

**Logic Model for SECCS Grant Program:
The Wisconsin Early Childhood Comprehensive Systems (ECCS) Statewide Plan/Wisconsin Kids Win**

ORGANIZATIONAL STRUCTURE / ENVIRONMENT	INPUTS/RESOURCES	TARGET POPULATION	INTERVENTION		EXPECTED CHANGE (Outcomes/Objectives)	EVIDENCE OF CHANGE (Indicators)	BARRIERS	FACILITATORS	
			DESCRIPTION	ACTIVITIES					
<p>GRANTEE/ PROJECT CHARACTERISTICS (i.e., goals and description of the project, environment, description of population/case load and partner organizations):</p>	<p>TOTAL FUNDS REQUESTED (for the first year of the project): \$140,000</p> <p>TOTAL PROJECT BUDGET (for the first year of the project): \$140,000</p>	Parents of Young Children; Providers			Review current early childhood services listed in the MCH Hotline database.	By November 2006, reviewed current early childhood services listed in the MCH Hotline database.	Increased the number of listings of early childhood services in the MCH Hotline Database.		
	<p>The lead organization (lead fiscal agency) for the implementation project is the Wisconsin Department of Health and Family Services, Division of Public Health (DPH). DPH is responsible for providing public health services, and environmental and public health regulation. The Division has programs in areas such as family and community health, emergency medical services and injury prevention, and chronic disease prevention and health promotion. It issues birth, death, marriage and divorce certificates, as well as collects statistics related to the health care industry and the health of the people in Wisconsin. While the Wisconsin Maternal and Child Health Program will serve as the coordinating body for most activities, each partner will be responsible for tracking the activities that they implement.</p>			<p>PROJECT INPUTS (i.e., personnel and non-personnel)</p>	Identify gaps in the database and collect additional information identified.	By March 2007, identified gaps in the database and collect additional information identified.	Increased the list of services added to the MCH Hotline Database.		
<p>Early Childhood Comprehensive Systems (ECCS) Project/Wisconsin Kids Win: Wisconsin Kids Win will serve as a guiding document for individuals and organizations to identify outcomes and strategies to address the need for comprehensive early childhood services in their community. The project will provide a framework of what needs to be done and the resources needed; identify effective strategies to achieve priorities to promote school readiness for all children; bring interested partners together to work collaboratively toward shared goals; identify cost-effective means to obtain identified priorities; and use resources effectively by integrating and coordinating efforts to reduce duplication and expand capacity.</p>	<p>Personnel: ECCS Project Director/Coordinator (\$50,405)</p>	Families of Young Children; Providers	Maternal and Child Health Hotline Parenting Information/Referrals		Develop a "handout" for families to receive at birth and at community Early Childhood (EC) programs.	By July 2007, developed a "handout" for families to receive at birth and at community EC programs.	Made a template available for families to receive at birth and at community EC programs.		
<p>Project Goals: (1) Wisconsin citizens understand the critical importance of the early years, are aware of programs and services and can identify the qualities that support healthy children and families; (2) Wisconsin assures access to high quality, comprehensive, integrated, evidence-based services for young children and their families in the five critical component areas; (3) Providers of early childhood comprehensive services are competent and apply appropriate principles of early learning and development, family support, parent education, and community-based health and mental health services; and (4) A comprehensive and integrated statewide early childhood system for all young children and their families is available in communities throughout Wisconsin.</p>	<p>Fringe Benefits: \$22,289 (FICA, sick leave credit, retirement, insurance (health, life, unemployment, and income continuation). 44.22% of the Project Director's salary</p>			By August 2008, a minimum of 50 families will have requested and received parenting information or referrals to early childhood services from the Maternal and Child Health Hotline.	By 2015, parents, caregivers and other community members demand quality early childhood services.				

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<p>Project Objectives: 1a) By August 2008, a minimum of 50 families will have requested and received parenting information or referrals to early childhood services from the Maternal and Child Health Hotline; 1b) By August 2008, external partners (such as parent leaders) will strive to have two new early childhood initiatives proposed by policy makers; 2a) By August 2008, 18 medical home leaders will increase their knowledge of best practices for providing a medical home for young children and their families; 2b) By August 2008, 50 early care and education providers will utilize a health care consultant or access health resources on the Think Big. Start Smart website; 2c) By August 2008, 25% of early care and education programs will voluntarily comply with the quality rating scale; 2d) By August 2008, 40% of preschoolers with special education needs receive special education services in natural environments and settings with non-disabled peers; 2e) By August 2008, 75% of Wisconsin counties have at least 1 identified infant and young child mental health resource;</p>	<p>Non-Personnel:</p>	<p>Families of Young Children; Providers</p>	<p>Maternal and Child Health Hotline Parenting Information/Referrals</p>	<p>Develop a "handout" for families to receive at birth and at community EC programs.</p>	<p>By August 2012, 75% of families surveyed understand and can define aspects of quality of early childhood services.</p>	<p>By 2015, parents, caregivers and other community members demand quality early childhood services.</p>		
<p>2f) By August 2008, 25 early care and education providers will utilize a mental health consultant; 2g) By August 2008, 50% of counties will have developed a detailed description of the Family Support services available in their community; 2h) By August 2008, a statewide clearinghouse has been developed and made available to families that include contact information for self-sufficiency resources in their communities; 2i) By August 2008, there will be a commitment from 25 community service agencies (faith-based groups, private schools, civic clubs, and YMCA/YWCA) to provide parenting resources to their members; 2g) By August 2008, there will be a commitment from 25 community service agencies (faith-based groups, private schools, civic clubs, and YMCA/YWCA) to provide training or education materials to parents on how to maintain a positive relationship with their child; 3a) By August 2008, at least 50 early childhood professionals will have participated in a cross-training session with colleagues in the five identified early childhood component areas on the topic of developmental screening.</p>	<p>Staff Travel: \$3,000</p>	<p>Families of Young Children; Community Programs; Providers</p>	<p>Maternal and Child Health Hotline Parenting Information/Referrals</p>	<p>Share promotion information for the Hotline with families and community programs.</p>	<p>On an ongoing basis, shared promotion information for the Hotline with families and community programs.</p>	<p>Increased the number of counties that received the template.</p>		
<p>3b) By August 2008, recommendations will be developed to increase diversity in the early childhood workforce by a work group that reviewed available data and effective strategies; 4a) By August 2008, a state-level and regional-level structure focused on early childhood will receive input from 25% of locally-based early childhood councils; 4b) By August 2008, a minimum of two new "cross-departmental" policies that promote comprehensive early childhood services will be in place; 4c) By August 2008, a minimum of \$50,000 in public and/or private funding will support services for a comprehensive early childhood system; and 4d) By August 2008, 25% of businesses surveyed across the State will meet the minimum criteria to be considered a "family-friendly" work place.</p>	<p>Equipment: \$0</p>	<p>Policymakers and Legislators</p>	<p>New Early Childhood Initiatives</p>	<p>Recruit parent leaders to participate in an EC awareness campaign to legislators.</p>	<p>By August 2007, recruited parent leaders to participate in an EC awareness campaign to legislators.</p>	<p>Ensured that a minimum of 3 parents committed to the EC awareness campaign.</p>		

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<p>Project Evaluation: The evaluation will use a multi-component, mixed methods approach to measure progress toward meeting Wisconsin Kids Win goals and objectives. This will include monitoring and tracking functions, process evaluation activities, and outcome evaluation activities in the project's evaluation. The process evaluation will be used to measure changes in the level of effort or activity in key domains targeted in the project. The outcome evaluation will measure changes that have occurred, accomplishments that have been achieved and needs that have been met among the populations targeted. Outcomes will also be measured with identified data being considered together with project-implemented tools to assess the ultimate impact of both the processes and activities of Wisconsin Kids Win.</p>	<p>Supplies/Services: \$6,483 (ongoing costs such as telephone, postage, office supplies, printing, and photocopying costs; also includes the cost of offering 6 web-based learning sessions for medical home leaders)</p>	<p>General Public; Policymakers and Legislators</p>	<p>New Early Childhood Initiatives</p>	<p>Recruit parent leaders to participate in an EC awareness campaign to legislators.</p>	<p>By August 2008, two early childhood initiatives proposed by policymakers will be politically and financially supported by the state legislative body.</p>	<p>By 2015, policy and decision makers fully understand the importance of early development and support the provision of quality early childhood services.</p>		
<p>ENVIRONMENT:</p>	<p>Indirect Costs: \$2,823 (5.6% of total salary costs per year)</p>				<p>By August 2012, 65% of policymakers and legislators politically and financially support early childhood initiatives.</p>			
<p>Of approximately 1,332,894 children and youth under the age of 18 in Wisconsin in 2004, 339,186 or 16% were children five years of age or younger. In Wisconsin, only 24% of white children live in low income families, while 76% of black or African-American children and 69% of Latino children live in low-income families. In 2004, the rate of growth in the number of individuals living in poverty was the highest in Wisconsin out of all 50 states with 14% of Wisconsin's children living in poverty. For children under the age of 18, the largest population (38%) live in the southeastern portion of the state, which consists of all metropolitan counties, while the smallest population of children under the age of 18 (9%) live in the northern tier of the state, which is made up of non-metropolitan counties. Additionally, 58% of children in urban areas of the state live in low-income families, 36% of children in rural areas live in low-income families, and 18% of children in suburban areas live in low-income families.</p>	<p>OTHER INPUTS (contracts, other grant awards, matching funds):</p>				<p>Identify 2-3 focus areas for an education campaign related to EC.</p>		<p>By January 2008, identified 2-3 focus areas for education campaign related to EC.</p>	<p>Identified the 2-3 focus areas for the education campaign related to EC.</p>
<p>According to the 2005 WisKids Count Survey, approximately 23% of children live in single parent families; 74% of children have all parents in the labor force; 29% of children overall lived below 200% of the Federal Poverty Level; 30% of children's parents had a higher degree than a high school diploma (15.5% of births were to mothers who have not completed high school); 9% of families spoke a language other than English at home; 45% of children aged 3-4 were enrolled in preschool; and 13% of children were identified as having a special health care need.</p>	<p>Contractual: \$5,000. To provide start-up funds to five local early childhood coalitions, in the amount of \$1000 each (\$25,000). Will also contract with partner agencies for the implementation activities detailed in the implementation plan.</p>				<p>By August 2008, two early childhood initiatives proposed by policymakers will be politically and financially supported by the state legislative body.</p>	<p>By 2015, policy and decision makers fully understand the importance of early development and support the provision of quality early childhood services.</p>		

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Specific Indicators for Health and Well-Being of Young Children: In 2004, in Wisconsin, 7.0% of all births were infants with low birth weight (under 5.5 lbs.) and 11% of infants were born prematurely. SIDS is the third leading cause of death for infants with most deaths occurring before 4 months of age. Ninety-three percent of children have health insurance. Public insurance helps with this as 252 of every 1,000 children receive Medicaid including Badger Care, the State's Children Health Insurance Program. Ninety-eight percent of children who reach school age meet the immunization requirements; however, only 83% of 19-35 month olds received the full schedule of age appropriate immunizations. In 2004, 95% of newborns were screened for hearing loss and 100% of children were screened for 47 congenital conditions at birth. In 2003, among the reports of suspected child abuse or neglect in the state, 7,994 children were confirmed cases of abuse, and 2,546 children were found to be neglected (over 1/3 represented children five years of age and younger).	Contractual: \$25,000. To the Wisconsin Early Childhood Collaborating Partners for state and regional infrastructure and technical assistance.	General Public; Policymakers and Legislators		Identify 2-3 focus areas for an education campaign related to EC.	By August 2012, 65% of policymakers and legislators politically and financially support early childhood initiatives.	By 2015, policy and decision makers fully understand the importance of early development and support the provision of quality early childhood services.				
PARTNERING ORGANIZATIONS:	Contractual: \$7,500. To Family Voices for family involvement and parent input efforts.	Parents of Young Children; Policymakers and Legislators	New Early Childhood Initiatives		By June 2008, supported parents to develop and implement strategies to influence the identified focus areas.	Developed an action plan.				
Child Health Alliance of Wisconsin	Contractual: \$12,500. For the Child Care Health Consultation program.				Support parents to develop and implement strategies to influence the identified focus areas.	By August 2008, two early childhood initiatives proposed by policymakers will be politically and financially supported by the state legislative body.	By 2015, policy and decision makers fully understand the importance of early development and support the provision of quality early childhood services.			
Child Care Resource and Referral Network	Other: \$3,500. Internal Services (overhead costs incurred by the Division of Public Health that are billed directly to the program unit of service (e.g., payroll processing and accounting)).					By August 2012, 65% of policymakers and legislators politically and financially support early childhood initiatives.				
Child Care Information Center	Other: \$1,500. Rent (the cost for rent of physical space in the state Division of Public Health offices.					By September 2008, tracked policy outcomes of the focus area targets.	Developed a report of strategies implemented and results.			
Children's Service Society of Wisconsin						Track policy outcomes of the focus area targets.	By August 2008, two early childhood initiatives proposed by policymakers will be politically and financially supported by the state legislative body.	By 2015, policy and decision makers fully understand the importance of early development and support the provision of quality early childhood services.		
Children's Trust Fund:							By August 2012, 65% of policymakers and legislators politically and financially support early childhood initiatives.			
Community Action Program (CAP)				Families of Young Children		Develop an information dissemination process that increases awareness of parents and families to future EC policy-related opportunities.	By December 2007, developed an information dissemination process that increases awareness of parents and families to future EC policy-related opportunities.	Provided documentation of the process developed and a listing of information shared with families.		
Great Lakes Inter-Tribal Council (GLITC)		Parents of Young Children		Adapt or develop parent-friendly information describing the medical home concept.	By December 2006, adapted or developed parent-friendly information describing the medical home concept.	Made parent-friendly information available.				
Parents Plus of Wisconsin		Families of Young Children; Community Organizations; EC Partners	Medical Homes		On an ongoing basis, distributed information to families, community organizations and EC partners.	Compiled a listing of whom received information on medical homes.				
Regional Action Teams					Distribute information to families, community organizations and EC partners.	By August 2008, 18 medical home leaders will increase their knowledge of best practices for providing a medical home for young children and their families.	By 2015, primary health care providers serve as medical homes for all young children and their families.			

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The Registry		Families of Young Children; Community Organizations; EC Partners	Medical Homes	Distribute information to families, community organizations and EC partners.	By August 2012, 65% of primary health care providers are aware of and implement strategies toward providing a medical home for young children and their families.	By 2015, primary health care providers serve as medical homes for all young children and their families.			
UW Extension		Primary Health Care Providers		Adapt "A Practical Guide to Healthy Development" to web-based modules.	By June 2007, adapted "A Practical Guide to Healthy Development" to web-based modules.	Made learning modules and materials available.			
UW System					By August 2008, 18 medical home leaders will increase their knowledge of best practices for providing a medical home for young children ad their families.	By 2015, primary health care providers serve as medical homes for all young children and their families.			
Waisman Center Professional Development Project					By August 2012, 65% of primary health care providers are aware of and implement strategies toward providing a medical home for young children and their families.				
WI Association of Nonpublic Schools				Primary Health Care Providers	Recruit practices to participate in a two-hour training each month for 6 months.	By December 2007, recruited practices to participate in a two-hour training each month for 6 months.	Ensured that a minimum of 18 practices committed to the training.		
WI Child Care Improvement Project						By August 2008, 18 medical home leaders will increase their knowledge of best practices for providing a medical home for young children ad their families.	By 2015, primary health care providers serve as medical homes for all young children and their families.		
WI Council on Children and Families						By August 2012, 65% of primary health care providers are aware of and implement strategies toward providing a medical home for young children and their families.			
WI Early Childhood Association					Develop a list serve for participants in Healthy Development modules to discuss content.	By December 2007, developed a list serve for participants in Healthy Development modules to discuss content.	Ensured that the list serve was being utilized.		
WI Education Association Council						By August 2008, 18 medical home leaders will increase their knowledge of best practices for providing a medical home for young children and their families.	By 2015, primary health care providers serve as medical homes for all young children and their families.		
WI Head Start State Collaboration Office						By August 2012, 65% of primary health care providers are aware of and implement strategies toward providing a medical home for young children and their families.			
WI Head Start Association		Child Care Providers; Parenting Education Providers (e.g., Home Visitors)	Promote and support the activities included in the Health Care Consultation Plan to increase and support health supports and resources for child care providers.	Throughout the implementation period, promoted and supported the activities included in the Health Care Consultation Plan to increase and support health supports and resources for child care providers.	Provided a summary of activities, description and participation by Early Childhood Partners.				
WI Infant and Early Childhood Mental Health Association				Health Care Consultants/Health Resources	By August 2008, 50 regulated child care providers will utilize a health care consultant or access health resources on the Think Big. Start Small website.	By 2015, health care consultation is available and accessible to all early care and education and parenting education providers.			
WI Technical College System					By August 2012, a network of health care consultants is available to provide consultation services.				
WI Infant and Early Childhood Mental Health Association		Health Care Consultants	Assist in the securing of funding to implement strategies of the Health Care Consultant (HCC) plan.	By August 2008, 50 regulated child care providers will utilize a health care consultant or access health resources on the Think Big. Start Small website.	By 2015, health care consultation is available and accessible to all early care and education and parenting education providers.				
WI Dept. of Health and Family Services: Birth to 3 Program				By August 2012, a network of health care consultants is available to provide consultation services.					

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WI Dept. of Health and Family Services: Child Care Licensing		Early Care and Education Programs and Providers	Quality Rating Scales		Throughout the implementation period, promoted and supported the development of a quality rating scale for early care and education programs.	Provided a summary of activities, description and participation by Early Childhood Partners.		
WI Dept. of Health and Family Services: Maternal Child Health				By August 2008, 25% of regulated child care programs will voluntarily comply with the quality rating scale.	By 2015, children receive high quality early care and education in regulated child care, preschool, head start and public school programs.			
WI Dept. of Health and Family Services: Children with Special Health Care Needs State Programs				By August 2012, a quality rating scale with tiered reimbursement is implemented.	By 2015, children receive high quality early care and education in regulated child care, preschool, head start and public school programs.			
WI Dept. of Public Instruction: Early Childhood				Assist in the development of health elements of the Quality Care for Quality Kids platform.	The Quality Care for Quality Kids platform included health elements in the plan.			
WI Dept. of Public Instruction: Early Childhood Special Education		Young Children Aged Birth to 5 with Special Education Needs	Special Education Services		Throughout the implementation period, promoted the concept and supported activities which provide services to young children with special education needs in community settings.	Provided a summary of activities, description and participation by Early Childhood Partners.		
WI Dept. of Workforce Development: Child Care Section				By August 2008, 40% of preschoolers with special education needs receive special education services in natural environments and settings with non-disabled peers.	By 2015, children with disabilities receive early care and education services in natural environments and settings with non-disabled peers.			
				By August 2012, 60% of preschoolers with special education needs receive special education services in natural environments and settings with non-disabled peers.				
				Disseminate educational materials about the importance of inclusion for young children and the known benefits to primary care physicians, home visitors, parent educators and families.	By 2015, children with disabilities receive early care and education services in natural environments and settings with non-disabled peers.			
		Primary Care Physicians; Home Visitors; Parent Educators; Families of Young Children			By August 2012, 60% of preschoolers with special education needs receive special education services in natural environments and settings with non-disabled peers.			
		Local Communities; Young Children and Their Families	Mental Health Resources		Throughout the implementation period, promoted and supported the activities included in the Wisconsin Infant and Early Childhood Mental Health Plan to develop capacity of communities' ability to support and strengthen the emotional well-being of all young children and their families.	Provided a summary of activities, description and participation by Early Childhood Partners.		
				By August 2008, 75% of Wisconsin counties have at least 1 identified infant and young child mental health resource.	By 2015, all children in need of infant and early childhood mental health intervention received infant and early childhood mental health services.			
				By August 2012, 75% of Wisconsin counties have the infant and young child mental health resources necessary to provide services.				
				Work with the DHFS Infant Mental Health Leadership Team to map how each program area currently supports prevention and treatment services for young children and families, map gaps and develop action steps to maximize DHFS dollars to cover services and supports in counties where those services are not available.	By 2015, all children in need of infant and early childhood mental health intervention receive infant and early childhood mental health services.			
		Young Children and Their Families; Infant Mental Health Leadership Team			By August 2008, 75% of Wisconsin counties have at least 1 identified infant and young child mental health resource.			
					By August 2012, 75% of Wisconsin counties have the infant and young child mental health resources necessary to provide services.			

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		Children Birth to Age Five and Their Families	Mental Health Consultants	Promote and support the activities included in the Wisconsin Infant and Early Childhood Mental Health Plan to increase and support mental health treatment options and interventions for children birth to age five and their families.	On an ongoing basis, promoted and supported the activities included in the Wisconsin Infant and Early Childhood Mental Health Plan to increase and support mental health treatment options and interventions for children birth to age five and their families.	Provided a summary of activities, description and participation by Early Childhood Partners.		
					By August 2008, 25 regulated child care providers will utilize the technical assistance of a mental health consultant for assistance with children or family concerns.	By 2015, mental health consultation is available and accessible to all early care and education and parenting education providers.		
					By August 2012, a network of mental health consultants is available to provide consultation services			
		Child Care Providers; Mental Health Consultants		Assist in the securing of funding to implement strategies of the IMH plan.	By August 2008, 25 regulated child care providers will utilize the technical assistance of a mental health consultant for assistance with children or family concerns.	By 2015, mental health consultation is available and accessible to all early care and education and parenting education providers.		
					By August 2012, a network of mental health consultants is available to provide consultation services			
		Families of Young Children; Providers	Family Support Services	Include a family support services template for a "handout" developed for families to receive at birth and at community EC programs.	By June 2007, included a family support services template for a "handout" developed for families to receive at birth and at community EC programs.	Made a template available for families to receive at birth and at community EC programs.		
					By February 2008, requested community partners in each community complete county-specific information.	Compiled a list of counties that completed the template.		
	Local-Level Community Partners				Request community partners in each community complete county-specific information.	By August 2008, 50% of counties will have developed a detailed description of the Family Support services available in their community.	By 2015, increased support from formal and informal support networks enhance the ability of families to cope with stressors.	
		By August 2012, information about formal support networks in community are easily accessible by families.						
		Families of Young Children; Providers	Statewide Clearinghouses	Insert information gathered from community partners into the MCH Hotline database.	Throughout the implementation period, inserted information gathered from community partners into the MCH Hotline database.	Increased the listing of EC services in the MCH Hotline Database.		
					By August 2008, a statewide clearinghouse has been developed and made available to families that include contact information for self-sufficiency resources in their communities.	By 2015, families of young children in need of additional support receive the self-sufficiency resources they need.		
					By August 2012, information about family support services in the community are easily accessible by families			
		Community Parent Educators; Latino-American and African-American Parents	Parenting Resources	Support 2 community parent educators to receive training in evidence-based Parenting Programs for Latino-American and African-American parents.	By August 2007, supported 2 community parent educators to receive training in evidence-based Parenting Programs for Latino-American and African-American parents.	Ensured that Parent Educators were available to offer training.		
					By August 2012, 75% of parents have increased knowledge and understanding of child development.	By 2015, parents have increased ability to establish and maintain positive relationships with their child.		
					By August 2012, 75% of parents have increased ability to promote and maintain relationships with their child to promote optimal child development.			

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		Local Community Service Agencies; Parents of Young Children	Parenting Resources	Recruit 25 agencies who will agree to be trained in the parenting program and offer the class to their participants.	By August 2008, recruited 25 agencies who will agree to be trained in the parenting program and offer the class to their participants.	Compiled a listing of agencies and the number of participants who received training.		
					By August 2008, there will be a commitment from 25 community service agencies to provide training or education materials to parents on how to maintain a positive relationship with their child.	By 2015, parents have increased ability to establish and maintain positive relationships with their child.		
		Early Childhood Professionals	Developmental Screening Cross-Training	Building upon the Professional Development Initiative (PDI) Health Work Group, identify core competencies of EC professionals related to early identification and developmental screening including issues of equity in access and other culturally sensitive matters.	By June 2007, identified the core competencies of EC professionals related to early identification and developmental screening including issues of equity in access and other culturally sensitive matters.	Ensured that the identified core competencies were available.		
					By August 2008, at least 50 early childhood professionals will have participated in a cross training session with colleagues in the five identified early childhood component areas on the topic of developmental screening.	By 2015, there are sufficient and competent providers in the workforces representing early care and education, health, mental health, family support, and parent education based on guidelines established by professional organizations of each provider group in relation to population density.		
					By August 2012, providers in all 5 component areas of the early childhood system will have training available on all of the core competencies.			
					Prepare or organize written materials to be distributed via the methods of dissemination used by the various programs/agencies/associations (e.g., newsletters, list serves, teleconferences, calendars).	By September 2007, prepared or organized written materials to be distributed via the methods of dissemination used by the various programs/agencies/associations (e.g., newsletters, list serves, teleconferences, calendars).	Compiled a listing of who received materials on developmental screening cross-training.	
					Submit proposals for sessions at statewide and regional discipline-specific conferences and meetings.	On an ongoing basis, submitted proposals for sessions at statewide and regional discipline-specific conferences and meetings.	Compiled a listing of presentations given at statewide and regional discipline-specific conferences and meetings.	
					Post materials on the WECCP website for easy access by all professionals.	On an ongoing basis, posted materials on the WECCP website for easy access by all professionals.	Increased the number of hits received on the WECCP website.	
		Early Childhood Programs/Agencies/Associations		Conduct a collaborative training across programs/agencies/associations.	By December 2007, conducted a collaborative training across programs/agencies/associations.	Developed an agenda, materials, participant listing and evaluation.		
					By August 2008, at least 50 early childhood professionals will have participated in a cross training session with colleagues in the five identified early childhood component areas on the topic of developmental screening.	By 2015, there are sufficient and competent providers in the workforces representing early care and education, health, mental health, family support, and parent education based on guidelines established by professional organizations of each provider group in relation to population density.		
					By August 2012, providers in all 5 component areas of the early childhood system will have training available on all of the core competencies.			
		Early Childhood Professionals	Early Childhood Workforce Diversity	Develop a work group of interested parties to gather information on current status of work force to determine diversity of professionals in each of the 5 component areas in comparison to census information and geographical distribution.	By December 2006, developed a work group of interested parties to gather information on current status of work force to determine diversity of professionals in each of the 5 component areas in comparison to census information and geographical distribution.	Compiled a listing of members and completed a report documenting the status of the diverse work force.		
					By August 2008, recommendations will be developed to increase diversity in the early childhood workforce by a workgroup that reviewed available data and effective strategies.	By 2015, the early childhood workforce is culturally competent and reflects the diversity of the children and families they serve.		

**Logic Model for SECCS Grant Program:
The Wisconsin Early Childhood Comprehensive Systems (ECCS) Statewide Plan/Wisconsin Kids Win**

ORGANIZATIONAL STRUCTURE / ENVIRONMENT	INPUTS/RESOURCES	TARGET POPULATION	INTERVENTION		EXPECTED CHANGE (Outcomes/Objectives)	EVIDENCE OF CHANGE (Indicators)	BARRIERS	FACILITATORS	
			DESCRIPTION	ACTIVITIES					
		Early Childhood Professionals		Develop a work group of interested parties to gather information on current status of work force to determine diversity of professionals in each of the 5 component areas in comparison to census information and geographical distribution.	By August 2012, 50% of the strategies are implemented to increase diversity in the early childhood workforce.	By 2015, the early childhood workforce is culturally competent and reflects the diversity of the children and families they serve.			
				Identify evidence-based strategies to recruit and retain diverse staff.	By September 2007, identified evidence-based strategies to recruit and retain diverse staff.		Compiled a listing of strategies to recruit and retain diverse staff.		
		Early Childhood Workforce Diversity Workgroup	Early Childhood Workforce Diversity	Develop recommendations based on information gathered.	By December 2007, developed recommendations based on information gathered.	By 2015, the early childhood workforce is culturally competent and reflects the diversity of the children and families they serve.			
					By August 2008, recommendations will be developed to increase diversity in the early childhood workforce by a workgroup that reviewed available data and effective strategies.		Developed a report of recommendations.		
					By August 2012, 50% of the strategies are implemented to increase diversity in the early childhood workforce.				
		PDI Work Group and Other Interested Partners		Share findings with the PDI Work Group and other interested partners.	By June 2008, shared findings with the PDI Work Group and other interested partners.	Provided a meeting agenda and minutes to the PDI Work Group and other interested partners.			
		Early Childhood Professionals	Technical Assistance Statewide System	Establish core competencies applicable to all early childhood professionals.	By June 2007, established core competencies applicable to all early childhood professionals.	By 2015, a statewide structure provides training and technical assistance to community programs supporting families and their young children.			
					By August 2008, an inventory of current training and technical assistance entities and funding sources will provide a foundation for a statewide system of technical assistance.				
					By August 2012, training and technical assistance entities increase support to all five component areas of the early childhood system.				
				Create a mechanism for self-evaluation of competencies by an EC professional.	By June 2007, created a mechanism for self-evaluation of competencies by an EC professional.	Made the self-evaluation of competencies available.			
				Identify current training opportunities and technical assistance entities for EC professionals including targeted audience, description of role and funding sources.	By December 2006, identified current training opportunities and technical assistance entities for EC professionals including targeted audience, description of role and funding sources.	By 2015, a statewide structure provides training and technical assistance to community programs supporting families and their young children.	Complied a listing of current training and technical assistance entities.		
					By August 2008, an inventory of current training and technical assistance entities and funding sources will provide a foundation for a statewide system of technical assistance.				
					By August 2012, training and technical assistance entities increase support to all five component areas of the early childhood system.				
				Disseminate competencies and a self-evaluation tool through identified training and technical assistance supports identified.	By March 2007, disseminated competencies and a self-evaluation tool through identified training and technical assistance supports identified.	Complied a listing of who received the disseminated competencies.			
				Survey entities who receive core competencies about usefulness, distribution mechanisms, and interest in participating in future EC-focused activities.	By June 2007, surveyed entities who receive core competencies about usefulness, distribution mechanisms, and interest in participating in future EC-focused activities.	Provided a report of survey results.			
				Local Early Childhood Councils	Early Childhood State/Regional-Level Structure	Implement recommendations from the August Strategic Planning Meeting to finalize statewide and regional-level stakeholder groups.	By October 2006, implemented recommendations from the August Strategic Planning Meeting to finalize statewide and regional-level stakeholder groups.	Developed a diagram of statewide stakeholders group and a listing of members.	

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			DESCRIPTION	ACTIVITIES					
		Local Early Childhood Councils	Early Childhood State/Regional-Level Structure	Review information collected from survey of local EC groups and develop and disseminate examples of self-defined community councils.	By December 2006, reviewed information collected from survey of local EC groups and develop and disseminate examples of self-defined community councils.	Provided a report of survey results.			
				Develop and disseminate examples of self-defined community councils to promote EC local councils.	By June 2007, developed and disseminated examples of self-defined community councils to promote EC local councils.	Developed a document containing examples of early childhood councils and a listing of whom received.			
				Provide small community grants and technical assistance to communities to develop local councils in communities where none are currently in existence.	By June 2008, provided small community grants and technical assistance to communities to develop local councils in communities where none are currently in existence.	Develop a listing of who received grants and a description of activities conducted.			
					On an ongoing basis, developed a communication mechanism to gather input from the local councils on an issue identified by the Stakeholders group.	Provided documentation of the process developed and a listing of information exchanged.			
					Develop a communication mechanism to gather input from the local councils on an issue identified by the Stakeholders group.	By August 2008, a state level and regional level structure focused on early childhood will receive input from 25% of locally-based early childhood councils.	By 2015, a consistent structure at state, regional and local levels allows cross department and agency collaboration in supporting families and promoting optimal child health and development.		
						By August 2012, the state, regional and local level structures share information and resources consistently.			
		Early Childhood Agencies	Conduct an inventory of existing departmental policies to identify cross-departmental policies that promote comprehensive EC services.	By August 2007, conducted an inventory of existing departmental policies to identify cross-departmental policies that promote comprehensive EC services.	Made an inventory of existing departmental policies available.				
				By August 2008, a minimum of two new "cross departmental" policies that promote comprehensive early childhood services will be in place.	By 2015, policies promote cross agency/program collaboration and aligned/braided funding as an integral part of the early childhood system.				
				By August 2012, cross department policies and funding mechanisms support comprehensiveness across early childhood services.					
		Other States	Gather examples from other states of cross-departmental policies.	By December 2006, gathered examples from other states of cross-departmental policies.	Developed a listing of state examples of cross-departmental policies.				
		Secretaries of DHFS, DWD, and Superintendent of DPI	Cross-Departmental Early Childhood Services Policies	Develop a proposal for 2 new policies to be implemented across State agencies to share with the secretaries of DHFS, DWD, and superintendent of DPI.	By August 2008, developed a proposal for 2 new policies to be implemented across State agencies to share with the secretaries of DHFS, DWD, and superintendent of DPI.	Developed a proposal and shared dates with state agency leaders.			
				By August 2008, a minimum of two new "cross departmental" policies that promote comprehensive early childhood services will be in place.	By 2015, policies promote cross agency/program collaboration and aligned/braided funding as an integral part of the early childhood system.				
				By August 2012, cross department policies and funding mechanisms support comprehensiveness across early childhood services.					
		State Agencies; Local Communities	Assess and document the various processes and structures state agencies use in their contracting with local communities.	By June 2007, assessed and documented the various processes and structures state agencies use in their contracting with local communities.	Developed a report documenting the contracting process of each department.				
		Cross-Departmental Early Childhood Services	Public/Private Funding	Identify methods to integrate and align these processes.	By August 2007, identified methods to integrate and align these processes.	Compiled a listing of methods to integrate and align cross-departmental early childhood services policies.			
				Establish a tracking system to monitor GPR, Federal and Private funding used for EC programming.	By August 2007, established a tracking system to monitor GPR, Federal and Private funding used for EC programming.	Ensured that the tracking system exists.			

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			DESCRIPTION	ACTIVITIES				
		Early Childhood Funders	Public/Private Funding	Explore and implement strategies to increase investments in the EC system.	By December 2007, explored and implemented strategies to increase investments in the EC system.	Complied a listing of strategies implemented.		
					By August 2008, an increased amount of new public and/or private funding will support services for two component areas of the early childhood system.	By 2015, public (local, state and federal) and private dollars support necessary services for a comprehensive early childhood system.		
					By August 2012, an increased amount of new public and/or private funding will support services for all of the components of the early childhood system.			
		Cross-Departmental Early Childhood Services		Monitor and evaluate the impact of strategies implemented around funding.	By August 2008, monitored and evaluated the impact of strategies implemented around funding.	Developed a report of strategies and outcomes.		
		Public and Private Workplaces	Family-Friendly Workplaces	Develop criteria for family-friendly workplaces in Wisconsin.	By December 2007, developed criteria for family-friendly workplaces in Wisconsin.	Developed a document of "family-friendly business practices".		
					By August 2008, 25% of businesses surveyed across the State will meet the minimum criteria to be considered a "family-friendly" work place.	By 2015, Wisconsin businesses are champions for young children.		
					By August 2012, 50% of businesses promote and financially support family friendly practices.			
				Survey public and private workplaces to determine family-friendliness as defined by the criteria developed.	By May 2008, surveyed public and private workplaces to determine family-friendliness as defined by the criteria developed.	Provided the results of survey findings.		
		Local Area Chamber of Commerce and Business Partners		Share results of surveys with recommendations for improvements with the local area Chamber of Commerce and business partners.	By August 2008, shared the results of surveys with recommendations for improvements with the local area Chamber of Commerce and business partners.	Provided a listing of agencies that received the survey results.		
		Screening and Assessment Stakeholders		Identify a work group of individuals who are interested in screening and assessment.	By October 2006, identified a work group of individuals who are interested in screening and assessment.	Complied a Listing of work group members.		
		Early Childhood Providers	Developmental Screening Infrastructure	Develop clear guidelines for Wisconsin providers regarding the nature, functions, and uses of early childhood screenings based on models of school readiness.	By March 2007, developed clear guidelines for Wisconsin providers regarding the nature, functions, and uses of early childhood screenings based on models of school readiness.	Made the developed guidelines available.		
					By August 2008, an infrastructure for developmental screening across the early childhood components and age span will be developed.	By 2015, a coordinated system provides early and continuous developmental screening to all children from birth to age 6.		
					By August 2012, a data collection system exists to provide information on developmental screening including practices and results.			
		Early Childhood Partners		Identify roles of early childhood partners based on the guidelines developed.	By June 2007, identified the roles of early childhood partners based on the guidelines developed.	Developed a document of articulated roles for EC partners.		
		Wisconsin Professional Development Initiative Organization Members	Developmental Screening Infrastructure	Share guidelines and roles with the Wisconsin Professional Development Initiative to distribute and discuss with professional organization members across the five component areas.	By September 2007, shared guidelines and roles with the Wisconsin Professional Development Initiative to distribute and discuss with professional organization members across the five component areas.	Provided the minutes of the Wisconsin Professional Development Initiative meeting.		
					By August 2008, an infrastructure for developmental screening across the early childhood components and age span will be developed.	By 2015, a coordinated system provides early and continuous developmental screening to all children from birth to age 6.		
					By August 2012, a data collection system exists to provide information on developmental screening including practices and results.			

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			DESCRIPTION	ACTIVITIES					
		Internal and External Wisconsin Kids Win Partners	Sustainability	Work with internal and external partners to promote the use of the Wisconsin Kids Win plan.	Worked with internal and external partners to promote the use of the Wisconsin Kids Win plan.	Increased the promotion of the Wisconsin Kids Win plan by internal and external partners			
		New Wisconsin Kids Win Partners		Stimulate new partnerships for the Wisconsin Kids Win project.	Stimulated new partnerships for the Wisconsin Kids Win project.	Increased the number of new partnerships for the Wisconsin Kids Win project.			
		Current Wisconsin Early Childhood Collaborating Partners		Expand and strengthen the mechanisms for partnerships through the Wisconsin Early Childhood Collaborating partners.	Expanded and strengthened the mechanisms for partnerships through the Wisconsin Early Childhood Collaborating partners.	Expanded and strengthened the mechanisms for partnerships through the Wisconsin Early Childhood Collaborating partners.			
		Current Wisconsin Early Childhood Collaborating Partners		Maximize opportunities and resources for the Wisconsin Kids Win project.	Maximized opportunities and resources for the Wisconsin Kids Win project.	Maximized opportunities and resources for the Wisconsin Kids Win project.			
		Policymakers		Increase policymakers' awareness of actions that can impact school readiness.	Increased policymakers' awareness of actions that can impact school readiness.	Increased policymakers' awareness of actions that can impact school readiness.			
		Wisconsin Early Childhood System	Evaluation	Ask state and community organizations to take responsibility for implementation of Wisconsin Kids Win (e.g., take lead on certain objectives and incorporate these activities as part of their organization's mission; may take an active role on state and local coalitions or committees who are working on the implementation of specific objectives).	Asked state and community organizations to take responsibility for implementation of Wisconsin Kids Win.	Asked state and community organizations to take responsibility for implementation of Wisconsin Kids Win.			
				Use a multi-component, mixed methods approach to measure progress toward meeting Wisconsin Kids Win goals and objectives.	Used a multi-component, mixed methods approach to measure progress toward meeting Wisconsin Kids Win goals and objectives.	Used a multi-component, mixed methods approach to measure progress toward meeting Wisconsin Kids Win goals and objectives.			
				Include monitoring and tracking functions, process evaluation activities, and outcome evaluation activities in the project's evaluation.	Included monitoring and tracking functions, process evaluation activities, and outcome evaluation activities in the project's evaluation.	Included monitoring and tracking functions, process evaluation activities, and outcome evaluation activities in the project's evaluation.			
				Address constraints on evaluation activities such as availability of data sources, feasibility of creating and/or accessing data sources, adequate data collection partners, and funding will be addressed as resources permit.	Addressed constraints on evaluation activities.	Addressed constraints on evaluation activities.			
				Use the process evaluation to measure changes in the level of effort or activity in key domains targeted in the project.	Used the process evaluation to measure changes in the level of effort or activity in key domains targeted in the project.	Used the process evaluation to measure changes in the level of effort or activity in key domains targeted in the project.			
				Use the outcome evaluation to measure changes that have occurred, accomplishments that have been achieved and needs that have been met among the populations targeted.	Used the outcome evaluation to measure changes that have occurred, accomplishments that have been achieved and needs that have been met among the populations targeted.	Used the outcome evaluation to measure changes that have occurred, accomplishments that have been achieved and needs that have been met among the populations targeted.			
				Measure outcomes with identified data being considered together with project-implemented tools to assess the ultimate impact of both the processes and activities of Wisconsin Kids Win.	Measured outcomes with identified data being considered together with project-implemented tools to assess the ultimate impact of both the processes and activities of Wisconsin Kids Win.	Measured outcomes with identified data being considered together with project-implemented tools to assess the ultimate impact of both the processes and activities of Wisconsin Kids Win.			
				Report evaluation results on a schedule appropriate to the audience.	Reported evaluation results on a schedule appropriate to the audience.	Reported evaluation results on a schedule appropriate to the audience.	Provided regular reports to state, regional, community audiences and the public on the state plan progress via the website and/or as a hard copy, as appropriate.		
				Continue to evolve Wisconsin Kids Win as more evidence and research becomes available, as successes are realized and other influences are discovered.	Continued to evolve Wisconsin Kids Win as more evidence and research becomes available, as successes are realized and other influences are discovered.	Continued to evolve Wisconsin Kids Win as more evidence and research becomes available, as successes are realized and other influences are discovered.			