gather the support of a diverse group of stakeholders on early childhood in Wisconsin, including business and community leaders and top-level government officials.

The vision of the ECAC focuses on three outcome areas:

- Safe and Healthy Children
- Stable, Nurturing, and Economically Secure Families
- Quality Early Learning

“We have an unprecedented opportunity to launch a new science-driven era in early childhood policy and practice.”

*– Center on the Developing Child, Harvard University
A Science-Based Framework for Early Childhood Policy.
2007*

By 2014, the ECAC project teams and committees achieved the following:

- Screening and Assessments – Developed and published a blueprint and fact sheets on screening and best practices for child care providers and parents.
- Family and Community Partnerships – Continued working with Race to the Top (RTTT) Family Engagement team; worked with consultants to explore new ways to form solid partnerships moving forward.
- Obesity Prevention – Continued working with 13 coalitions to implement the work; analysis of Active Early 2.0 is being conducted; finished the Healthy Bites nutrition grant; published Spanish editions of Healthy Bites and other healthy living informational materials.
- Oral Health – Completed an oral health survey to evaluate dental care access in the state and identify areas of improvement.
- Professional Development – Published the Wisconsin Core Competencies for Professionals Working with Young Children and Their Families. Continued evaluating the early childhood workforce and identified new opportunities for professional development.
- Early Childhood Longitudinal Data System – Continued integrating different systems across various state and local agencies, evaluating how the different parts interact and can better communicate with each other.
- Public-Private Partnership – Continued work on forming public-private partnerships and re-assessed their strategic role.

The ECAC has also served as an instrumental resource in the development of the YoungStar Quality Rating and Improvement System, the Home Visiting Program, and the Race to the Top – Early Learning Challenge Grant.

In summary, the work of the ECAC throughout the years has led to greater integration across early childhood data systems, better opportunities for professional development, more effective screening and assessment tools, and improvements in the effectiveness of the early childhood programs.



Historical Overview

2009 Early Childhood Overall System Recommendations

- Create a comprehensive screening and assessment system.
- Create a longitudinal data system.
- Develop an infrastructure.

2010 Early Childhood Overall System Recommendations

- Increase and coordinate screening and assessment of young children.
- Establish and support a longitudinal data system.
- Establish a public-private funding board.
- Expand home visiting, especially evidence-based programs.
- Strengthen the cross-sector professional development system.



2011 Key Areas of Focus

- Continue to ensure alignment of ECAC and Race to the Top efforts.
- Develop processes to learn from and support the 16 funded local early childhood system collaborations.
- Support programs to move from 2 to 3 Star ratings, and focused efforts to improve quality of all early learning settings.
- Develop protocols to enhance synchronization and sustained engagement of project teams.
- Consider what a broader Birth to 8 agenda might look like, as advanced at the national level organizations such as the National Governors Association.
- Revisit discussion of branding of Wisconsin reform efforts as other states have done, such as Start Smart from North Carolina.

2012 Specific Overall Recommendations

- Increase and coordinate screening and assessment for young children.
- Develop an Early Childhood Longitudinal Data System (EC-LDS).
- Establish a foundation for a public-private funding board.
- Continue efforts to support evidence-based, culturally competent programs that build strong families and resilient communities.
- Strengthen and continue to align the cross-sector professional development system.

2013 High Level Recommendations

- Implement revised ECAC Operating Principles.
- Ensure stronger cross-sector connections and communication by more regularly convening project teams with the ECAC Steering Committee.
- Continue efforts to broaden and deepen engagement of tribal early childhood leaders.
- Explore the implications of expanding the scope of the ECAC to birth to age eight in terms of resources, membership, related data, and coordination needs.
- Continue to identify and address barriers between cross-system coordination efforts.
- Explore branding of early childhood system development efforts.
- Track progress in key areas of early childhood including early learning, health, and strong families that contributes to a public dashboard and aligns with work of the EC-LDS.



Highlights

2009 Achievements and Recommendations

The year 2009 marked the first year the ECAC was fully operational. During this year, it defined its basic structure, reviewed work completed by other groups and organizations in the EC field, and began to develop its own plan of action for the future.

“Overwhelming research tells us where we should start: at the earliest age, prenatal to age five. During this time children’s brains develop 90 percent of their capacity, which lays the foundation for academic skills and behavior traits that will last a lifetime.”

– Ready Nation, 2013

Key Achievements:

- In collaboration with the University of Wisconsin, conducted a thorough needs assessment of Wisconsin’s EC programs. This needs assessment highlighted:
 - Lack of integration across county, regional, state, and federal structures and services;
 - Incomplete data systems about EC programs, individual children and families, and communities;
 - Insufficient mechanisms to measure effectiveness or services;
 - Inadequate access screening for developmental delays;
 - Fragmented systems for parenting education, only a fraction of at-risk families served by home visiting programs, and underutilization of economic support benefits by eligible families;
 - Health disparities for children of color, and more than half of children in need of mental health services not receiving treatment;
 - Incomplete data on children’s education experiences and the quality of care and education, especially for non-publicly funded programs; and
 - Low educational attainment of child care workers, reflecting their low wages.
- Developed overall goal (every child will be healthy, nurtured, safe, and successful), guiding principles, and recommendations for strategies and overarching structures to achieve its goals.
- Obtained federal grant funding for its initiatives.

Recommendations for the Next Year:

- Create a comprehensive screening and assessment system to identify children’s individual developmental needs and to facilitate referrals to appropriate services.
- Create a comprehensive longitudinal data system (EC-LDS) to be used in planning and decision-making to ensure that outcomes are measured and evaluated.
- Explore and develop infrastructure models that align and leverage state, regional, and local resources, and engage the business, private, and philanthropic sectors as partners to improve early childhood outcomes.

2009 annual report can be found at:

http://www.dcf.wisconsin.gov/ecac/pdf/ecac_annual_report_Dec_2010.pdf.

2010 Achievements and Recommendations

The ECAC oversaw some important milestones and events in its second year of operation that continue to shape the early care and education landscape.

Key Achievements:

- Coordinated with three state agencies to develop a charter and a plan for the EC-LDS. Hired key staff using American Recovery and Reinvestment Act (ARRA) funds and DPI's Longitudinal Data System grant funds. Requested additional funding in Wisconsin's Race to the Top Early Learning Challenge Grant (RTTT-ELC) application.
- Established a public-private funding structure to support the overall goal of the ECAC.
- Developed a blueprint for screening and assessment tools in collaboration with University of Wisconsin experts.
- Developed a strategic plan for home visiting and established regional home visiting Communities of Practice and a home visiting Mentor Protégé Program.
- Launched YoungStar quality rating program.
- Expanded 4K programs to 89% of the school districts.
- Launched multiple professional development initiatives, including Professional Development Policy Scan, Teacher Education and Compensation Helps (T.E.A.C.H) Early Childhood (EC) scholarships, training for obesity prevention, and plan for the creation of the Office of Early Learning at DPI.
- Developed a framework for linking ECAC's goals, system level interventions, and desired outcomes.

Recommendations for the Next Year:

- Further develop and refine mechanisms for collecting longitudinal data, data governance, and sharing of information. Report findings publicly on an annual basis.
- Expand and provide training and/or technical support to home visiting programs.
- Strengthen professional development systems for care providers.
- Adopt K-12 math and literacy standards, and align EC teaching credentials across levels and systems.
- Improve screening and assessment through cross-section collaboration and coordination.

2010 annual report can be found at:

http://www.dcf.wisconsin.gov/ecac/pdf/2012/2011_ecac_governors_report.pdf.

"Quality early learning and development programs for disadvantaged children can foster valuable skills, strengthen our workforce, grow our economy and reduce social spending."

*– James Heckman
Nobel laureate in economics
at the University of Chicago*

2011 Achievements and Recommendations

During the third year of full function, the ECAC made progress toward its vision in 2011 and established ambitious yet achievable goals.

Key Achievements:

- Conducted stakeholder roundtable discussions for EC-LDS. Conducted a survey of programs, and created recommendation papers based on research.
- Developed and published, “Blueprint for a Comprehensive and Aligned System for Screening and Assessment of Young Children.” Conducted technical assistance webinars, and provided evidence-based online Inclusive Practices courses statewide. Approved 16 applications using a new process for EC community system building grants. Established a new project team on Family and Community Partnership.
- Obtained legislative approval for 5K early literacy screening.
- Developed two Head Start Child Welfare Memorandum of Understanding (MOUs) in Milwaukee to create a referral mechanism for foster care children in Head Start.
- Established the Office of Early Learning within DPI as a hub for cross-sector EC professional development.
- Increased the number of credits for prior learning opportunities available through various Wisconsin educational institutions.
- Conducted a higher education scan that highlighted barriers and opportunities for alignment of educational approaches across sectors.
- Received national recognition by the First Lady’s Let’s Move! Child Care for WI Early Childhood Obesity Prevention Initiative efforts.

Recommendations for the Next Year:

- Promote the blueprint and screening recommendations within the various state programs. Continue to disseminate information and train EC providers in evidence-based developmental screenings and assessments.
- Launch initial public dashboard on EC key indicators through inter-agency collaboration. Establish accountability measures and determine return on investment for funded early childhood community initiatives.
- Develop local infrastructures to support public-private board.
- Provide incentives for EC programs to implement evidence-based family partnership and parent leadership programs. Provide training and technical assistance.
- Consider expansion of the Bureau of Milwaukee Child Welfare (BMCW) Head Start Memorandum of Understanding (MOU) structure and other models that promote collaboration between early childhood and child welfare systems.
- Complete the Higher Education Scan in 2013 to develop career pathways opportunities for EC and family support providers. Implement partial scholarship opportunities for EC professionals through ARRA funding.
- Strengthen YoungStar requirements and regulations for nutrition and physical activity.

2011 annual report can be found at:

<http://www.dcf.wisconsin.gov/ecac/pdf/building-blocks-2012.pdf>.

2012 Achievements and Recommendations

The ECAC advanced several important recommendations that continue to shape the early care and education system.

Key Achievements:

- Convened stakeholder roundtables for EC-LDS, established data governance structure, and selected a tool to match identities across multiple data systems.
- Developed the best practices template on the blueprint. Conducted a survey to find best practices in oral health and to identify barriers to comprehensive early oral health services.
- Developed an action plan to implement a public-private partnership with feedback from business and civic leaders with an emphasis on strengthening local coalitions and building their capacity to engage local private support.
- Funded 16 ARRA efforts and secured additional federal funding to expand evidence-based home visiting programs.
- Designed two family and community partnership surveys to (a) understand how EC program partners engage with families, and (b) identify strategies that reinforce family engagement and community partnerships.
- Developed and disseminated parent-training modules for the WI Model Early Learning Standards.
- Integrated the Head Start and Early Head Start Relationship-Based Competencies framework into the Professional Development Initiative's Cross-Sector Competency Work Group.
- Secured funding in YoungStar to cover the cost of new or renewed registry certificates for 929 child care individuals.

Recommendations for the Next Year:

- Enhance cross-sector collaboration and explore how screening and assessment information could be integrated into EC-LDS in the future.
- Launch initial public dashboard on initial key EC-LDS indicators.
- Establish a state public-private funding strategy.
- Continue development of online compendium of best practices and continue to facilitate cross-sector partnerships to support young children in the welfare system.
- Develop a WI Cross-Sector Professional Development System Portfolio.
- Ensure that the Professional Development Initiative works closely with DPI to develop the teacher licensing re-design.
- Continue to enhance engagement of tribal EC leaders.
- Explore branding of EC system development efforts.

2012 annual report can be found at:

http://www.dcf.wisconsin.gov/ecac/pdf/ECAC_2013_Annual_Report_web.pdf.

“Investment in young children supports economic development by boosting the long-run productivity of the labor force and reducing public costs.”

– Wisconsin Policy Research Institute, The Economic Power of Early Childhood Education in Wisconsin. 2012

2013 Achievements and Recommendations

The fifth year of the council was pivotal in its articulation of a more detailed vision of the manner in which Wisconsin could advance toward improving outcomes for children.

Key Achievements:

- Integrated key components of EC-LDS and prioritized the functionality.
- Department of Children and Families (DCF) awarded three Families and Schools Together (FAST) grants to implement a research-based parent involvement and strengthening program.
- Launched post-reunification support program in 16 counties, focused on supporting families with children at risk of re-entering out-of-home care placements.
- Launched the Care4Kids program, which coordinates health care to out-of-home care children.
- YoungStar validation study was conducted for 160 programs in the Milwaukee and Northeastern YoungStar regions.
- Conducted an assessment of Tribal Early Childhood programs, which highlighted significant achievement gaps in K-12 among Native Americans.
- Secured \$11 million for RTTT-ELC to enhance YoungStar. Provided on-site coaching to 1,500 providers, supported family engagement, among other initiatives.
- Developed the Wisconsin Birth to Age 8 Framework to educate the public on the importance of EC development and education, and to define policy options.
- Distributed \$225,000 through the Read to Lead Task Force to train early childhood providers.
- Completed an oral health survey and worked with 13 coalitions for obesity prevention.
- Explored kindergarten entrance assessment models.

Recommendations for the Next Year:

- Develop actionable vision and strategy, with measurable goals.
- Conduct more frequent statewide needs assessment.
- Improve communication strategy; make goals and reports more accessible to the public.
- Review and redefine project team roles and structure.
- Develop options, identify resources, and a process to include key stakeholder input for kindergarten entrance assessment.

Challenges

Although substantial progress has been made since 2010, there is still much work to do in order to create a comprehensive and cross-departmental early childhood system that utilizes evidence-based implementation strategies. The council also needs to engage the public more and improve its outward communication by seeking greater opportunities for the stakeholders to give input into assessing the needs for recommendations.

While there has been greater collaboration among the different systems that serve children and families, they are still not well connected and greater alignment is needed. To address the lack of coordination, the ECAC might need to consider expanding its membership. Even though strides have been made towards more alignment and integration of the different early childhood systems, there is still disparity.



Future Focus of the ECAC

In 2015, the ECAC will engage in a process to reorganize the system used to determine priorities and recommendations to the governor. The Executive Order as well as previous ECAC goals, measures, strategies, and recommendations will be considered along with stakeholder input.

The intent is for the council to develop recommendations that focus on advancing its vision of:

- Safe and healthy children;
- Stable, nurturing, and economically secure families; and,
- Quality early learning.

“Parents, policymakers, business leaders, and the general public increasingly recognize the importance of the first few years of the life of a child for promoting healthy physical, emotion, social and intellectual development.”

*– Rand Corporation
Early Childhood Interventions
2005*



Appendix I

ECAC Performance Measures

The ECAC identified a set of eight performance indicators (see table below) that provide initial evidence that Wisconsin is making a difference in the lives of its young citizens. These measures are easy to understand and relate to the three ECAC goals. The table below reflects the most recent available data and the data for the previous three to five years.

Table 1.

ECAC Measures – Wisconsin had 344,331 children age four (4) and under in 2013.⁴

Number or Percent of Wisconsin Children from Birth to Age 5 (0-5) who: ⁵		
	2010/2011	2013/2014 (or latest available)
Enrolled in Head Start ⁶ State Supplement (Including Migrant and Tribal Head Start in WI). Head Start 3-5 Early Head Start B-3	18,047 1,219	18,661 1,097
Enrolled in 4-year-old Kindergarten (public preschool program). ⁷	38,071	48,590
Received Services for Young Children with Disabilities. – IDEA Part C/Birth to 3 ⁸ – IDEA Part B/3-to 5-year-olds ⁹	6,133 15,657	5,740 16,166
Participated in Evidence-based home visiting program. ¹⁰	1,376	2,241
Were screened using PALS (Performance Assessment Learning Screening) that met or exceeded the benchmark upon entry into Kindergarten. ¹¹	88.9%	90.7%
Were without health insurance. ¹²	22,000 (5%)	24,000 (6%)
Were fully immunized, 2-year-olds only. ¹³	73.9%	77.3%
Were obese, 2–4-year-olds. ¹⁴	14%	14.9%
Were overweight, 2–4-year-olds. ¹⁵	16.6%	16.5%
Were in families at or below 100% of the federal poverty level. ¹⁶	96,000 (23%)	87,000 (21%)
Had a substantiated case of child abuse or neglect. ¹⁷	1,934	2,080
While in out-of-home care, had 3 or more different placements. ¹⁸	570	603
Number of High-Quality Child Care Centers:		
Child care centers with a 3 Star or higher rating. ¹⁹	455 (32%)	1,240 (64%)
Family child care homes with a 3 Star or higher rating.	208 (8%)	522 (24%)

⁴ Wisconsin Council on Children and Families. 2013 American Community Survey Census data.

⁵ Duplicated count; children may be in one or more programs/categories.

⁶ KIDS COUNT data center. 2010 and 2013 data.

⁷ Wisconsin Department of Public Instruction. WISEdash, 3rd Friday of September 2014. 10-1-2009 and 10-1-2013 data.

⁸ KIDS COUNT data center. 2010 and 2013 data.

⁹ Wisconsin Department of Public Instruction. IDEA Child Count. 2011 and 2013 data.

¹⁰ Wisconsin Department of Health Services. Wisconsin Public Health Information Network, 2014; 9-30-2012 and 9-30-2014 data.

¹¹ The Phonological Awareness Literacy Screener (PALS). Wisconsin Department of Public Instruction.

Administrative data. 2012 and 2014 data.

¹² KIDS COUNT data center. 2009 and 2011 data.

¹³ Wisconsin Immunization Registry (WIR) Benchmark Report. 2010 and 2013 data.

¹⁴ 2011 CDC Pediatric Nutrition Surveillance System. 2011 data. Wisconsin WIC Program BMI Trend Report, 1-1-2015. 2014 data.

¹⁵ Ibid.

¹⁶ KIDS COUNT data center. 2010 and 2013 data.

¹⁷ Wisconsin Department of Children and Families. Administrative data. 2011 and 2013 data.

¹⁸ Wisconsin Department of Children and Families. Administrative data. 2011 and 2013 data.

¹⁹ Wisconsin Department of Children and Families. Administrative data. 2011 and 2014 data.

ECAC Performance Measures Background

Since its inception in 2008, Wisconsin’s Early Childhood Advisory Council (ECAC) has strived to achieve three long-term goals:

- All young children will have access to quality early learning experiences.
- All young children will be safe and healthy.
- All young children will be raised in stable, nurturing, and economically secure families.

These broad goals provide direction for the ECAC work and are used to identify areas of need or success. In 2012, the ECAC went beyond the key long-term goals and adopted a set of indicators to monitor progress of system development efforts and the well-being of young children. The term “indicator,” also called a benchmark, is a measure that is supported by reliable and routinely available data that helps quantify the achievement of the desired result. Carefully selected indicators also help answer two important questions: 1) how will we know if we achieved the desired results? and 2) are we moving in the right direction? As Lisbeth Schorr notes:

The use of outcome indicators that reflect common sense and common understanding (indicators that show, for example, that the rates of low-weight births are being reduced, or that more students are demonstrating age-appropriate mastery of school skills) helps to focus attention on agency mission rather than rules, and permits the necessary flexibility and autonomy at the front-end . . . The focus is on results and performance, not just on the number of clients served or encounters. The question asked of agencies and service providers shifts from “Did you do what they told you to do?” to “Did it work? What difference did it make in outcomes for children?”

Enrollment in High-Quality Programs

Research on an array of early care and education programs tells us that quality matters. In general, young children in high-quality programs do better on a number of measures including: language skills and academic achievement; health; and attachments to caregivers which promotes social and emotional development. Research is also clear that vulnerable and disadvantaged children—those who experience adverse events or environments, children in poverty, and children with special needs—gain the most from participation in high-quality programs.

For purposes of this report, Wisconsin’s ECAC has defined quality as:

- Child care setting—either center or family home—with a 3 Star or higher rating based on an assessment by the Department of Children and Families’ nationally recognized quality rating and improvement system (QRIS), YoungStar.
- An Early Head Start or Head Start program funded by state or federal dollars or a combination of both.
- A public preschool program (four-year-old kindergarten) certified by the Wisconsin Department of Public Instruction.

- Services for Young Children with Disabilities (Part C), for children from birth to age 3 of the Individuals with Disabilities Education Act (IDEA), in Wisconsin, Part C is known as Birth to 3; and Part B, for children ages 3 to 5.
- A home visiting program that uses an evidence-based curriculum as recognized by the federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV).

Child Care

Launched in 2010, YoungStar rates center-, home-based, and school-age care on a 5 Star scale. The ratings are based on: teacher education and qualifications; the learning environment and curriculum; child health and well-being practices; and business and professional practices. All child care programs that participate in Wisconsin Shares, the state subsidy program for low-income children, must participate in YoungStar; private centers and homes may voluntarily participate in the rating system. As of July 2014, 4,257 child care programs have been rated (out of 6,879 licensed and certified programs).

As indicated in Table 1, more young children received care in a high-quality child care setting in 2014 than in 2010. The increase is due in part to a concerted effort to assist centers and homes in improving quality through technical assistance and increased access to training and professional development. There has also been more focus on helping parents understand the rating system and what the “stars” mean for their children’s development.

Head Start and Early Head Start



Head Start and Early Head Start are comprehensive, evidence-based child development programs targeting young children in poverty. Head Start targets preschool children ages 3 to 5; Early Head Start targets pregnant women and infants and toddlers, from birth to age 3. In general, Head Start is a center-based program; Early Head Start may be home- or center-based. Both programs also target young children with disabilities and have a strong family and parent engagement component. All programs must meet federally established

“By the time your baby is born, he or she has virtually all of the brain cells that he or she will use in a lifetime ...Your baby’s environment has a tremendous impact on how his or her brain develops.”

– Mayo Clinic Guide to Your Baby’s First Year, 2012

performance standards. Head Start and Early Head Start are supported primarily by federal funding (~94 percent); the state supplemental grant makes up the remaining 6 percent.

The lack of a significant increase in children participating in Early Head Start and Head Start from 2010 to 2013 is due primarily to stagnant state funding and only a slight increase in federal funding.

Public Preschool/Four-Year-Old Kindergarten (4K)

A second laudable accomplishment over the last five years is the significant increase in enrollment in the state’s pre-kindergarten program for 4-year-olds. As indicated in Table 1, Wisconsin’s public preschool program grew by more than 10,000 youngsters from October 2009 to October 2013. In 2014, 93 percent of all school districts supported the universal 4K program which must serve all eligible children. Of these, over 100 districts worked collaboratively with an array of community partners—child care, Head Start, private schools—to implement a community approach. The 4K Community Approach has multiple benefits for children, families, communities, and districts, including: resource leveraging, fewer transitions with 4K and child care in one site, and access to literacy specialists. All 4K programs have adopted Wisconsin’s Model Early Learning Standards.

Services for Young Children with Disabilities



Young children with special needs are at a higher risk than their healthier peers for poor educational outcomes. Research has shown that providing services and supports during the early years significantly lessens this risk. Like other states, services for young children with disabilities are composed of two components: Birth to 3 or Part C of IDEA and Part B for children ages 3 to 5. Services are designed to address identified problems early and, thus, enhance the health and development of each young child.

The data in Table 1 for both components indicates that young children with disabilities or significant developmental delays continue to be identified and families and caregivers of these vulnerable youngsters continue to seek and receive appropriate, targeted services; e.g., speech, physical and occupational therapies; and continue to learn how to better meet the specific needs of their children.

Home Visiting

A third major accomplishment over the last three years is a significant increase in the number of families receiving evidence-based home visiting services through the state's Family Foundations program. Family Foundations is a voluntary program that helps high-risk pregnant women and families with young children tap the resources and develop the skills they need to raise healthy children. Services are delivered in the home. The substantial expansion of the program is due to realignment of policies and funding streams and creation of a solid state infrastructure which also provides training and technical assistance and monitors quality, including tracking 36 child and family indicators.

As indicated in Table 1, for the program year ending September 30, 2012, a total of 1,376 young children and parent/caregivers were served representing 793 households. During the most recent program year ending September 30, 2014, 2,241 children and parent/caregivers were served representing 1,223 households. Funding for Family Foundations has grown from \$2 million in 2010 to \$10 million in 2014, primarily due to aggressive pursuit of federal funding via the Maternal, Infant, and Early Childhood Home Visiting program. Preliminary results from the evaluation of the program indicate that, compared to the first year of program implementation, more mothers are being screened for postpartum depression, domestic abuse, and parenting stress. It also indicates that Family Foundation programs have increased coordination of services at the community level through the development of formal agreements for referrals and follow-up services. Additionally, parents who participated in the program reported that they benefited from discussions about their children's growth and development and that home visitors were effective in helping them access health and mental health services as well as housing, employment, and education resources.

Early Literacy

There is strong evidence that early literacy, including general knowledge and vocabulary, is a fundamental building block for later success. Children's literacy skills at kindergarten entry predict their reading abilities throughout school and beyond. Research tells us that these skills are linked to school success, fewer grade retentions, higher graduation rates, and greater success in adult life. Early literacy is a combination of holding and becoming familiar with books; looking at, recognizing, and talking about pictures in books, magazines or the back of a cereal box; listening to stories or the description of a falling leaf or snowflake; and on-going, positive verbal interactions between peers, older children, and adults. Early literacy—language, reading, and writing—is a dynamic developmental process which begins at birth and continues throughout children's lives.



In 2012, based on recommendations from Governor Scott Walker’s Read to Lead Task Force, the Wisconsin legislature required adoption of an early literacy screener. The Phonological Awareness Literacy Screening (PALS) is a research-based screening tool used to identify students who are at-risk for having difficulty learning to read. Data from the screening is used to match literacy instruction to students’ specific literacy needs. PALS was administered to all 5-year-old kindergarten students for the 2012-13 school year and to all 4-year-old kindergarten to first grade-students for the 2013-14 school year. The requirement was expanded in the 2014-15 school year to all second grade-students. PALS is administered three times each year: early fall, mid-year, and late spring.

PALS benchmark scores are used solely for screening purposes. Students who fall below the benchmark scores receive individualized instruction designed to enhance specific literacy skills. The benchmarks allow teachers to establish a baseline for each student and tailor their instruction to meet identified needs. PALS data will serve as a proxy measure for young children’s “readiness” for school across the five developmental domains—physical well-being and motor development; social and emotional development; approaches to learning; language development; and cognition and general knowledge—until more appropriate measures are adopted.

PALS data reflected in Table 1 indicate that the majority of Wisconsin's youngsters who are entering kindergarten have the basic literacy skills to continue to develop proficiency in reading. The slight increase between the initial round of screenings in Fall 2012 and 2014 may be a result of increased awareness about the critical importance of early literacy skills.

Health Insurance

Research indicates that children and families with health insurance are more likely to access primary and preventive health care services such as well-child check-ups and immunizations, thus identifying health problems early and addressing existing health conditions. The lack of health insurance frequently results in more intensive and expensive treatments, often via an emergency department and subsequent hospitalization. Poor health affects children's cognitive, emotional, behavioral, and physical development, with the potential for long-term consequences. In addition, research also suggests that parental coverage increases the effective use of health care services for their children, including preventive services.

Data in Table 1 shows a slight increase in the number of young children who do not have health insurance: from 22,000 in 2009 to 24,000 in 2011 (latest data available). This increase may, in part, be the result of the 2009 recession and parents' job loss and subsequent loss of their employer-sponsored health insurance.

Immunization



Childhood immunizations and their widespread use have led to significant reductions in a number of once common childhood illnesses. While the viruses and bacteria that cause vaccine-preventable diseases and death still exist, children who are fully immunized are protected and, thus, less likely to become ill.

“Skill begets skill and learning begets more learning. Because skills are accumulated, starting early and over time, investing in young children is an investment in future productivity and public safety.”

*– James Heckman
Nobel laureate in economics
at the University of Chicago*

Table 1 reflects Wisconsin’s continuing efforts to ensure that all two-year-olds are fully immunized with an increase to 77.3 percent in 2013 from 73.9 percent in 2010.

Obesity Prevention

The Centers for Disease Control and Prevention (CDC) defines overweight as having excess body weight for a particular height from fat, muscle, bone, water, or a combination of these factors. Obesity is defined as having excess body fat. Young children who are overweight or obese are especially troubling since the extra weight often starts children on a path to serious health problems that tend to persist and worsen as they age. Young children who are obese are more than five times as likely as their normal-weight peers to be overweight or obese as teens and adults. According to the CDC, children who are overweight or obese are also at greater risk for sleep apnea, high cholesterol, high blood sugar, asthma, and mental health problems in later childhood. These children also generally suffer from poor self-esteem and depression.

Poverty

Numerous studies have confirmed the detrimental impacts of poverty on the very young. Young poor children—those living in households at or below 100 percent of the Federal Poverty Level (\$23,550 for a family of four in 2013)—are less likely to be read to, more likely to be hungry, less likely to have health insurance, and less likely to receive needed care. Young children who remain in poverty during their critical early development are especially at risk for poorer long-term outcomes.

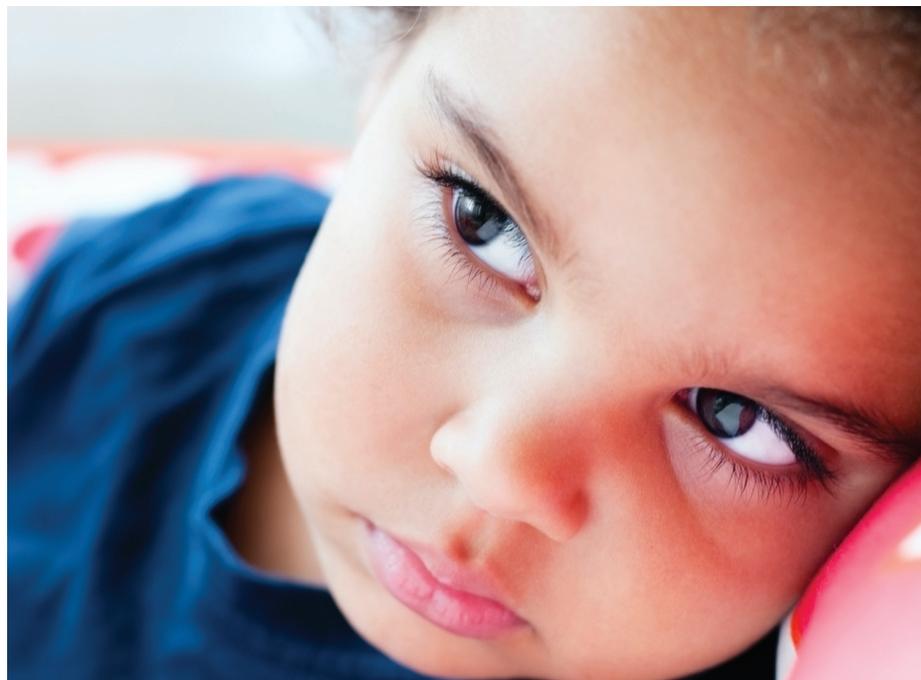
One striking impact is that of language development. Several studies have documented that young poor children hear about 600 words per hour; children in middle-class, working families about 1,200 words per hour, and children in higher-income, professional families about 2,100 words per hour. This means that by age 3, a poor child hears 30 million fewer words in his home than a child in a professional family. This disparity matters: the greater the number of words young children heard from parents and caregivers before age 3, the higher their IQ and the better they did in school. Poor children, are thus, more likely to start school far behind their more affluent peers. Once behind, they are likely to stay behind, less likely to graduate from high school, and more likely to be involved with the criminal justice system.

As reflected in Table 1, there were 96,000 children under age 5 living in poverty in Wisconsin in 2010. By 2013, there was a decrease to 87,000 infants and toddlers living in poverty. According to the latest data, young African American children are more than twice as likely to live in poverty as non-Hispanic white youngsters.

Child Abuse/Neglect/Out-of-Home Placement

Children’s earliest experiences matter. From before birth through the first few years of life, the brain undergoes its most rapid development. Early experiences determine whether there will be a solid or weak foundation for development of the architecture of the brain and sets the stage for all future

learning, behavior, and health. Adverse experiences—physical abuse; neglect, including non-responsive caregivers; multiple placements in out-of-home care; and chronic poverty—interrupt this crucial development by setting the body’s stress response system on high alert. This toxic stress, in turn, actually alters the child’s biological systems. Children who experience toxic stress face an array of



problems including: poor self-regulation; cognitive and developmental delays; poor self-esteem, behavior control, and attachments to caregivers; and chronic health conditions. Without effective interventions, these issues impact success in school and throughout life.

In Wisconsin, as in other states, children under age 5 constitute the majority of children with substantiated cases of abuse and neglect with 38 percent of all cases. Table 1 indicates that this number has remained relatively stable over the last three years with 1,934 substantiated cases in calendar year 2011 and 2,080 for calendar year 2013. Still, there are far too many youngsters experiencing adverse environments and toxic stress.

Young children also represent a majority of children in out-of-home care (OHC) with 3,352 total placements in calendar year 2011 (30 percent of all OHC placements) and 3,470 in calendar year 2013 (31 percent of OHC placements). Research indicates that nurturing relationships with at least one caring adult in these settings may reduce the impact of adverse environments. Other research suggests that therapeutic interventions are almost always needed. Such interventions are even more critical when young children experience multiple placements during one episode of out-of-home care. Of the total children in out-of-home care in calendar year 2011, 570 or 17 percent were in three or more settings within each episode of out-of-home care. This number remained stable over the three years with 603 young children experiencing multiple placements in 2013.

Appendix II

2014 Members of Wisconsin Governor's Early Childhood Advisory Council

Secretary Eloise Anderson
Council Co-Chair
Department of Children and Families

State Superintendent Tony Evers
Council Co-Chair
Department of Public Instruction

Nancy K. Armbrust
VP, Education and Community Relations
Human Resource Systems and Strategy (Retired)
Schreiber Foods, Inc.

John Ashley
Executive Director
Wisconsin Association of School Boards

Fredi-Ellen Bove
Administrator
Division of Safety and Permanence
Department of Children and Families

Sheila Briggs
Assistant State Superintendent
Division for Academic Excellence
Department of Public Instruction

Vacant
Wisconsin Head Start Association
Parent Affiliate

Vacant
Executive Director
Wisconsin Education Association Council

Dave Edie
Education Policy Analyst
Wisconsin Council on Children and Families

Morna Foy
President
Wisconsin Technical College System

Delores Gokee-Rindal
Administrator
Red Cliff Early Childhood Center

Jill Hoiting
Co-Director
Programs and External Relations
Supporting Families Together Association

Jennifer Jones
Executive Director
Children's Trust Fund

Peter Kelly
President and CEO
United Way Fox Cities

Kia LaBracke
Executive Director
Wisconsin Chapter of the American Academy of Pediatrics

Mary Madsen
Board President
Wisconsin Child Care Administrators Association

Lupe Martinez
President and CEO
Migrant Opportunity Service
United Corporate Headquarters

Jennie Mauer
Director
Wisconsin Head Start State Collaboration Office
Department of Public Instruction

Kevin Moore
Deputy Secretary
Department of Health Services

Vacant
Vice President
Wisconsin Family Child Care Association

Therese Ahlers
Executive Director
Wisconsin Alliance for Infant Mental Health

Judy Norman-Nunnery
Administrator
Division of Early Care and Education
Department of Children and Families

Kevin Reilly
President
University of Wisconsin System

Carolyn Stanford Taylor
Assistant State Superintendent
Division for Learning Support
Department of Public Instruction

Jon Stellmacher
Senior Vice President, Chief of Staff and Administrator (Retired)
Thrivent Financial for Lutherans

Ann Terrell
Director
Division for Early Childhood Education
Milwaukee Public Schools

Edward Wall
Secretary
Wisconsin Department of Corrections

Rolf Wegenke
President
Wisconsin Association of Independent Colleges and Universities



