



# **Wisconsin Kids Win: The Early Childhood Comprehensive System State Plan**

*A plan to develop a locally-based,  
comprehensive system of services  
that promotes school readiness of  
young children in Wisconsin*

2006

**Wisconsin Kids Win:  
The Early Childhood Comprehensive System State Plan  
Bureau of Community Health Promotion  
Division of Public Health  
Department of Health and Family Services**

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July 2006

The Wisconsin Early Childhood Comprehensive System (ECCS) Planning Team of the Maternal and Child Health Program in the Department of Health and Family Services, with community partners, recently completed the Wisconsin Kids Win: The Early Childhood Comprehensive System State Plan. The plan's completion represents a collaborative effort of statewide partners, including individuals representing state and local public health agencies, early care and education agencies, family support and parenting education agencies, mental health agencies, community and non-profit organizations, parents and family members, health care providers, academia, and advocacy organizations, to improve the school readiness of Wisconsin's youngest children.

We envision Wisconsin Kids Win will:

- Assist partners in meeting the Governor's Kids First Agenda, as the strategies in this document support the Kids First Agenda recommendations.
- Focus partner efforts on outcomes that are practical, achievable, and realistic for improving services for young children and families in the State.
- Bring partners together to work collaboratively toward shared goals, maximize opportunities and reduce duplication.
- Encourage policy and environmental changes that support optimal development of young children and support their families.

Wisconsin Kids Win provides a framework for Wisconsin organizations to mobilize around a set of common goals affecting the delivery of health, development and support services to young children and families. Wisconsin Kids Win was developed with the understanding that most organizations have limited time and resources and that achieving these outcomes will take the active involvement of many partners.

Wisconsin Kids Win is a call to action for individuals, schools, communities, businesses, early childhood service programs and providers and policymakers to make changes necessary to assure the readiness of young children to succeed in school and be successful in the future.

We encourage everyone to take an active role in implementing the Wisconsin Kids Win: The Early Childhood Comprehensive System State Plan. Please join us in spreading the message that the future of young children is a priority in Wisconsin.

Sincerely,

Sheri Johnson, Ph.D., Administrator  
State Health Officer

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## Introduction: Why Develop an Early Childhood System?

*"If you care for your own children, you must take an interest in all, for your children must go on living in the world made by all children."*

*Eleanor Roosevelt*

Over the past decade, research has clearly shown the brain development of children before the age of five has a phenomenal influence on their social, emotional, physical and cognitive development. This information has greatly broadened our understanding of what children need to later succeed in school. We now know that school readiness goes beyond the attainment of a specified chronological age. We know the importance of early positive and nurturing conditions that promote children's readiness to learn and succeed in school. We can invest in our children now or pay later in the form of special education, school failure, incarceration, welfare costs and lack of a well-educated work force. The RAND Corporation recently released a study that focused on diverse programs throughout the country that offered parent education and support, including home visits, center-based visits, or a combination. Key findings include:

- \* Early childhood programs have been shown to yield benefits in academic achievement, behavior, educational progression and attainment, delinquency and crime, and labor market success, among other domains.
- \* Early Childhood programs with better-trained caregivers and smaller child-to-staff ratios offer more favorable results.
- \* Well-designed early childhood interventions have been found to generate a return to society ranging from \$1.80 to \$17.07 for each dollar spent on the program.

The research is clear; investing in early childhood services yields results.

The Maternal and Child Health Bureau of the Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, provided planning grants to each state to support State Maternal and Child Health agencies and their partner organizations in collaborative efforts to develop a thoughtful and deliberate framework that strengthens the early childhood system of services for young children and their families. Although there is a significant body of knowledge about the importance of early childhood experiences on the developing brain; there is less knowledge of how to coordinate to provide the most effective supports for young children and their families. By fostering early childhood systems coordination at the state and community levels, the gaps created by multiple, non-integrated funding streams in the area of early childhood will be bridged while the health and well-being of young children will be promoted, enabling them to enter school ready and able to learn.

The Wisconsin Kids Win: The Early Childhood Comprehensive System State Plan to develop a locally-based, comprehensive system of services that promote school readiness of children from birth through age five in Wisconsin was developed to be the statewide framework for promoting the optimal health and well-being of all young children in Wisconsin.

Wisconsin Kids Win is a call to action for individuals, schools, communities, businesses, healthcare systems and providers, and policymakers to make changes necessary to assure the health and well-being of Wisconsin's youngest residents now and in the future. Wisconsin Kids Win will also 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.

Throughout the planning process, the collective knowledge of early childhood experts and a strong understanding of the state's issues formed the foundation for a set of goals and outcomes for action in a variety of settings and levels. Evidenced-based research, best practices, emerging or promising strategies were researched and considered as the most appropriate strategies were identified.

The Wisconsin Early Childhood Comprehensive System (ECCS) Planning Team and other stakeholders will work together to accomplish the goals and outcomes that are outlined. Activities to coordinate, enhance, and promote early childhood programs in Wisconsin will be targeted to reach children and their families across all communities, ethnic backgrounds and socioeconomic levels.

### **Wisconsin Kids Win hopes to:**

- Provide a framework of what needs to be done and the resources needed to assure children under the age of five and their families receive the necessary supports to grow, develop and be prepared to learn upon entering school.
- Identify effective strategies to achieve priorities to promote school readiness for all children, including children from minority ethnic backgrounds and lower socioeconomic levels.
- Bring interested partners together to work collaboratively toward shared goals. Collaboration, both in planning and implementation, will lead to more efficient use of limited resources while ensuring that mutually identified priorities are addressed.
- Identify cost-effective means to obtain identified priorities.
- Use resources efficiently by integrating and coordinating efforts to reduce duplication and expand capacity.

### **Who should use this plan?**

The Wisconsin Kids Win: The Early Childhood Comprehensive System State Plan is a resource and guide for those who are involved in planning, directing, implementing, and evaluating services and programs for young children in Wisconsin. To accomplish the goals a variety of partners will need to be involved including, but not limited to:

- Business Owners and Employers
- Community Based Organizations
- Community Law Enforcement
- Community Leaders
- Faith Based Organizations
- Government Agencies
- Healthcare Systems
- Media
- Minority and Underserved Populations
- Parents and Families as Consumers
- Payers and Insurers
- Physicians and Healthcare Providers
- Policy makers and decision makers
- Professional Organizations
- Providers of Services
- Public Health Departments
- Public Policy Advocates
- School Districts and Educators
- State and Local Coalitions
- Universities and Researchers

### **What is included in this plan?**

- A description of the current status of young children in Wisconsin
- A description of the current infrastructure for Early Childhood Programming
- A description of the planning process through which Wisconsin Kids Win was developed
- Goals and outcomes to promote a comprehensive early childhood system in Wisconsin
- A description of strategies which support the development of a comprehensive system
- Ideas on how to be involved in reaching the outcomes of the Plan
- Mechanisms to evaluate the impact of the Plan

### **Call to Action: What Can You Do?**

1. Review the goals, outcomes and strategies. Identify specific items where you or your organization can be involved.
2. Complete the Partner Involvement form. Anyone with existing activities, new ideas, or an interest in being involved may complete the form.
3. Collaborate with others who share common goals to maximize opportunities and resources for the benefit of young children and families.

### **How to Become Involved**

You or your organization can become a partner by completing and returning the Partner Involvement form in this document or on the Division of Public Health website, <http://dhfs.wisconsin.gov/health/> . As partners complete the form, the Maternal and Child Health Program will track the partners and the activities that are being implemented. This information will be used to assist with coordination of efforts and to have a comprehensive inventory of activities. It may also be used to identify any gaps in implementation and future priority areas and/or populations.

## Wisconsin Kids Win: The Early Childhood Comprehensive System Plan Implementing the Plan – Partner Involvement

Please copy and fax your support of the Wisconsin Kids Win: The Early Childhood Comprehensive System State Plan to the Maternal and Child Health Program at (608) 267-3824, or complete it online at <http://dhfs.wisconsin.gov/health/> . Your support may be publicly acknowledged on the Division of Public Health website and in plan-related materials.

1. I am supporting *Wisconsin Kids Win* as an:
 

<input type="checkbox"/> Individual	<input type="checkbox"/> Organization
-------------------------------------	---------------------------------------
  
2. My full name, or the name of my organization or group: \_\_\_\_\_
  
3. The type of organization I represent (choose up to three):
 

<input type="checkbox"/> Child Care Center <input type="checkbox"/> Coalition <input type="checkbox"/> Communication/Media <input type="checkbox"/> Community Group <input type="checkbox"/> Company/Business Setting <input type="checkbox"/> Faith Community <input type="checkbox"/> Family Resource Center <input type="checkbox"/> Government Agency Non-Profit <input type="checkbox"/> Health Care Delivery <input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> Preschool/School <input type="checkbox"/> Professional Association <input type="checkbox"/> Public Health Department <input type="checkbox"/> Research Institution <input type="checkbox"/> Resident <input type="checkbox"/> University <input type="checkbox"/> Worksite/Employer  <input type="checkbox"/> Other _____
--	--
  
4. I will provide a link from my organization’s website to the Wisconsin Division of Public Health.
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Decision Pending
------------------------------	-----------------------------	---
  
5. I/we can work on the following outcomes in *Wisconsin Kids Win* to help accomplish its goals: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Contact Information**

Contact Name: \_\_\_\_\_ Credentials: \_\_\_\_\_  
 Organization (if applicable): \_\_\_\_\_  
 Position/Title: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Website: \_\_\_\_\_

# Current Status of Young Children And Families in Wisconsin

## General Demographic Information

In 2004, according to the census data, 5,472,299 people residing in Wisconsin, of which 1,332,894 were children and youth under the age of eighteen. Of the children, approximately 339,186 or 16% are children five years of age or younger.

The following chart summarizes family information for the year 2004 about the children under the age of five living in Wisconsin:

Specific Demographic	Percentage of all WI children	Approximate Number of children under the age of 5
Children in Single Parent Families	23%	7,632
Children in Two Parent Families	77%	331,554
Children with All Parents in Labor Force	74%	250,997
Children Living Below 200% of Federal Poverty Level (FPL)	29%	98,363
Children Living Below 50% of FPL	5%	16,959
Parent has higher degree than High School Degree	30%	101,755
Language Other Than English Spoken at Home	9%	30,527
Children Ages 3 and 4 in Preschool	45%	61,053
Children with a Special Health Care Need*	13%	44,094

Data taken from the 2005 WisKids Count Data Book, published by the Wisconsin Council on Children and Families, Inc.

\* Data from the National Center for Health Statistics, National Survey of Children with Special Health Care Needs 2001

## Race and Ethnicity

According to the 2000 Census Data, Wisconsin consists of the majority of the population, (90%) who classify themselves as white alone or in combination with another race. The remaining 10% consists primarily of people who classify themselves as Black or African American (5.7%); Asian (1.7%); and American Indian or Alaska Native (0.9%). The remaining 2% classify themselves as "some other race" which is not further defined.

In Wisconsin, 3.6% of people of any race classify themselves as Hispanic or Latino with Mexican and Puerto Rican being the most represented.

For children under the age of five, it can be implied from the 2000 Census Data, 305,267 children under the age of five may be classified as white; 19,333 children may be classified as Black or African American; 5,766 children may be classified as Asian; and 3,052 children may be classified as American Indian or Alaska Native. In addition, 10,175 children may be classified as Hispanic or Latino.

### **Poverty by Race and Ethnicity**

In 2005, the U.S. Census Bureau released a report that showed the rate of growth in the number of individuals living in poverty was the highest in Wisconsin out of all 50 states.

It is particularly striking that there is a very different percentage of children living in poverty based on their race or ethnicity when using low income as one indicator of poverty. Low income is defined as having an annual income that is 200% of the federal poverty level (FPL). For 2006, the FPL for a family of four is \$20,000 and for a family of two is \$13,200.

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 based on this definition.

### **Residence**

Although Wisconsin is perceived as a predominantly rural state, it is becoming increasingly urbanized as reflected by the 2000 Census Data. Sixty-eight percent of Wisconsin's population live in 20 (of 72) metropolitan counties (those counties with a city of 50,000 or more population plus those nearby counties where commuting to work is a link between the city and suburban counties). The remaining 32% of the population live in Wisconsin's 52 non-metropolitan counties.

Almost 76% of people in Wisconsin who may be classified as Black or African American live in the largest metropolitan county, Milwaukee County. 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.

### **Poverty by Residence**

There are notable differences in the percentage of children living in poverty by residence. In Wisconsin, 58% of children in urban areas 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.

## Current Infrastructure For Early Childhood Programming

Young children in Wisconsin are served by a wide array of public and private programs. The Wisconsin Kids Win: The Early Childhood Comprehensive State Plan addresses programs, services and supports in five key component areas. These five areas include:

1. Access to Health Care and Medical Homes
2. Mental Health and Social-Emotional Development
3. Early Care and Education
4. Parent Education
5. Family Support

Wisconsin is a unique state.

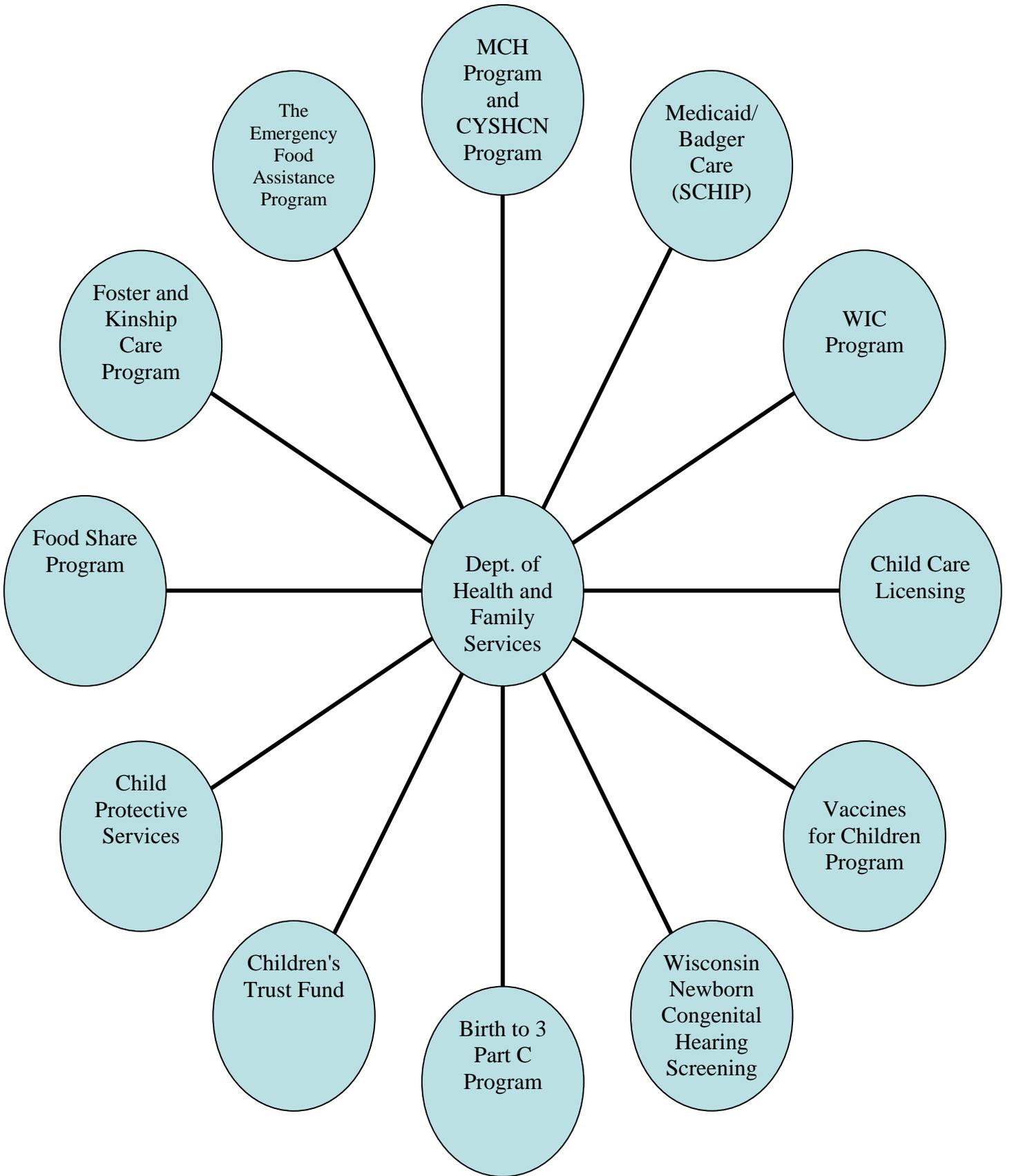
Wisconsin consist of 72 counties each governed by an elected County Board of Supervisors. Some counties have nearly 40 members on the County Board representing different municipalities in the county. Wisconsin's county structure emphasizes local control. An overwhelming majority of Wisconsin residents believe decisions affecting community members and programs should be made at the local level, not by state regulators or government officials in the capitol, Madison, according to a 2002 survey by Strategic Survey Solutions, a division of the Wood Communications Group based in Madison.

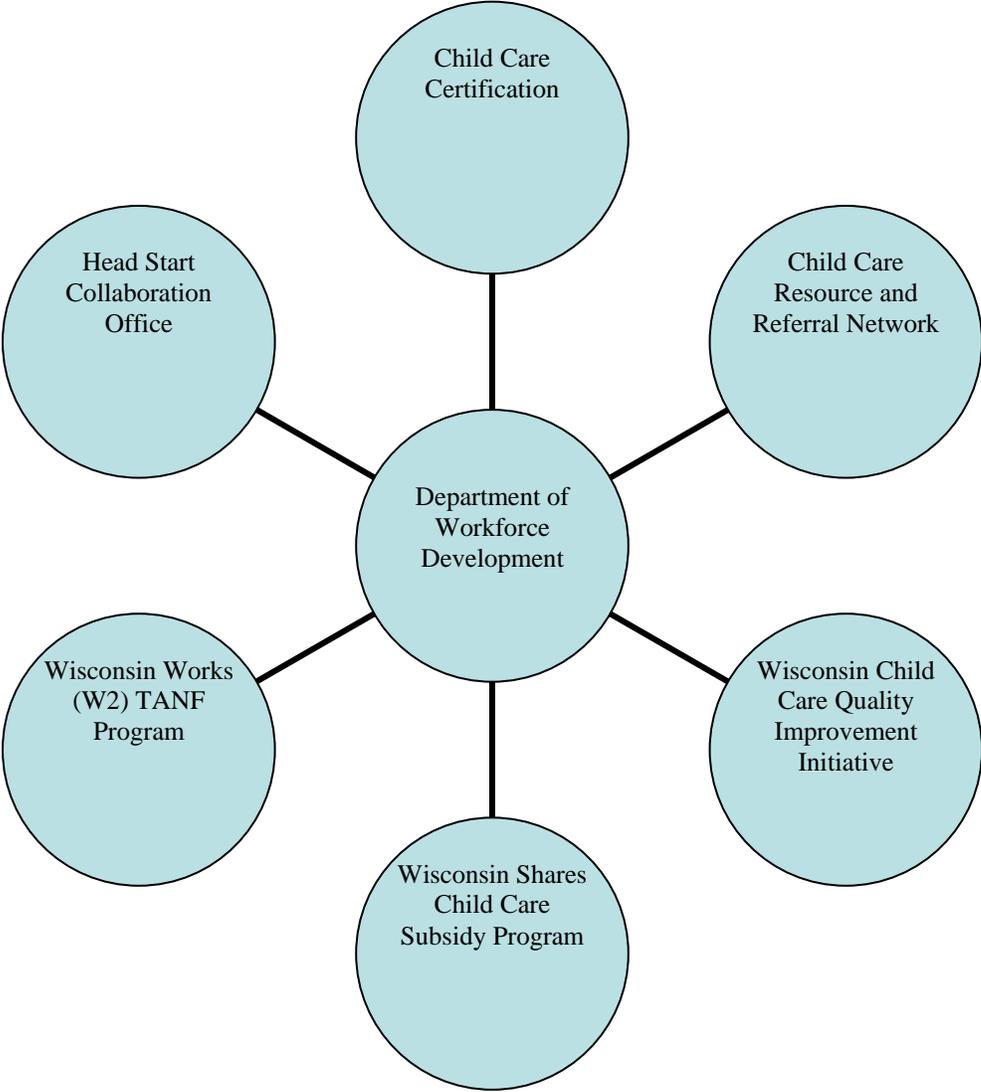
This decentralized system allows flexibility for communities to determine and meet their community's needs. It also requires cooperation and coordination from many individuals and levels of government. The early childhood programs are primarily administered by three State agencies including the Wisconsin Department of Health and Family Services, the Department of Workforce Development and the Department of Public Instruction. These state government agencies work closely with county based agencies, such as local health departments, county health and human service agencies, local school districts and county economic support offices, which provide the direct services to children and families.

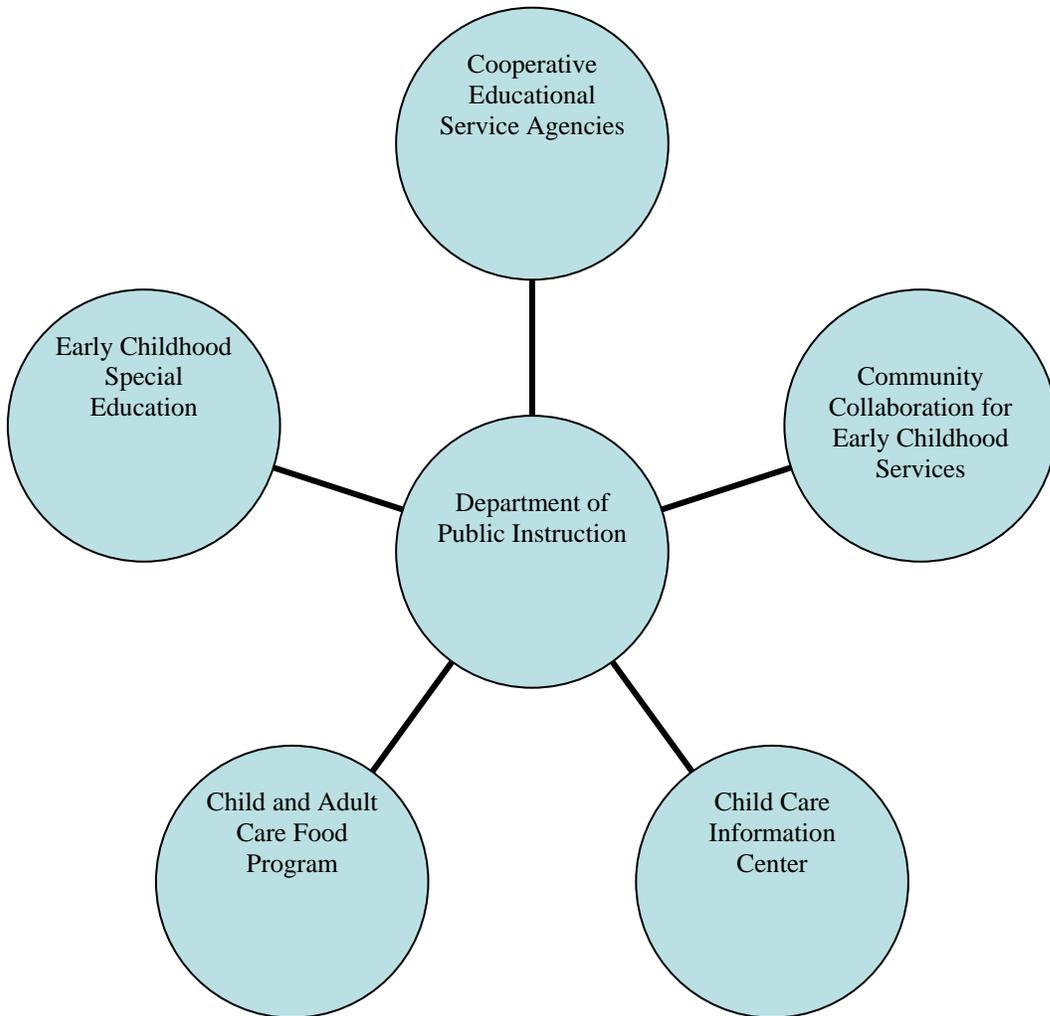
In addition to the government partners, local faith-based agencies and community-based not-for-profit organizations provide vital services to children and family members in targeted counties or communities. In Wisconsin, this means local and community programs vary depending on what county a family resides. Some counties offer a wealth of programs and supports to young children and families including a home visiting program, parenting education classes and a Family Resource Center.

This early childhood programming summary only provides information about the programs offered statewide and not individual county programs. The summary provides an overview of the programs available anywhere in the state and form the infrastructure for early childhood programming.

The following diagrams provide a visual of the programs administered by the three State agencies and are followed by a description of the early childhood programs by each of the five key component areas.







## **Summary of Early Childhood Programming in Wisconsin**

### **Health Care and Mental Health**

*Medicaid and BadgerCare (State Children Health Insurance Program)*

<http://dhfs.wisconsin.gov/Medicaid/>

Medicaid is a federal/state program that pays health care providers to deliver essential health care and long-term care services to frail elderly, people with disabilities and low-income families with dependent children, and certain other children and pregnant women. The Medicaid programs in Wisconsin include Medical Assistance, BadgerCare and SeniorCare. Medicaid, BadgerCare and SeniorCare are essential to the safety and well-being of the citizens of our state. These important programs protect our seniors, children, and those most vulnerable in Wisconsin.

In State Fiscal Year 2004, budgeted expenditures (both state and federal) for Wisconsin Medicaid totaled \$4.2 billion. Enrollment totaled 807,000 people, or 15% of Wisconsin's population.

*Maternal and Child Health Program*

[http://dhfs.wisconsin.gov/DPH\\_BFCH/index.htm](http://dhfs.wisconsin.gov/DPH_BFCH/index.htm)

The purpose of the Maternal and Child Health Program is to improve the health of women, children (including children with special health care needs) and families based on their health needs from birth to early childhood, during the school age and teen years, through young adulthood and the childbearing years including pregnancy. The MCH Program provides expertise, guidance and technical assistance to local public health departments, community based organizations, statewide organizations and other providers to provide and or assure quality health services are delivered to mothers, children, and families in Wisconsin.

The Maternal and Child Health Program is funded by the Title V MCH Block Grant which is allocated to each State. In the federal fiscal year 2006, the Title V Block Grant allocation for Wisconsin was \$24,137,651.

*Wisconsin Congenital Screening Program*

[http://dhfs.wisconsin.gov/DPH\\_BFCH/Newborn\\_Screen/](http://dhfs.wisconsin.gov/DPH_BFCH/Newborn_Screen/)

Wisconsin's Newborn Screening Program strives to provide the best service possible for infants and their families. Currently, the program screens for 47 disorders. In addition to screening all newborns for these disorders, the program plays a crucial part in the care of infants who are diagnosed with these conditions. Newborn Screening has prevented death and disability for hundreds of Wisconsin children since its inception in 1965.

The Newborn Screening Program is funded with the Title V Block Grant and fees from patients' health insurance. As of January, 2006, the cost of the newborn screening test is \$69.50

*Wisconsin Sound Beginnings- (Universal Newborn Hearing Screening Program)*

"Wisconsin Sound Beginnings" (WSB) promotes and supports universal newborn hearing screening (UNHS) statewide. The program goals are to screen 100% of births and assure all infants with confirmed significant hearing loss receive appropriate medical evaluation and intervention services by 6 months of age.

"Wisconsin Sound Beginnings" is funded by federal grants. The Division of Public Health received a grant from the Maternal Child Health Bureau (MCHB) to implement a state wide hearing screening intervention program for infants and toddlers.

### *Women, Infant and Child (WIC) Program*

<http://dhfs.wisconsin.gov/wic/>

The purpose of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is to promote and maintain the health and well-being of nutritionally at-risk pregnant, breastfeeding and postpartum women, infants and children. WIC provides supplemental nutritious foods, nutrition and breastfeeding information, and referral to other health and nutrition services. WIC promotes and supports breastfeeding.

WIC is funded by a federal allocation to each state. In Federal Fiscal Year 2003, the allocation amount was \$57,000,000.

### *Vaccines for Children Program (VFC)*

<http://dhfs.wisconsin.gov/immunization/vfc.htm>

The VFC Program, which operationally began October 1, 1994, represents an unprecedented approach to improving vaccine availability nationwide by providing vaccine at no cost to VFC-eligible children through enrolled public and private providers.

Children 18 years of age and under that meet at least one of the following criteria are eligible for VFC vaccine: Medicaid eligible; Uninsured; American Indian or Alaska Native; or Underinsured.

Children whose health insurance covers the cost of vaccinations are not eligible for VFC program benefits, even when a claim for the cost of the vaccine and its administration would be denied, if submitted to the insurance carrier for payment, because the plan's deductible had not been met.

The Vaccines for Children Program is funded with federal dollars allocated to each state from the Centers for Disease Control.

## **Early Care and Education**

### *Child Care Certification*

<http://dwd.wisconsin.gov/dws/programs/childcare/certification/default.htm>

A child care provider who provides care for 3 or fewer children under the age of 7 years who are unrelated to the provider may voluntarily become certified. The county/tribal human services departments are required to certify providers who serve children subsidized by the Wisconsin Shares Child Care Subsidy Program. The counties/tribes may make certification available to all providers, whether or not public funding is involved. DWD promulgates the certification rules in chapter DWD 55. There are 72 counties and 8 tribes throughout Wisconsin that administer certification programs; monitor providers for compliance with the certification rules, and investigate complaints. The certification agencies maintain a file on each provider that includes copies of the provider's complaint and compliance history. Information on a provider's complaint and compliance history is available by phone, mail or in-person review.

### *Child Care Information Center (CCIC)*

<http://dpi.wi.gov/ccic/>

CCIC is a mail-order lending library and information clearinghouse serving anyone in Wisconsin working in the field of child care and early childhood education. CCIC offers educators free information, loan of library materials, and help in planning trainings. Information provided statewide includes child care, early childhood, and school-age information and materials available through a specialized collection in the DPI Reference and Loan Library. Information can be requested via a toll free number, and mailed directly to the requestor's home.

### *Child Care Licensing*

[http://dhfs.wisconsin.gov/rl\\_dcfs/](http://dhfs.wisconsin.gov/rl_dcfs/)

Child care programs that provide care for 4 or more children under age 7 who are unrelated to the provider are required to be licensed. There are 5 regional and 3 district offices around the state that issue licenses, monitor programs for compliance with the licensing rules, and investigate complaints. The licensing offices maintain a file on each facility that includes copies of the center's complaint and compliance history. Information on a center's complaint and compliance history is available by phone, mail or in-person review. Packets that provide information on how to become licensed are available through the regional offices.

### *Child and Adult Care Food Program*

<http://dpi.wi.gov/fns/cacfp1.html>

The Wisconsin Department of Public Instruction (DPI) administers the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) in Wisconsin. The CACFP helps provide funding for nutritious meals and snacks served to children and adults receiving day care. In addition to day care, the CACFP also provides funding for meals served to children and youths residing in homeless shelters, and for snacks provided to youths participating in eligible after school care programs. The Child and Adult Care Food Program (CACFP) promotes healthy and nutritious meals for children and adults in day care by reimbursing participating day care operators for their meal costs.

### *Community Collaboration for Early Childhood Services*

<http://dpi.wi.gov/ec/index.html>

Department of Public Instruction staff works in partnership with the early childhood community (including parents and professionals in the public and private sector), to create strong communities in which all families are supported in their roles and responsibilities.

DPI will accomplish this by providing leadership, partnership, policy development, incentives and technical assistance throughout the State of Wisconsin. The goal is to establish an internal communication system which would serve as a model of collaboration, networking, and public relations for the staff, teams, and organizational units within the DPI that impact early years of childhood services, birth to age eight.

A main goal is to provide ongoing information to the field related to early childhood and the "Bright Beginnings" Initiatives and establish communications systems which allow feedback and input from the early childhood field, including parents, teachers, administrators, support staff, CESAs, and public libraries, governmental and non-governmental agencies, consumer and professional associations, relevant philanthropic organizations, legislators and others in the early childhood community.

### *Cooperative Educational Service Agency (CESA)*

<http://dpi.wi.gov/cesa.html>

CESA agencies provide leadership and coordination of services for school districts, including curriculum development assistance; school district management development; coordination of vocational education; and exceptional education, research, special student classes, human growth and development, data collection processing and dissemination, and in-service programs. CESA agencies work in partnership with school districts to provide leadership and to help facilitate change and continuous improvement in schools so that all children will achieve educational excellence. Twelve agencies across Wisconsin provide statewide service delivery.

### *Head Start and Early Head Start Programs*

<http://www.whsaonline.org/>

Head Start and Early Head Start comprehensive child development programs serve low-income, preschool children and their families. Authorized under the Federal Economic Opportunity Act of 1964, Head Start focuses on children and their families with the overall goal of improving school readiness and preparing young children for success in the future.

In Wisconsin, during program year 2003, combined state and federal funding provided 16,106 children and their families the opportunity to be enrolled in Head Start. There were 305 Head Start or Early Head Start centers in Wisconsin in 2003. Fourteen Early Head Start programs served 1,015 infants and toddlers and 44 Head Start programs served 15,091 children between the ages of 3 and 5.

### *Early Childhood Special Education*

<http://dpi.wi.gov/ec/ecspedhm.html>

Each school district in Wisconsin is responsible for providing a continuum of Special Education and Related Services to Children with Disabilities who need special education. Children are evaluated to determine if they meet the state's eligibility criteria. Special education and related services may provide consultation to staff, direct services to the child, training related to the disability, and other services that are identified in the child's Individualized Education Program.

### *Wisconsin Child Care Resource and Referral Network, Inc. (WCCRRN)*

[www.wisconsinccrr.org](http://www.wisconsinccrr.org)

The Wisconsin Child Care Resource & Referral Network is comprised of 16 community-based child care resource and referral (CCR&R) agencies and the Network office. The agencies provide services for all 72 counties and 11 tribes in Wisconsin.

The Wisconsin Child Care Resource & Referral Network 'Makes Child Care Work' by:

- Connecting parents with the child care services they need, and by recognizing the influence that information and consumer education has on parental choice;
- Developing professionals who care for children. From business start-up information to training and technical assistance, CCR&Rs encourage business owners to go above and beyond the basic standards of quality in the care and education they provide for Wisconsin's children; and
- Collecting child care data that impacts communities and infusing that data into communities to inform decision-making and planning.

### *Wisconsin Shares Child Care Subsidy Program and Quality Improvement Initiatives*

<http://dwd.wi.gov/dws/programs/childcare/default.htm>

Wisconsin Shares: <http://dwd.wi.gov/dws/programs/childcare/wishares/default.htm>

Quality Improvement: <http://www.dwd.state.wi.us/dws/programs/childcare/wishares/pdf/tta.pdf>

The Department of Workforce Development's Child Care Section was established to have lead planning responsibilities for state government child care programs. The vision is to provide access to affordable, high quality child care and early education experiences, to enhance children's development and to support their families in work and parenting roles. The Child Care Section, in cooperation with the early childhood community, provides knowledgeable leadership, guidance, and joint planning to achieve this vision. The Child Care Section provides effective management, development, and coordination of public child care assistance to families. Also, the Child Care Section facilitates increased quality programming and planned supply of child care and early education services.

## **Parent Education and Family Support**

*Child Abuse and Neglect Program - (Child Protective Services)*

<http://dhfs.wisconsin.gov/Children/CPS/index.HTM>

The purposes of Wisconsin's Child Protective Services Program are:

To protect the health, safety, and welfare of children by encouraging the reporting of suspected child abuse and neglect; To assure that appropriate protective services are provided to abused and neglected children and their families and to protect children from further harm; To provide support, counseling, and other services to children and their families to ameliorate the effects of child abuse and neglect; To promote the well being of the child in his or her home setting, wherever possible, or in another safe and stable placement.

*Children's Trust Fund*

<http://wctf.state.wi.us/home/>

The Wisconsin State Legislature created the Children's Trust Fund as a public-private partnership in July 1983. The Children's Trust Fund's vision, mission and values focuses on family and community empowerment. Administered by the 16-member Child Abuse and Neglect Prevention Board, the Children's Trust Fund has a strong and balanced child abuse and neglect prevention agenda which develops educational and public awareness materials that promote individual and families strengths, build parenting skills, and encourage community supports for children and their families and provides funds and assistance to local programs that strengthen and support thousands of Wisconsin families.

The majority of the Children's Trust Fund's annual budget comes from a charge on duplicate Wisconsin birth certificates. The Children's Trust Fund also receives federal matching funds, and gifts from private individuals, corporations, and foundations. In addition, the Children's Trust Fund receives funds from a charge on a special license plate issued by the Wisconsin Department of Transportation. Currently, the proceeds from the license plate sales are being held in a trust.

*Food Share Wisconsin*

<http://dhfs.wisconsin.gov/foodshare/feligibility.htm>

This program helps people who have limited money buy the food they need for good health. The Wisconsin Department of Health and Family Services administers the State's Food Share program. Eligibility for the program is determined and benefits issued by county/tribal human or social service agencies (local agency). The US Department of Agriculture is responsible for setting the basic program rules so they are the same everywhere in the country.

Food Share benefits are used to purchase food at grocery stores that participate in Food Share Wisconsin. Individuals or families who use the Food Share Wisconsin include people of all ages who are employed but have low incomes, are living on small or fixed incomes, have lost their jobs, retired or have disabilities and cannot work. One does not need to be eligible for, or apply for, W-2 to qualify for Food Share benefits.

*Foster Care and Kinship Care Programs*

<http://dhfs.wisconsin.gov/Children/Kinship/INDEX.HTM>

Every day, foster families in Wisconsin make an incredible difference by providing safe and caring homes for children in the foster care system. Family foster care and treatment foster care are designed to be temporary placements for children when their parents cannot care for them. Over 5,100 foster homes across the state care for almost 8,000 foster children every year.

Kinship Care is a program designed to help support a child who resides outside of his or her own home, either temporarily or for the long term, with the relative (such as an adult brother or sister, a first cousin, a nephew or niece, an uncle or aunt or a grandparent, among others).

Kinship Care supports the concept of children residing with a relative to alleviate family stress or temporary familial problems, rather than being placed in a foster home or other type of out-of-home placement. For children who do come to the attention of the child welfare system, Kinship Care creates another placement option for a child who may not be able to continue living at home with his or her parents. *It should not, however, be used when a foster care placement is in the best interests of the child.*

Foster Care Coordinators and Kinship Care Coordinators are in each county and are available to answer any questions about becoming a foster home, becoming a kinship care giver or receiving Kinship Care for the child in present care.

*The Emergency Food Assistance Program (TEFAP)*

<http://dhfs.wisconsin.gov/Health/Nutrition/TEFAP/index.htm>

TEFAP is a federal program that provides commodities to low-income families. The commodities are distributed with other foods at local pantries and soup kitchens. The groceries provided usually include a variety of canned vegetables and fruits, pasta, beans, rice and/or grain products. The protein items may include canned salmon, tuna, peanut butter, and occasionally chicken or meat. The food assistance is intended to be a supplement. Supplies and amounts may vary; typically the foods will provide groceries for a period of 3-5 days. Eligibility is based on a family's gross household income not exceeding 185% of the poverty level.

*Wisconsin Works (W-2),*

*Wisconsin's Temporary Assistance for Needy Families (TANF) Program*

<http://www.dwd.state.wi.us/dws/w2/wisworks.htm>

W2 was implemented statewide in 1997, the result of 10 years of successful innovation in welfare reform and a tradition of leadership in social policy. W-2 builds and strengthens the connection between work and self-sufficiency, helping families become productive members of their communities.

W-2 offers a wide array of supportive services provided by community resources, the business community, advocate groups and government. There are 48 W-2 agencies in Wisconsin, consisting of a mix of private (for-profit or non-profit) and public (county government) agencies. All W-2 agencies are either co-located or electronically linked to Wisconsin Job Centers for access to career planning, job placement and advancement and training at the local level.

## **Additional Services for Young Children with Special Needs and their Families**

*Birth to 3 (Part C) Program*

<http://dhfs.wisconsin.gov/bdds/birthto3/index.htm>

Birth to 3 is Wisconsin's early intervention program for infants and toddlers with developmental delays and disabilities and their families. A federal law, the Individuals with Disabilities Education Act (IDEA), provides a framework for a comprehensive program and coordinates developmental, health and social services within a community. The Department of Health and Family Services oversees the Birth to 3 Program in Wisconsin.

The Birth to 3 Program is for children ages birth to 36 months. Eligibility is based on a diagnosed disability or significant delay in one or more areas of development. A Birth to 3 service coordinator helps the family understand and participate in the evaluation process.

The Birth to 3 team will evaluate the child's ability to: learn (cognitive development); move, see and hear (physical/motor development); communicate and understand other's communication (speech and language development); respond to and relate with others (social and emotional development); and eat, dress and care for daily living needs (adaptive development).

**Children and Youth with Special Health Care Needs Program (CYSHCN)**

[http://www.dhfs.state.wi.us/DPH\\_BFCH/cshcn/missionbkgrd.htm](http://www.dhfs.state.wi.us/DPH_BFCH/cshcn/missionbkgrd.htm)

The Wisconsin CYSHCN Program philosophy and principles are that children are best served within their families and within the context of their community. The Wisconsin CYSHCN Program directs projects and programs, provides leadership and technical assistance to support the efforts of agencies, provides education and training opportunities for staff and service providers and coordinates a statewide system of nutrition services. The CYSHCN Program provides grants to promote care for Wisconsin children and youth with special health care needs and their families.

The CYSHCN Program is funded as part of the Maternal and Child Health Program which is funded by the Title V MCH Block Grant. One third of the Title V Block Grant allocation for Wisconsin supports the CYSHCN Program staff, contracts and activities.

## How Effective is the Current Infrastructure?

*"I wish they'd given me an instruction manual at the hospital and even now I wish there was one place I could call just to talk or ask a specific question or find out where to go for help."*

*Mother of 3 year old, participating in Family Focus Group*

To measure progress toward improvements in the system of early childhood programs serving young children and families, it is important to know how Wisconsin as a state ranks in certain child and family indicators as well as knowing about the experiences of families with young children.

This snapshot of specific indicators helps answer the question "How is Wisconsin doing with its youngest citizens?". Unless otherwise indicated, all data used is from the 2005 WisKids Count Book published by the Wisconsin Council on Children and Families, Inc. and the 2005 Title V Maternal and Child Health Block Grant Application.

### Specific Indicators for Health and Well-Being of Young Children:

#### *Birth Outcomes*

The overall Wisconsin infant mortality rate is declining steadily with a near 50% reduction in the past 20 years however the infant mortality rate for minority populations is quite different. The white infant mortality rate in 2004 was 4.5 per 1,000 live births where as the rate is 19.2 for Black/African American, 9.0 for Native American, 5.1 for Hispanic/Latino and 8.6 for Laotian/Hmong.

A greater proportion of infants born to African American women are low birth weight or premature than those born to white women. 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, with a gestation of less than 37 weeks. Non-Hispanic black women had the highest percentage of premature births at 17.1%, followed by Native American at 13.8% and Laotian/Hmong at 11.5% and Hispanics at 10.6%.

#### *Sudden Infant Death Syndrome (SIDS)*

SIDS is the third leading cause of death for infants with most deaths occurring before 4 months of age. Although the overall rate of SIDS has decreased because of the *Back to Sleep* campaign, there are still significant differences among racial and ethnic minorities. In 2004, only .49 per 1,000 white babies die from SIDS, whereas 2.76 per 1,000 black babies and 3.13 of Native American babies die from SIDS in Wisconsin.

#### *Health Insurance Coverage*

Wisconsin does well assuring its citizens have access to health insurance. In fact, 93% 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.

The Governor's new policy initiative, *BadgerCare Plus*, will continue to strengthen coverage by assuring access to affordable health insurance for all Wisconsin children and many more pregnant women. *BadgerCare Plus* will create a single health care safety net program that merges the family Medical Assistance, BadgerCare and Healthy Start Programs.

### *Immunization Rates*

In Wisconsin, 98% of children who reach school age meet the immunization requirements. However, assisting and supporting mechanisms for children to receive immunizations at age-appropriate intervals can be strengthened, as only 83% of 19-35 month olds received the full schedule of age appropriate immunizations.

### *Early Screening*

Wisconsin has made great strides for children to be consistently screened at birth for congenital disorders and hearing loss. In 1999, prior the beginning of the newborn hearing screening program, only 28% of newborns were screened for hearing loss prior to discharge from the hospital. In 2004, 95% of newborns were screened for hearing loss and 100% of children were screened for 47 congenital conditions at birth.

### Specific Indicators for Family Resources

#### *Parental Employment*

In 2004, the median income in Wisconsin is \$58,400 with a 5.6 % Unemployment Rate. Overall, people in Wisconsin make only 89% of the national average of income, although women in Wisconsin make only 86% of the national average of income.

#### *Child Poverty Rate*

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.

#### *Maternal Education*

In 2004, only 30% of children were born to parents who have earned higher than a high school degree. 15.5% of births were to mothers who have not completed high school.

#### *Early Parenthood*

In 2003, there were 6,317 births to teens under the age of 20 (a rate of 32.5 per 1,000) with differences by race and ethnic groups. There are disparities with Hispanic teens at the highest rate of 104.9, followed by black teens at a rate of 99.9 and Native American teens at a rate of 76.2 compared to white teens at a rate of 20.3 per 1,000. Of the largest US cities, Milwaukee had the second highest percentage of total births to teens which represent 31% of teen births statewide.

Births to single mothers have increased from 25% in 1991, 27% in 1995, 28% in 1997 to 31% in 2003.

#### *Child Abuse and Neglect Rates*

In 2003, there were 40,473 reports of suspected child abuse or neglect in Wisconsin. Of these reports, 7,994 children were confirmed cases of abuse and 2,546 children were found to be neglected. In more than one-third of these substantiated cases, the children were five years of age and younger.

## Specific Indicators for Early Care and Education:

### *Availability of Early Care and Education*

Over 79% of young children spend time in early care and education outside their homes. The supply of child care does not meet the demand, particularly in some areas of the State. There are only 337 in regulated (licensed and certified) Child Care settings child slots per 1,000 children and 159 slots per 1,000 infants under the age of 1. Currently, Wisconsin does not have a consistent system in place to rate the quality of the child care.

### *Affordability of Early Care and Education*

In 2003, the percent of total family income spent on child care ranged from 6% - 16%. The annual rate for full-time licensed child care varies by county, from a high of \$11,180 to a low of \$4,162. There is no cost to parents for children to attend Head Start, public schools for 4 or 5 year old kindergarten, or special education programs for 3-5 year olds.

Over 65% of the children served by the child care subsidy program, called Wisconsin Shares, are under 6 years of age. Close to 50% are between the ages of 2 and 6. On average, Wisconsin Shares covers over 90% of the cost of child care. Ninety percent are single-parent families; 82% of the families have a monthly income under \$2000; and 49% of the families have incomes under 100% of the Federal Poverty Level.

### *Quality of Providers in Early Care*

The annual turnover rate among child care teachers was high at 41% in 2002-03. Contributing to the high turnover is the low wages earned by child care professionals. Seventy-three percent of child care workers earn less than \$9/hour (annual equivalent of less than \$19,000). Seventy-five percent of people who work with young children have less than a 2-year technical college degree.

## **Environmental Scan Results**

Families live in communities and their lives are affected by local leaders and service providers. Local level activities, programs and services are critical for the health and development of babies and young children. The federal grant funding the ECCS planning required each state to assure the voice of parents and community leaders had a channel for input into the statewide early childhood plan.

An Environmental Scan (defined as a community level assessment of assets and needs) was the first major statewide undertaking of the ECCS Planning Team and served as an introductory platform to inform and involve a wide variety of stakeholders in the planning process. The intent of the community assessment was to seek the perspective of individuals who care for, are concerned about, and make a difference in the lives of children, age five and younger. The assessment sought to know what parents, families, and local leaders and providers perceive is needed, accessible, and useful, related to local early childhood services.

A total of ten parent focus groups were conducted in various locations across the state. Seventy-five parents participated who all had one or more children under the age of six. In addition, data was collected from interviews with 23 key informants representing the geographic diversity of the state and a wide variety of disciplines.

Key recommendations on how to improve the system of local early childhood services included:

- Understanding of Early Childhood: Increase understanding and support of policy makers and ultimately funding entities (Legislators and County Board members need to understand the importance of these programs; less time needs to be spent on fund raising by program staff so that more time can be spent with families; funding sources need to be streamlined).
- Awareness of Resources and Services: Information on services and resources need to be clearer and simpler for families. (A central, comprehensive information and referral source needs to be available to all families regardless of where they live; Family Resource Centers and the child's physician sometimes are and have the potential to be a provider of information for parents).
- Availability of Resources and Services: Basic needs of families must be met first. (integrate systems that impact families economic and well-being with the child programs; increase services in families' communities; need for more support opportunities and affordable family activities; being a single parent or speaking a language other than English adds to the multiple challenges that all families face).
- Quality of Programs and Services: Assure a basic minimum set of early childhood services in every county in Wisconsin. (Families have vastly different experiences between counties both with the services available and the services known to families; the more aggressive or educated parents find the help they need, other parents get lost in the shuffle from agency to agency and often get discouraged.)
- Collaboration across Programs and Services: Increase communication and collaboration amongst agencies (Agencies who provide similar services need to get together; find venues for all organizations to share what each does; provide motivation and system for agencies to connect and communicate; provide protected time to work together; one central, comprehensive information and referral source would allow agencies to increase their knowledge and ability to collaborate.)

## Planning through Partnerships: The Development of the Plan

*"They were nothing more than people, by themselves. Even paired, any pairing, they would have been nothing more than people by themselves. But all together, they have become the heart and muscles and mind of something perilous and new, something strange and growing and great. Together, all together, they are the instruments of change."*

*Keri Hulme, The Bone People, 1985*

Stakeholders agree that while Wisconsin has developed many of the critical components of a comprehensive early childhood system and has well-developed systems in place to support those components, the systems are not necessarily connected in a way that would facilitate positive developmental outcomes for young children. The concept of "bridging platforms", e.g., a medical home or an early care and education setting that serves as a link to multiple resources for young children and families, is not well established in practice across Wisconsin. The lack of a shared vision for child and family outcomes across government and non-government agencies is fueling the lack of cohesiveness in the system and is the impetus for developing a more comprehensive system.

*The vision* guiding the development of this plan is:

All Wisconsin children will attain their optimal physical, social, emotional, and cognitive developmental potential during the critical early years from birth to age five, to create a life-long foundation for personal well-being, school success, and societal harmony.

*The mission* guiding the development of this plan is:

Assure Wisconsin families, communities, agencies, organizations, and state government will work together to ensure that children grow up healthy, safe, and successful. Those collaborating to develop a coordinated early childhood comprehensive system will share their unique knowledge and experience and link their individual infrastructures, planning efforts, and funding sources to build partnerships on the local, regional, and state levels. Early childhood collaborators will create shared outcomes and develop consistent public messages that focus on service simplification, equitable and universal access, and sensitivity to unique cultural differences among families and communities.

To further define this mission, the following common elements were identified for all early childhood services provided in Wisconsin:

All early childhood services will:

- a) Address young child health, mental health, development and learning.
- b) Screen, identify, and if necessary, refer children early.
- c) Understand and utilize other available resources and assist families in accessing them.
- d) Engage, involve and support parents and families.
- e) Provide parent education and guidance tailored to local needs.
- f) Be available in all communities and meet unique cultural needs.

Wisconsin Kids Win was based on guiding principles developed by the Early Childhood Comprehensive Systems Planning Team. The guiding principles are:

- *Child-centered*: Children's healthy physical, social, emotional, and cognitive development depends on the quality of their surroundings and their relationships with others.
- *Family-focused*: Parents (and other early care-takers) are critical care-givers, teachers, advocates, and decision-maker for the young child.
- *Locally-based*: Families live in communities and services are tailored to local needs, perspectives and cultures.
- *Coordinated and integrated*: Activities and services in a comprehensive system interact as seamlessly as possible from the perspective of the child and family and are available universally for those desiring them.
- *Comprehensive*: The early childhood system components - access to health care, social/emotional development, parent education, family support, early care and education - are all significant areas to be developed and incorporated into a holistic service system.
- *State role*: The state government role includes coordination, resource provision, technical assistance, quality assurance, training and program development in concert with local communities, with state level agencies modeling cooperative interaction.
- *Existing expertise*: A comprehensive system builds on existing resources, collaborates with successful networks, and utilizes established expertise.
- *Well-grounded*: The development of comprehensive system components is undergirded by research, best practice, and experience.
- *Efficient use of resources*: A comprehensive system demonstrates viable outcomes creating the potential to leverage further input of scarce resources.
- *Public-private partnerships*: There is shared responsibility among all community segments – business, political, academic, religious, media, judicial, philanthropic – that a collective investment of resources in young children enhances the overall well-being of society.

### **Involvement of Families and Key Stakeholders**

The ECCS Planning Team consists of more than 20 individuals representing a wide variety of organizations and programs who actively participated in the strategic planning process. These stakeholders include state and local public health, early care and education programs, several government agencies, researchers, nurse practitioners, state and local education agencies, non-profit organizations, family support programs, and advocacy organizations. Each stakeholder brought a unique perspective to the planning discussion providing the expertise and balance necessary to develop a plan for Wisconsin to assure the school readiness of young children.

In addition, 75 parents and 23 community leaders provided input into the assessment of the current early childhood environment by providing their input and recommendations. Over one half of the parents indicated an interest in participating in future endeavors requiring parent input into assessment, planning and/or implementation.

### **Theory for Planning**

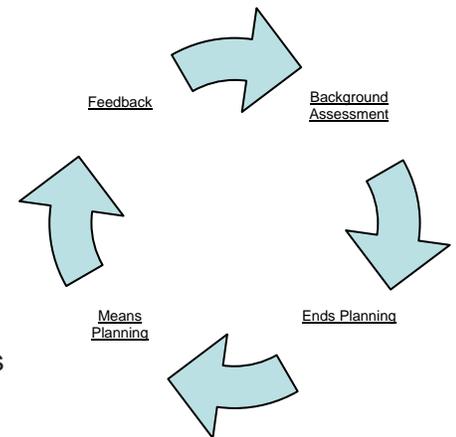
The ecological model of child development was used as a planning foundation. The premise of the ecological model is based on the understanding that children are part of families who are part of communities. This perspective highlights the importance of approaching services for children at multiple levels and stressing interaction and integration of factors within and across sectors. Underlying this theory is the understanding that significant progress toward the goals will only occur when there is support for policy and environmental change that removes barriers for families and supports their efforts in promoting their child's growth and development.

## **Collaborative Planning Process**

The collaborative planning process utilized during the development of Wisconsin Kids Win is described below:

1. **Background Assessment:** Where are we starting from?

Beginning in January 2004, the Wisconsin ECCS Planning Team identified a vision and mission or charge and completed an Environmental Scan. The background assessment identified current efforts to support the mission; what gaps exist in current efforts; what barriers exist; what opportunities exist; and additional information needed. The purpose of this work was to assess the local and state infrastructure of services provided to young children and their families and resulted in the identification of the four challenge areas.



2. **Ends Planning:** What is the future we want to create?

The next step in the planning process was for the WI ECCS Planning Team to identify long-term goals or the future trying to be created. The criteria used in choosing the goals included those that were able to move Wisconsin toward a more comprehensive system, impacted all of the five component areas, and reached multiple levels in the ecological model. Ultimately, this “future” was translated into the four goal areas.

3. **Means Planning:** How do we get there from here?

The ECCS Planning Team developed each of the goals into specific long term outcomes with identified strategies to achieve the overall goal. The twenty long term outcomes are impact statements and describe the impact that will be seen when the goals are realized.

4. **Implementation, Evaluation, and Adjustment:** Making it happen!

The goals and outcomes of the plan are to serve as a working tool or guiding document for Wisconsin. Implementation of the plan will occur through the following:

- Maternal and Child Health Program – the program will provide leadership, technical assistance and oversight to the implementation of Wisconsin Kids Win.
- The Wisconsin ECCS Planning Team – some objectives and activities will be led by this group to build the state and regional level infrastructure, to provide leadership and to facilitate action.
- Partner organizations and programs – many organizations and programs can incorporate the goals, outcomes, or strategies of Wisconsin Kids Win into their work and contribute collectively to the implementation.
- Grants or special project funding may be leveraged to support the implementation of the objectives at a state and local level.

## **MCH Role in Current Early Childhood Services**

When the Federal Maternal and Child Health Bureau (MCHB) initially issued a call for proposals for the Early Childhood Comprehensive System (ECCS) grant directed to state MCH Programs, this was the first time in Wisconsin that the State MCH program was recognized as a viable early childhood collaborator (although individual staff had paved the way in establishing relationships with early childhood leaders).

The Wisconsin MCH Program brought together stakeholders who had a vested interest in assuring access to high quality, comprehensive, integrated, evidence-based services for young children and their families in the five component areas of 1) Access to Health Care and Medical

Home; 2) Early Care and Education; 3) Mental Health and Social Emotional Development; 4) Family Support, and 5) Parenting Education. In Wisconsin, the early care and education agencies were the most highly organized and vocal on behalf of young children, having developed a state and regional infrastructure and producing a children's agenda; however it was widely perceived that the health, parent education, and family support areas were not full fledged collaborators; and the infant mental health initiative was just beginning.

Because of the receipt of the ECCS grant and the increased state-level capacity, the early childhood years have become an enhanced focal point within the State MCH program. This enhanced focus on early childhood combined with the results of the recent 2006 Maternal and Child Health five-year needs assessment which identified the cross cutting issues and needs of medical home, mental health, oral health, and health insurance & access to health care across all populations, provides a strong foundation for assuring the goals and activities of the Wisconsin Kids Wins State Plan will continue to be implemented beyond the ending of the federal grant funding under the leadership of the MCH Program.

### **Connection to Kids First and Healthiest Wisconsin 2010**

It was important in the development of the Wisconsin Kids Win that it builds on, includes the work of, and does not duplicate or negate other existing plans. Among these plans include *Healthiest Wisconsin 2010* (the state health plan) and *KidsFirst: the Governor's Plan to Invest in Wisconsin's Future*. Additionally, the other component areas that had or were in the process of developing strategic plans were key resources including the *Wisconsin State Plan to Prevent Child Maltreatment*, the *Wisconsin Infant and Early Childhood Mental Health Plan* and the *Wisconsin Children's Agenda for Early Care and Education*.

*Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public*<sup>11</sup> is the Wisconsin state health plan for the decade 2000-2010. The Wisconsin Health Plan for 2010 was developed not only to comply with Wisconsin statutes (s.250.07, WI Stats), but also to define "public health" and the 12 essential public health services. The document describes the 5 system (infrastructure) priorities and the 11 health priorities that are setting the stage for public health programs. By concentrating efforts on these priorities, as well as following the mission of public health and the core values, the public health system partners will be able to achieve the identified public health vision — Healthy People in Healthy Wisconsin Communities.

*KidsFirst* is a comprehensive agenda to invest in Wisconsin's future by improving the lives of the State's children. The plan outlines Governor Doyle's priorities to make sure: a) children are ready for success; b) are safe at home, in school and in their communities; c) have the opportunity to be raised by strong families; and grow up healthy. The plan includes a wide range of initiatives, public-private partnerships, legislative proposals, budget priorities that were developed in a unique collaboration with the Governor, First Lady, School Superintendent, and the Secretaries of the Departments of Health and Family Services, Workforce Development and Corrections.

## The Framework: Goals and Outcomes

*"Never doubt that a small group of thoughtful committed citizens can change the world. Indeed it is the only thing that ever has."*  
Margaret Mead

Based on the information gathered during the planning period and the collaborative planning process, four overall challenges to the early childhood system were identified by members of the ECCS Planning Team. Wisconsin Kids Win was developed to address these challenges:

- Challenge 1: Most people do not understand how critical the first years of life are to the infant and child's development and need help finding and recognizing quality programs that support healthy children and families.
- Challenge 2: Without proper attention paid to availability and quality of services, high quality comprehensive services may not be available for Wisconsin's young children and their families.
- Challenge 3: The qualities of early childhood providers' skill sets are often not sufficient to meet the needs of children and families due to insufficient training, compensation, and funding.
- Challenge 4: Wisconsin's early childhood services are often fragmented, duplicative, not coordinated and/or under-funded, statewide.

To address the four challenges identified, four overall goals with corresponding outcomes and objectives have been identified by the ECCS Planning Team. These four goals represent a broad range of activities that will allow for a comprehensive, multi-faceted approach for improving school readiness of young children.

Wisconsin Kids Win assumes that state and local agencies and community partners are pursuing their specific missions and goals. Recognizing that new evidence is evolving rapidly and that each organization and community has a different capacity for implementation, the goals and outcomes should serve as a guide to spur discussion, understanding and to aid in the selection of appropriate activities. The goals and outcomes provide a framework that builds upon individual efforts and identifies commonly agreed upon outcomes for working together in more strategic and integrated ways. By offering a framework that strongly embraces concepts of cross systems integration, partners in early childhood will collectively change the health, well-being and school readiness of children in Wisconsin.

**GOAL 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.

By 2015, parents, caregivers and other community members demand quality early childhood services.

By 2015, policy and decision makers fully understand the importance of early development and support the provision of quality early childhood services.

**GOAL 2:** Wisconsin assures access to high quality, comprehensive, integrated, evidence-based services for young children and their families in the component areas of: Access to Health Care and Medical Home; Early Care and Education; Mental Health and Social Emotional Development; Family Support and Parenting Education.

By 2015, primary health care providers serve as medical homes for all young children and their families.

By 2015, health care consultation is available and accessible to all early care and education and parenting education providers.

By 2015, children receive high quality early care and education in regulated child care, preschool, head start and public school programs.

By 2015, children with disabilities receive early care and education services in natural environments and settings with non-disable peers.

By 2015, all children, in need of infant and early childhood mental health intervention receive infant and early childhood mental health services.

By 2015, mental health consultation is available and accessible to all early care and education and parenting education providers.

By 2015, increased support from formal and informal support networks enhance the ability of families to cope with stressors.

By 2015, families of young children in need of additional support receive the self-sufficiency resources they need.

By 2015, parents have increased knowledge and understanding of child health, early learning and social and emotional development.

By 2015, parents have increased ability to establish and maintain positive relationships with their child.

**GOAL 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.

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 2015, the early childhood workforce is culturally competent and reflects the diversity of the children and families they serve.

By 2015, a statewide structure provides training and technical assistance to community programs supporting families and their young children.

**GOAL 4:** A comprehensive and integrated statewide early childhood system for all young children and their families is available in communities throughout Wisconsin.

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 2015, policies promote cross agency/program collaboration and aligned/braided funding as an integral part 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 2015, Wisconsin businesses are champions for young children.

By 2015, a coordinated system provides early and continuous developmental screening to all children from birth to age 6.

## First Steps: Moving from Planning to Implementation

Implementation activities for two years have been outlined with an understanding that future activities will evolve as the lessons learned during the first two years provide an opportunity for continued dialogue and new knowledge to emerge.

Seven main strategies have guided the development of activities to obtain the identified goals and anticipated outcomes. Each of the five component areas of an integrated and comprehensive early childhood system will be addressed in the context of one or more of these seven strategies:

- Strengthen knowledge and awareness of individuals;
- Influence policy and legislation;
- Increase availability and quality of services and supports;
- Change organizational practices;
- Foster community collaboration;
- Educate providers and improve professional development; and
- Build and strengthen early childhood infrastructure

**GOAL 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

***Objective 1.1*** *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. (Strengthen knowledge and awareness of individuals)*

Raising awareness of the importance of the early years of life and available resources to support their role as parents is an important strategy that will be conducted in the two years of ECCS implementation. Currently, families may request information from a Family Resource Center or the Family Living Coordinator of their county UW-Extension Office. Sometimes they receive information from their preschool or child care setting. Because each county is locally driven resulting in varying services for families of young children, a more central “one stop shop” will provide access to materials and referrals to both parents and providers in communities who do not have a Family Resource Center.

The DPH funded Public Health Information and Referral/ Maternal and Child Health Hotline is an existing resource which operates 24 hours a day, 7 days a week in conjunction with the First Step Hotline, for families of children with special needs. They have a strong history of providing requested information to families through their 800 toll free number and interactive web-based database on their internet site. By developing their capacity to provide a one stop shop for families to receive parenting resources and referrals to early childhood services, a sustainable and long term resource will be available to all families across the State.

***Objective 1.2*** *By August 2008, external partners (such as parent leaders) will strive to have two new early childhood initiatives proposed by policy makers. (Influence policy and legislation)*

Wisconsin is fortunate to have a Governor who embraces the importance of the first years of life. However, it has been challenging to secure legislative support for legislation proposed by the Governor for programming which supports young children and families.

Over the next two years, parent leaders will be supported to educate policy makers and legislators about the "return on investment" concept, in order to persuade them to invest in and support the optimal development of their future citizens. By conducting this type of educational campaign, it is hoped future policy initiatives proposed by the Governor or crafted by a legislator will lead to a greater support of identified needed initiatives or programs.

**GOAL 2:** Wisconsin assures access to high quality, comprehensive, integrated, evidence-based services for young children and their families in the component areas of: Access to Health Care and Medical Home; Early Care and Education; Mental Health and Social Emotional Development; Family Support and Parenting Education

**Objective 2.1** *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. (Increase availability and quality of services and supports)*

Over the next two years, the Wisconsin Maternal and Child Health Program will take leadership to increase awareness amongst early childhood partners, parents of young children and primary care practices of the Medical Home model and potential benefits. The main activity will be conducting an adapted web-based Learning Collaborative for a minimum of 18 medical home leaders utilizing "A Practical Guide for Healthy Development" developed by the Commonwealth Fund. The Guide was designed to help primary care practices develop more effective practice-based systems to promote positive developmental outcomes for families and young children. Each of the six modules will be reviewed and the most applicable content for the web-based format will be utilized to offer one, two-hour session each month, for a 6 month commitment. A facilitated listserv for participants will offer opportunity for sharing of strategies and discussions to occur in between the six learning sessions.

**Objective 2.2** *By August 2008, 50 early care and education providers will utilize a health care consultant or access health resources on the Think Big. Start Small website. (Increase availability and quality of services and supports)*

The Maternal and Child Health Program is committed to continuing to support a MCH Nurse Consultant who is leading a Health Care Consultation in Child Care work group. A detailed logic model has been developed detailing a number of activities which will occur over the next two years to build the capacity to provide health care consultation to child care. Three specific long term outcomes provide the basis for the activities proposed. They are:

- a. Safe, healthy and developmentally appropriate early care and education environments are available for all children, including children with special health care needs (CSHCN) and early care and education staff.
- b. Families, children and child care providers utilize community health resources for children and early care and education staff.
- c. Early care and education providers, families and health professionals are educated and informed about healthy, safe and developmentally appropriate early care and education environments.

**Objective 2.3** *By August 2008, 25% of early care and education programs will voluntarily comply with the quality rating scale. (Increase availability and quality of services and supports)*

Although a quality rating scale is not currently being implemented, the Wisconsin Department of Workforce Development (DWD) is still committed to developing a system that will help parents make informed decisions about the quality of care of their children. As DWD continues to work with partners to determine if there are key elements of the Quality Care for

Quality Kids platform that can be implemented, early childhood partners will assist DWD with developing and disseminating information to families about the quality rating scale.

***Objective 2.4*** *By August 2008, 40% of preschoolers with special education needs receive special education services in natural environments and settings with non-disabled peers. (Increase availability and quality of services and supports)*

Early Childhood partners will support the Wisconsin Department of Public Instruction and the Birth to 3 Program to develop and disseminate educational materials about the importance of inclusion for young children and the known benefits, including primary care physicians, home visitors, parent educators and families.

***Objective 2.5*** *By August 2008, 75% of Wisconsin counties have at least 1 identified infant and young child mental health resource. (Change organizational practices) (Increase availability and quality of services and supports)*

Early Childhood Partners will work with the Wisconsin Department of Health and Family Services (DHFS) Infant Mental Health Leadership Team to map how each program area currently supports prevention, early intervention and treatment services for young children and families, map gaps in existing communities and develop action steps to maximize DHFS dollars to cover services and supports in counties where those services are not available.

***Objective 2.6*** *By August 2008, 25 early care and education providers will utilize a mental health consultant. (Increase availability and quality of services and supports)*

Funding is the major barrier to the provision of mental health consultation. The Wisconsin Maternal and Child Health Program will take an active role in working with partnering agencies to seek funding. One potential opportunity may be to develop a grant application to Blue Cross/Blue Shield to create a system of providing health and mental health consultation to early care and education providers. If funding is received, health and mental health consultation will be extended to both family support workers and parent educators.

***Objective 2.7*** *By August 2008, 50% of counties will have developed a detailed description of the Family Support services available in their community. (Foster community collaboration) (Strengthen knowledge and awareness of individuals)*

In an effort to better educate families with young children about the current self-sufficiency resources available to them, early childhood partners will work with county leaders to develop a resource map of services available for families of young children. Partners will identify state-wide level programs and resources available to all Wisconsin communities and work with local level leaders to identify community programs and resources serving their county. This resource map will be parent friendly, shared with the MCH Hotline and given to other component area professionals such as the medical home leaders and physicians, child care providers, family resource centers and parenting education programs.

***Objective 2.8*** *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. (Strengthen knowledge and awareness of individuals)*

A central “one stop shop” which can maintain a database with local contact information for families, be updated regularly with a smaller amount of resources and provide access to materials and referrals to both parents and providers, was identified as a need by both families

and community leaders. The DPH funded Maternal and Child Health Hotline have agreed to expand their databases related to early childhood program informational needs and maintain the database. A meeting with early childhood partners will provide additional guidance on the community agencies, services and information that will be added to their existing database.

***Objective 2.9*** *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. (Change Organizational Practices) (Increase availability and quality of services and supports)(Strengthen knowledge and awareness of individuals)*

Parent and family members reported the need to know more about community resources and the desire to receive support in their role of parents from others in their community during the family focus groups that were conducted in the environmental scan process. Parents and family members also reported a high amount of support felt from the community organizations and professionals who provided a broad range of supportive parenting education materials and opportunities to connect with other parents. Although ideally, this community resource would be a Family Resource Center, not all counties or communities have this type of resource. As such, the capacity of existing organizations serving young children and families in their communities will be enhanced to provide parenting resources to parents. This parallels the concept of providing services to young children in their natural environments. Parenting support will be provided to parents through organizations they already have a relationship with and are utilizing.

***Objective 2.10*** *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. (Change Organizational Practices) (Increase availability and quality of services and supports) (Strengthen knowledge and awareness of individuals)*

Building upon the concepts presented in objective 2.9, early childhood partners will work with the Infant Mental Health Initiative to identify evidence-based and parent friendly education or training materials on maintaining relationships with young children and make available at the organizations described above.

**GOAL 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

***Objective 3.1*** *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.(Educate providers and improve professional development)*

The Wisconsin Professional Development Initiative (WPDI) is a cross-disciplinary and multi-agency/program group that fills a unique niche. Initially formed to bring together care and education professionals, WPDI had expanded its mission to now read, "All early care and education and health care related professionals working with young children have the attitude, knowledge and skills to promote optimal early childhood growth and development through:

- Linking activities and practices of health care and early education and care professionals to promote common knowledge and core competencies based on well articulated principles, consensus expert opinions, and empirical evidence.

- Promoting communication and collaboration among professional development entities, organizations, and associations to promote cross-system and cross-disciplinary professional development.
- Promoting increased learning opportunities specific to early childhood development within discipline specific pre-service and in-service professional development.
- Recruiting and retaining a diverse health care workforce committed to careers with infants, young children and their families.”

WPDI has been identified as the mechanism to support early childhood professionals in all five components of ECCS through the development and coordination of training opportunities, development of cross-disciplinary educational materials and opportunity for continuing meetings of key professional associations and representatives. This objective and the following two will be conducted within the context of the WPDI.

By choosing a cross-cutting topic, the allied health work group of WPDI will work to provide a number of strategies to increase the knowledge and skills of multi-disciplinary professionals. The first identified issue is developmental screening. The Maternal and Child Health Program will work with current WPDI leadership to WPDI to identify training opportunities or develop one on this topic that all professionals working with young children may participate in.

***Objective 3.2*** *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. (Educate providers and improve professional development)*

A proposal will be put forth to the WPDI to develop a work group to address this issue. This is a cross cutting issue that should be addressed both within and across professional boundaries. The work group will review the current areas of shortages, research effective strategies to increase professionals in the fields identified and offer specific recommendations on activities to be undertaken to be successful.

***Objective 3.3*** *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. (Educate providers and improve professional development)*

The WPDI will gather information on the current entities who offer training and technical assistance and the specific details of how they are funded, who they serve and the mechanism in which support is provided. By beginning to identify and align training and these technical assistance opportunities, a network of early childhood training and technical assistance providers can form a foundation for a stronger and more cohesive system of technical assistance.

**GOAL 4:** A comprehensive and integrated statewide early childhood system for all young children and their families is available in communities throughout Wisconsin

***Objective 4.1*** *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.(Foster community collaboration) (Build and strengthen early childhood infrastructure)*

The capacity for local stakeholder groups to link at the community level is essential to a comprehensive system of services. As early childhood partners learn about the communities who have an existing early childhood council through the web-based survey being conducted, specific strategies will be developed and shared with local early childhood leaders on how to

develop and maintain a community level council focused on infancy and early childhood. Examples from specific councils will tell the story of the work they are doing together.

In order to provide resources to communities who do not have the capacity currently, small development grants will be made available to five to ten communities to develop a council to integrate and coordinate services for families in their community. Technical assistance will be provided from early childhood partners to support successful implementation and develop a sustainability plan with the local councils.

Early Childhood Partners will share Wisconsin Kids Win with the local early childhood councils and ask them to share the activities they are conducting or have planned which will increase opportunities to reach the outcomes and goals.

***Objective 4.2*** *By August 2008, a minimum of two new "cross departmental" policies that promote comprehensive early childhood services will be in place. (Build and strengthen early childhood infrastructure)(Change organizational practices)*

The Wisconsin Maternal and Child Health Program will provide leadership to conduct an inventory of existing departmental policies of DHFS, DWD and DPI to identify if cross departmental policies exist promoting comprehensive early childhood services. The results of this inventory will be shared with policy makers and will provide a beginning to develop/align similar department policies.

***Objective 4.3*** *By August 2008, a minimum of \$50,000 in public and/or private funding will support services for a comprehensive early childhood system. (Build and strengthen early childhood infrastructure)*

Early childhood partners will establish a tracking system to monitor State general purpose revenue dollars, federal grants, local funds and private dollars used for early childhood programming to determine what percentage of services are supported by each category. By exploring strategies to increase investments in the early childhood system and identifying best practices from other states, specific activities will be implemented to increase funding in identified areas of the early childhood system.

***Objective 4.4*** *By August 2008, 25% of businesses surveyed across the State will meet the minimum criteria to be considered a "family-friendly" work place. (Strengthen knowledge and awareness of individuals) (Increase availability and quality of services and supports)*

Early childhood partners will take an active role in educating the business community on family-friendly work places and the benefits derived from providing this type of environment. By developing guidelines and specific criteria of a family-friendly work place, distributing these criteria to business leaders and developing a way to survey work places about their current status of family friendliness, Early childhood partners will begin to document the current status of work environments for families and identify areas for future quality improvement activities.

***Objective 4.5*** *By August 2008, an infrastructure for developmental screening across the early childhood components and age span will be developed. (Build and strengthen early childhood infrastructure)(Educate providers and improve professional development)*

Because of the uniqueness of the early years and for a wide variety of other reasons, how young children are screened and the principles that frame screenings need special attention in a comprehensive early childhood system. Utilizing the "Principles and Recommendations for

Early Childhood Assessments” developed by the National Education Goals Panel as a basis, early childhood partners will develop clear guidelines for Wisconsin providers regarding the nature, functions, and uses of early childhood screenings based on model elements of school readiness.

The guidelines will be shared with the Wisconsin Professional Development Initiative and distributed and discussed with professional organization members across the five components of the early childhood system. By referencing the guidelines, providers of early childhood services will gain a stronger understanding of their contributions to assure all children in Wisconsin receive early and continuous screening.

### **Resources (Agency and Fiscal)**

Wisconsin Kids Win is intended to be a call to action to address the school readiness of young children by providing support to children and their families. This plan provides a framework that should be utilized in a variety of settings across Wisconsin to begin the difficult process of coordinating efforts by a variety of partners to reach the goals and outcomes outlined in this plan.

As budgets and resources are stretched to the limit, many have asked “how will we be able to implement this plan?” Funding for the implementation of this plan will need to come from a variety of traditional and non-traditional sources. The Maternal and Child Health Bureau ECCS grant will provide leadership from the Wisconsin Maternal and Child Health Program to support the implementation of the first two years of objectives. The Maternal and Child Health Program will:

- work with internal and external partners to promote the use of the plan,
- stimulate new partnerships,
- expand and strengthen current partnerships,
- maximize opportunities and resources,
- increase policymakers’ awareness of actions that can impact school readiness.

Since this is a plan for Wisconsin, state and community organizations will be asked to take responsibility for implementation of Wisconsin Kids Win. This can occur in a variety of ways. Organizations may take lead on certain objectives and incorporate these activities as part of their mission. At times organizations may be faced with some difficult decisions to shift resources or funding from long-standing initiatives to new ones based on the needs of the target population. Individuals or organizations may take an active role on state and local coalitions or committees who are working on the implementation of specific objectives. We all, as individuals, can be role models and champions of efforts to change where we live, work and play.

## Measuring Progress: Evaluation

As the plan is implemented, evaluation of efforts will be vital to monitoring impact but also to allow the leveraging of resources necessary for continued implementation.

The evaluation of Wisconsin Kids Win will use a multi-component, mixed-methods approach to measure progress toward meeting goals and objectives. Three types of evaluation activities will be included: monitoring and tracking functions, process evaluation activities, and outcome evaluation activities. Multiple early childhood partners, all key stakeholders in the development and implementation of Wisconsin kids Win, will participate in the evaluation activities.

Planning for evaluation was an integral part of the development process. The Logic Model, found in Appendix C, guided the work of the ECCS Planning Team ensuring the inclusion of coordinated short term objectives and long-term outcomes capable of exerting a positive impact on Wisconsin's overall goals.

The evaluation component represents current best thinking on how to approach measurement of progress, but it is expected to evolve over time. 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. As a state, Wisconsin is actively engaged in public-private dialogues about children's health and the creation of broadly accessible data warehouses. Many key government, university, and health systems stakeholders are involved in these dialogues, setting the expectation that evaluation capacity will increase over the next decade.

### Monitoring and Tracking

The documentation, monitoring and tracking of implementation of Wisconsin Kids Win provides the essential foundation for evaluation activities. This process creates the archival record of what was done, when it was done, and by whom. An implementation work plan detailing activities for each objective has been developed to clearly outline the specific activities, timeline, and evaluation method; this will be a working document for the early childhood partners.

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. Because many early childhood partners have monitoring and tracking systems in place, an important first step will be to design an information gathering process that minimizes burden on partners while capturing all relevant data.

### Process Evaluation

The goal of the process evaluation is to measure changes in the level of effort or activity in the following key domains targeted in Wisconsin Kids Win:

- Policy and Legislative Changes
- Availability of Programs and Services
- Quality of Programs and Services
- Training, Education and Resources available to providers
- Practice Changes in each of the five component areas
- State, Regional and Local Infrastructure

The process evaluation will seek to answer four questions: (1) how closely did the implementation match the objectives; (2) what types of deviation occurred; (3) what led to the deviations; and (4) what impact did the success or deviations from the process objectives have on the outcomes?

All early childhood partners will collect process data relevant to their particular areas of responsibility through records and observations, document and policy content analyses, and secondary data sets.

### **Outcome Evaluation**

The goal of the outcome evaluation is to measure changes that have occurred, accomplishments that have been achieved and needs that have been met among the populations targeted. The following outcome measures will be monitored:

- Statewide and Regional Early Childhood Infrastructure
- Provider Skills and Practices
- Community Environments that Support Collaboration of Early Childhood Partners
- State and Local Policies Enacted or Enforced
- Funding to Support Early Childhood Services
- Indicators for Child Health and Well-Being
- Indicators for Family Resources
- Indicators for Early Care and Education

### **State Plan Logic Model**

An evaluation plan, based on a logic model, has been developed for each of the four goals. A Logic Model provides the basic framework for an evaluation by laying out program activities, objectives and outcomes in a sequential format that shows how each activity connects to the desired outcome. The evaluation plan determines the degree to which outcomes were accomplished, what activities contributed to the outcomes and what barriers exist to achieving ideal results. The outcomes will 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.

### **Reporting of Evaluation Results**

Evaluation results will be reported on a schedule appropriate to the audience. Annual reports will be provided to the Federal Maternal and Child Health Bureau as part of the progress reporting for the federal grant requirement. Regular reports will be provided to state, regional, community audiences and the public on the state plan progress. Reports will be made available on the website and/or as a hard copy, as appropriate.

### **Updating the Plan**

Wisconsin Kids Win will continue to evolve as more evidence and research becomes available, as successes are realized and other influences are discovered. The Wisconsin Maternal and Child Health Program will provide regular updates on the progress made on the goals and objectives including recommendations for any changes to the objectives. These reports will be posted on the Wisconsin Maternal and Child Health Program website. Many of the objectives are for a 2 year timeframe after which it will be necessary to engage in a dialogue to identify next steps to keep the outcomes current and moving Wisconsin toward the longer range goal of having every child ready for school.

## Wisconsin Kids Win: A Framework to Support Young Children and Their Families

### The Challenge:

- Most people do not understand how critical the first years of life are to the infant and child's development and need help finding and recognizing quality programs that support children and families.
- Without proper attention paid to availability and quality of services, high quality comprehensive services may not be available for all of Wisconsin's young children and their families.
- The qualities of early childhood providers' skill sets are often not sufficient to meet the needs of children and families due to insufficient training, compensation, and resources.
- Wisconsin's early childhood services are often fragmented, duplicative, not coordinated and/or under-funded, statewide.

### The Vision:

Goal 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.

**Goal 2: Wisconsin assures access to high quality, comprehensive, integrated, evidence-based services for young children and their families in the areas of Health Care and Medical Home; Early Care and Education; Mental Health and Social Emotional Development; Family Support and Parenting Education**

Goal 3: Providers of early childhood services are competent and apply appropriate principles of child development, family centeredness, culturally competence, comprehensiveness and coordination to all early childhood services

Goal 4: A comprehensive and integrated statewide early childhood system for all young children and their families will be available and accessible in communities throughout Wisconsin

### The Strategies:

Strengthen knowledge and awareness of individuals;  
Increase availability and quality of services and supports;  
Educate providers and improve professional development;  
Build and strengthen early childhood infrastructure

Influence policy and legislation;  
Change organizational practices;  
Foster Community Collaboration;

The Wisconsin Kids Win Framework assumes that state and local agencies and communities are pursuing their specific missions and goals. This framework builds upon these efforts and identifies commonly agreed upon outcomes for working together in more strategic and integrated ways. By offering a framework, partners in early childhood efforts can collectively change the health, well-being and school readiness of children in Wisconsin.

## Wisconsin Kids Win: A Framework to Support Young Children and Their Families

### The Anticipated Outcomes:

1. By 2015, parents, caregivers and other community members demand quality early childhood services.
2. By 2015, policy and decision makers fully understand the importance of early development and support the provision of quality early childhood services.
3. By 2015, primary health care providers serve as medical homes for all young children and their families.
4. By 2015, health care consultation is available and accessible to all early care and education and parenting education providers.
5. By 2015, children receive high quality early care and education in regulated child care, preschool, head start and public school programs.
6. By 2015, children with disabilities receive early care and education services in natural environments and settings with non-disable peers.
7. By 2015, all children, in need of infant and early childhood mental health intervention receive infant and early childhood mental health services.
8. By 2015, mental health consultation is available and accessible to all early care and education and parenting education providers.
9. By 2015, increased support from formal and informal support networks enhance the ability of families to cope with stressors.
10. By 2015, families of young children in need of additional support receive the self-sufficiency resources they need.
11. By 2015, parents have increased knowledge and understanding of child health, early learning and social and emotional development.
12. By 2015, parents have increased ability to establish and maintain positive relationships with their child.
13. 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.
14. By 2015, the early childhood workforce is culturally competent and reflects the diversity of the children and families they serve.
15. By 2015, a statewide structure provides training and technical assistance to community programs supporting families and their young children.
16. 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.
17. By 2015, policies promote cross agency/program collaboration and aligned/braided funding as an integral part of the early childhood system.
18. By 2015, public (local, state and federal) and private dollars support necessary services for a comprehensive early childhood system.
19. By 2015, Wisconsin businesses are champions for young children.
20. By 2015, a coordinated system provides early and continuous developmental screening to all children from birth to age 6.

The Wisconsin Kids Win Framework assumes that state and local agencies and communities are pursuing their specific missions and goals. This framework builds upon these efforts and identifies commonly agreed upon outcomes for working together in more strategic and integrated ways. By offering a framework, partners in early childhood efforts can collectively change the health, well-being and school readiness of children in Wisconsin.

Wisconsin Kids Win: ECCS Implementation Work Plan  
September 2006 through August 2008

Goals, Objectives and Tasks	Start Date	End Date	Tracking and Monitoring Methodology
<b>GOAL 1:</b> By 2008, implementation activities occur which assure Wisconsin citizens understand the critical importance of the early years and can identify the qualities of programs and services that support healthy children and families.			
<b>Objective 1.1</b> <i>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.</i>			
<b>Task 1:</b> Review current early childhood services listed in MCH Hotline database	09/06	11/06	Listing of EC Services in MCH Hotline Database
<b>Task 2:</b> Identify gaps in database and collect additional information identified	11/06	03/07	List of services added to MCH Hotline Database
<b>Task 3:</b> Develop "handout" for families to receive at birth and at community EC programs	01/07	07/07	Template available
<b>Task 4:</b> Share promotion information for the Hotline with families and community programs	09/07	ongoing	List of counties who received template
<b>Objective 1.2</b> <i>By August 2008, external partners (such as parent leaders) will strive to have two new early childhood initiatives proposed by policy makers.</i>			
<b>Task 1:</b> Recruit parent leaders to participate in an EC awareness campaign to legislators	07/07	08/07	Minimum of 3 parents committed
<b>Task 2:</b> Identify 2-3 focus areas for education campaign related to EC	09/07	01/08	Focus areas identified
<b>Task 3:</b> Support parents to develop and implement strategies to conduct with legislators	02/08	06/08	Implementation plan developed
<b>Task 4:</b> Track policy outcomes of the focus areas targeted	07/08	09/08	Report of strategies implemented and results
<b>Task 5:</b> Develop an information dissemination process that increases awareness of parents and families to future EC policy-related opportunities	09/07	12/07	Documentation of process developed and listing of information shared with families
<b>GOAL 2:</b> By 2008, implementation activities occur which assure access to high quality, comprehensive, integrated, evidence-based services for young children and their families in the component areas of: Access to Health Care and Medical Home; Early Care and Education; Mental Health and Social Emotional Development; Family Support and Parenting Education.			
<b>Objective 2.1</b> <i>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.</i>			
<b>Task 1:</b> Adapt of develop parent friendly information describing the medical home concept	09/06	12/06	Parent friendly information available
<b>Task 2:</b> Distribute information to families, community organizations and EC partners	01/07	ongoing	Listing of whom received information
<b>Task 3:</b> Adapt "A Practical Guide to Healthy Development" to web-based modules	03/07	06/07	Learning modules and materials available
<b>Task 4:</b> Recruit practices to participate in a two hour training each month for 6 months	07/07	12/07	Minimum of 18 practices committed
<b>Task 5:</b> Develop a list serve for participants in Healthy Development modules to discuss content	07/07	12/07	List serve being utilized
<b>Objective 2.2</b> <i>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.</i>			
<b>Task 1:</b> Promote and support the activities included in the Health Care Consultation Plan to increase and support health supports and resources for child care providers	09/06	ongoing	Summary of activities, description and participation by Early Childhood Partners
<b>Objective 2.3</b> <i>By August 2008, 25% of regulated child care programs will voluntarily comply with the quality rating scale.</i>			
<b>Task 1:</b> Promote and support the development of a quality rating scale for early care and education programs	09/06	ongoing	Summary of activities, description and participation by Early Childhood Partners
<b>Objective 2.4</b> <i>By August 2008, 40% of preschoolers with special education needs receive special education services in natural environments and settings with non-disabled peers</i>			
<b>Task 1:</b> Promote the concept and support activities which provide services to young children with special education needs in community settings.	09/06	ongoing	Summary of activities, description and participation by Early Childhood Partners
<b>Objective 2.5</b> <i>By August 2008, 75% of Wisconsin counties have at least 1 identified infant and young child mental health resource.</i>			
<b>Task 1:</b> Promote and support 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.	09/06	ongoing	Summary of activities, description and participation by Early Childhood Partners
<b>Objective 2.6</b> <i>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 .</i>			

Wisconsin Kids Win: ECCS Implementation Work Plan  
September 2006 through August 2008

Goals, Objectives and Tasks	Start Date	End Date	Tracking and Monitoring Methodology
<b>Task 1:</b> 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.	09/06	ongoing	Summary of activities, description and participation by Early Childhood Partners
<b>Objective 2.7</b> <i>By August 2008, 50% of counties will have developed a detailed description of the Family Support services available in their community.</i>			
<b>Task 1:</b> Include family support services template for "handout" developed for families to receive at birth and at community EC programs	01/07	06/07	Template available
<b>Task 2:</b> Request community partners in each community complete county specific information	09/07	02/08	List of counties who completed template
<b>Objective 2.8</b> <i>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.</i>			
<b>Task 1:</b> Insert information gathered from community partners into MCH Hotline database	11/06	ongoing	Listing of EC Services in MCH Hotline Database
<b>Objective 2.9</b> <i>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.</i>			
<b>Task 1:</b> Support 2 community parent educators to receive training in evidence-based Parenting Programs for Latino-American and African-American parents	09/06	08/07	Parent Educators available to offer training
<b>Task 2:</b> Recruit 25 agencies who will agree to be trained in the parenting program and offer the class to their participants	09/07	08/08	Listing of agencies and number of participants who received training
<b>Objective 2.10</b> <i>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.</i>			
<b>Task 1:</b> Support 2 community parent educators to receive training in evidence-based Parenting Programs for Latino-American and African-American parents	09/06	08/07	Parent Educators available to offer training
<b>Task 2:</b> Recruit 25 agencies who will agree to be trained in the parenting program and offer the class to their participants	09/07	08/08	Listing of agencies and number of participants who received training
<b>GOAL 3:</b> By 2008, implementation activities occur which assure 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.			
<b>Objective 3.1</b> <i>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.</i>			
<b>Task 1:</b> Building upon the 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.	09/06	06/07	Competencies available
<b>Task 2:</b> Prepare or organize written materials to be distributed via the methods of dissemination used by the various programs/agencies/assoc (e.g., newsletters, list serves, teleconferences, calendars).	06/07	09/07	Listing of who received materials
<b>Task 3:</b> Submit proposals for sessions at statewide and regional discipline specific conferences and meetings.	09/07	ongoing	Listing of presentations given
<b>Task 4:</b> Post materials on the WECCP website for easy access by all professionals	09/07	ongoing	# of hits received on website
<b>Task 5:</b> Conduct a collaborative training across programs/agencies /associations	09/07	12/07	Agenda, materials, participant listing and evaluation
<b>Objective 3.2</b> <i>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.</i>			
<b>Task 1:</b> Develop a work group of interested parties to gather information	09/06	12/06	Listing of members

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Goals, Objectives and Tasks	Start Date	End Date	Tracking and Monitoring Methodology
<b>Task 2:</b> Identify 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	12/06	06/07	Report documenting status of diverse work force
<b>Task 3:</b> Identify evidence-based strategies to recruit and retain diverse staff	03/07	09/07	Listing of strategies
<b>Task 4:</b> Develop recommendations based on information gathered	09/07	12/07	Report of recommendations
<b>Task 5:</b> Share findings with PDI Work Group and other interested partners	01/08	06/08	Meeting agenda and minutes
<b>Objective 3.3</b> <i>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.</i>			
<b>Task 1:</b> Establish core competencies applicable to all early childhood professionals	09/06	06/07	Competencies available
<b>Task 2:</b> Create mechanism for self-evaluation of competencies by an EC professional	09/06	06/07	Self-evaluation available
<b>Task 3:</b> Identify current training opportunities and technical assistance entities for EC professionals including targeted audience, description of role and funding sources	09/06	12/06	Listing of current training and technical assistance entities
<b>Task 4:</b> Disseminate competencies and self-evaluation tool through identified training and technical assistance supports identified	09/07	03/07	Listing of who received competencies
<b>Task 5:</b> Survey entities who receive core competencies about usefulness, distribution mechanisms and interest in participating in future EC focused activities	03/07	06/07	Report of survey results
GOAL 4: By 2008, implementation activities occur which assure a comprehensive and integrated statewide early childhood system for all young children and their families is available in communities throughout Wisconsin.			
<b>Objective 4.1</b> <i>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.</i>			
<b>Task 1:</b> Implement recommendations from August Strategic Planning Meeting to finalize a statewide and regional level stakeholder groups	09/06	10/06	Diagram of statewide stakeholders group and listing of members
<b>Task 2:</b> Review information collected from survey of local EC groups	11/06	12/06	Report of survey results
<b>Task 3:</b> Develop and disseminate examples of self-defined community councils to promote EC local councils	01/07	06/07	Document containing examples of early childhood councils and listing of whom received
<b>Task 4:</b> Provide small community grants and technical assistance to communities to develop local councils in communities where none are currently in existence	09/07	06/08	Listing of who received grants and description of activities
<b>Task 5:</b> Develop a communication mechanism to gather input from the local councils on an issue identified by the Stakeholders group	09/07	ongoing	Documentation of process developed and listing of information exchanged
<b>Objective 4.2</b> <i>By August 2008, a minimum of two new "cross departmental" policies that promote comprehensive early childhood services will be in place.</i>			
<b>Task 1:</b> Conduct an inventory of existing departmental policies to identify cross departmental policies that promote comprehensive EC services	09/06	08/07	Inventory available
<b>Task 2:</b> Gather examples from other states of cross departmental policies	09/06	12/06	Listing of state examples
<b>Task 3:</b> Assess and document the various processes and structures state agencies use in their contracting with local communities	09/06	06/07	Report documenting the contracting process of each department
<b>Task 4:</b> Identify methods to integrate and align these processes	06/07	08/07	Listing of methods
<b>Task 5:</b> Develop proposal for 2 new policies to be implemented across State agencies to share with the secretaries of DHFS, DWD and superintendent of DPI	09/07	08/08	Proposal and dates shared with state agency leaders
<b>Objective 4.3</b> <i>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.</i>			
<b>Task 1:</b> Establish a tracking system to monitor GPR, Federal, and Private funding used for EC Programming	09/06	08/07	Tracking system exists

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Goals, Objectives and Tasks	Start Date	End Date	Tracking and Monitoring Methodology
<b>Task 2:</b> Explore and implement strategies to increase investments in the EC system	09/07	12/07	Listing of strategies implemented
<b>Task 3:</b> Monitor and evaluate impact of strategies implemented on funding	01/08	08/08	Report of strategies and outcomes
<b>Objective 4.4</b> <i>By August 2008, 25% of businesses surveyed across the State will meet the minimum criteria to be considered a "family-friendly" work place.</i>			
<b>Task 1:</b> Develop criteria of family friendly work places in Wisconsin	06/07	12/07	Document of "family-friendly business practices"
<b>Task 2:</b> Survey public and private work places to determine family-friendliness as defined by the criteria developed	01/08	05/08	Results of survey findings
<b>Task 3:</b> Share results of surveys with recommendations for improvements with local area Chamber of Commerce and business partners	06/08	08/08	Listing of agencies that received survey results
<b>Objective 4.5</b> <i>By August 2008, an infrastructure for developmental screening across the early childhood components and age span will be developed.</i>			
<b>Task 1:</b> Identify a work group of individuals who are interested in screening and assessment	09/06	10/06	Listing of work group members
<b>Task 2:</b> Develop clear guidelines for Wisconsin providers regarding the nature, functions, and uses of early childhood screenings based on models of school readiness	10/06	03/07	Guidelines available
<b>Task 3:</b> Identify roles of early childhood partners based on the guidelines developed	03/07	06/07	Document of articulated roles for EC partners
<b>Task 4:</b> Share guidelines and roles with the Wisconsin Professional Development Initiative to distribute and discuss with professional organization members across the five component areas	06/07	09/07	Minutes of meeting

## Wisconsin Kids Win State Plan - Evaluation Logic Model

**Goal 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.**

Resources and Inputs	Outputs		Outcomes Expected Change		Impact Statement Evidence of Change
	Activities	Deliverables	Short-term	Long-term	
<p>ECCS Implementation Grant Dollars</p> <p>Title V MCH Block Grant</p> <p>MCH Hot Line</p>	<p>Develop "handout" for families to receive at birth and at community EC programs and share information for the Hotline with families and community programs</p> <p>Review current early childhood services listed in MCH Hotline database , identify gaps in database and collect additional information identified</p>	<p>Parent friendly material promoting the early years of life and emphasizing quality of services</p> <p>Statewide referral and information system for early childhood services and supports</p>	<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.</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 <u>demand</u> quality early childhood services.</p>
<p>ECCS Implementation Grant Dollars</p> <p>Family Voices of Wisconsin</p> <p>Wisconsin Council on Children and Families</p>	<p>Recruit parent leaders to participate in an EC awareness campaign to legislators ,identify 2-3 focus areas and support parents to develop and implement strategies to influence the identified focus areas and track policy outcomes of the focus areas targeted</p> <p>Develop an information dissemination process that connects parents and families to future EC awareness opportunities</p>	<p>Parent leaders available to educate policy makers about issues related to young children</p>	<p>By August 2008, two early childhood initiatives proposed by policy makers will be politically and financially supported by the state legislative body.</p>	<p>By August 2012, 65% of policy makers and legislators politically and financially support early childhood initiatives.</p>	<p>By 2015, policy and decision makers fully understand the importance of early development and <u>support the provision of</u> quality early childhood services.</p>

## Wisconsin Kids Win State Plan - Evaluation Logic Model

**Goal 2: Wisconsin assures access to high quality, comprehensive, integrated, evidence-based services for young children and their families in the following component areas: Health Care and Medical Home, Early Care and Education, Mental Health and Social Emotional Development, Family Support and Parenting Education.**

Resources and Inputs	Outputs		Outcomes Expected Changes		Impact Statement Evidence of Change
	Activities	Deliverables	Short-term	Long-term	
ECCS Implementation Grant Dollars "A Practical Guide to Healthy Development" The AAP and CYSHCN Program Medical Home staff Autism and Medical Home National Center	Adapt/develop and distribute parent friendly information describing the medical home concept  Adapt "A Practical Guide to Healthy Development" to web-based modules, recruit practices to participate in a two hour training each month for 6 months and develop a list serve for participants to discuss content	Promotional materials explaining the medical home concept  Physician Champions trained in the medical home concept	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 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 <u>medical homes</u> for all young children and their families.
ECCS Implementation Grant Dollars  The Health Care Consultation Plan	Promote and support the activities included in the Health Care Consultation Plan to increase and support health supports and resources for child care providers  Assist in the securing of funding to implement strategies of the HCCC plan	A plan and secured funding to expand health care consultation to child care providers statewide	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 August 2012, a network of health care consultants is available to provide consultation services	By 2015, <u>health care consultation</u> is available and accessible to all early care and education and parenting education providers.
ECCS Implementation Grant Dollars  Quality Care for Quality Kids platform	Promote and support the development of a quality rating scale for early care and education programs  Assist in the development of health elements of the Quality Care for Quality Kids platform	Definitions and measures of the health component of the quality rating scale to be adapted by child care providers	By August 2008, 25% of regulated child care programs will voluntarily comply with the quality rating scale.	By August 2012, a quality rating scale with tiered reimbursement is implemented	By 2015, children receive <u>high quality early care and education</u> in regulated child care, preschool, head start and public school programs.

## Wisconsin Kids Win State Plan - Evaluation Logic Model

Resources and Inputs	Outputs		Outcomes Expected Changes		Impact Statement Evidence of Change
	Activities	Deliverables	Short-term	Long-term	
<p>ECCS Implementation Grant Dollars</p> <p>State Improvement Grant</p> <p>DPI Partners</p> <p>Birth to 3 Partners</p>	<p>Promote the concept and support activities which provide services to young children with special education needs in community settings.</p> <p>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.</p>	<p>Increased awareness among health community, family support and parents about the benefits of inclusion.</p>	<p>By August 2008, 40% of preschoolers with special education needs receive special education services in natural environments and settings with non-disabled peers.</p>	<p>By August 2012, 60% of preschoolers with special education needs receive special education services in natural environments and settings with non-disabled peers.</p>	<p>By 2015, <u>children with disabilities</u> receive early care and education services in natural environments and settings with non-disable peers.</p>
<p>ECCS Implementation Grant Dollars</p> <p>WIECMHA State Plan</p> <p>DHFS Infant Mental Health Work Group</p>	<p>Promote and support 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.</p> <p>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.</p>	<p>A plan and secured funding to expand the capacity of communities.</p>	<p>By August 2008, 75% of Wisconsin counties have at least 1 identified infant and young child mental health resource.</p>	<p>By August 2012, 75% of Wisconsin counties have the infant and young child mental health resources necessary to provide services.</p>	<p>By 2015, all children, in need of infant and early childhood mental health intervention receive <u>infant and early childhood mental health services</u>.</p>
<p>ECCS Implementation Grant Dollars</p> <p>WIECMHA State Plan</p>	<p>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.</p> <p>Assist in the securing of funding to implement strategies of the IMH plan</p>	<p>A plan and secured funding to expand mental health consultation to child care providers statewide</p>	<p>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.</p>	<p>By August 2012, a network of mental health consultants is available to provide consultation services</p>	<p>By 2015, <u>mental health consultation</u> is available and accessible to all early care and education and parenting education providers.</p>

## Wisconsin Kids Win State Plan - Evaluation Logic Model

Resources and Inputs	Outputs		Outcomes Expected Changes		Impact Statement Evidence of Change
	Activities	Deliverables	Short-term	Long-term	
ECCS Implementation Grant Dollars  Family Resource Centers  Head Start Programs	Include family support services template for "handout" developed for families to receive at birth and at community EC programs  Request community partners in each community complete county specific information	Family Support Services mapped out for each county	By August 2008, 50% of counties will have developed a detailed description of the Family Support services available in their community.	By August 2012, information about formal support networks in community are easily accessible by families	By 2015, increased <u>support from formal and informal support networks</u> enhance the ability of families to cope with stressors.
ECCS Implementation Grant Dollars  MCH Hot Line	Insert information gathered from community partners into MCH Hotline database	Statewide database of Family Support Services available in each county	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 August 2012, information about family support services in the community are easily accessible by families	By 2015, families of young children in need of additional support receive the <u>self-sufficiency resources</u> they need.
ECCS Implementation Grant Dollars	Support 2 community parent educators to receive training in evidence-based Parenting Programs for Latino-American and African-American parents  Recruit 25 agencies who will agree to be trained in the parenting program and offer the class to their participants	Trainers to offer unique parent skill building classes to parents of diverse ethnic background	By August 2008, there will be a commitment from 25 community service agencies to provide parenting resources to their members.	By August 2012, 75% of parents have increased knowledge and understanding of child development.	By 2015, parents have <u>increased knowledge</u> and understanding of child health, early learning and social and emotional development
ECCS Implementation Grant Dollars	Support 2 community parent educators to receive training in evidence-based Parenting Programs for Latino-American and African-American parents  Recruit 25 agencies who will agree to be trained in the parenting program and offer the class to their participants	Trainers to offer unique parent skill building classes to parents of diverse ethnic background	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 August 2012, 75% of parents have increased ability to promote and maintain relationships with their child to promote optimal child development.	By 2015, parents have <u>increased ability to establish and maintain positive relationships</u> with their child.

## Wisconsin Kids Win State Plan - Evaluation Logic Model

**Goal 3: Providers of early childhood comprehensive services are competent and apply appropriate principles of child development, family centeredness, culturally competence, comprehensiveness and coordination to all early childhood services.**

Resources and Inputs	Outputs		Outcomes Expected Changes		Impact Statement Evidence of Change
	Activities	Deliverables	Short-term	Long-term	
ECCS Implementation Grant Dollars	<p>Identify core competencies of EC Professionals related to early identification and developmental screening and prepare or organize materials to be distributed and posted on the WECCP website for easy access by all professionals.</p> <p>Submit proposals for sessions at statewide and regional discipline specific conferences and meetings.</p> <p>Conduct a collaborative training across programs/agencies /associations</p>	Core Competencies for developmental screening for all early childhood professionals.	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 August 2012, providers in all 5 component areas of the early childhood system will have training available on all of the core competencies.	By 2015, there are <u>sufficient and competent providers in the workforces</u> 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.
ECCS Implementation Grant Dollars	<p>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</p> <p>Identify evidence-based strategies to recruit and retain diverse staff, develop recommendations, and share findings with PDI Work Group and other interested partners</p>	<p>Concise information on the diversity of professionals across all early childhood component areas.</p> <p>Document with recommendations of evidence-based strategies.</p>	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 August 2012, 50% of the strategies are implemented to increase diversity in the early childhood workforce.	By 2015, the <u>early childhood workforce is culturally competent and reflects the diversity</u> of the children and families they serve.

## Wisconsin Kids Win State Plan - Evaluation Logic Model

Resources and Inputs	Outputs		Outcomes Expected Changes		Impact Statement Evidence of Change
	Activities	Deliverables	Short-term	Long-term	
ECCS Implementation Grant Dollars	<p>Establish core competencies applicable to all early childhood professionals, create mechanism for self-evaluation of competencies by an EC professional, and disseminate competencies and self-evaluation tool through identified training and technical assistance supports identified.</p> <p>Survey entities who receive core competencies about usefulness, distribution mechanisms and interest in participating in future EC activities</p> <p>Identify current training opportunities and technical assistance entities for EC professionals including targeted audience, description of role and funding sources</p>	<p>Clear and consistent guidelines for professionals working in early childhood areas</p> <p>Awareness of current mechanisms and how best to provide knowledge and information to early childhood partners</p> <p>Inventory of entities currently supporting early childhood professionals.</p>	<p>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.</p>	<p>By August 2012, training and technical assistance entities increase support to all five component areas of the early childhood system.</p>	<p>By 2015, <u>a statewide structure provides training and technical assistance to community programs supporting families and their young children.</u></p>

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## Wisconsin Kids Win State Plan - Evaluation Logic Model

**GOAL 4: A comprehensive and integrated statewide early childhood system for all young children and their families will be available and accessible in communities throughout Wisconsin.**

Resources and Inputs	Outputs		Outcomes Expected Changes		Impact Statement Evidence of Change
	Activities	Deliverables	Short-term	Long-term	
<p>ECCS Implementation Grant Dollars</p> <p>Wisconsin Early Childhood Collaborating Partners</p>	<p>Implement recommendations from August Strategic Planning Meeting to finalize a statewide and regional level stakeholder groups</p> <p>Review information collected from survey of local EC groups and develop and disseminate examples of self-defined community councils</p> <p>Provide small community grants and technical assistance to communities to develop local councils in communities where none are currently in existence</p> <p>Develop a communication mechanism to gather input from the local councils on an issue identified by the Stakeholders group</p>	<p>A Statewide and Regional stakeholders group exists</p> <p>A stronger understanding of the role of local stakeholders groups</p> <p>An increased number of local stakeholders groups</p> <p>A mechanism for communication among state level, regional level and local level stakeholders</p>	<p>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.</p>	<p>By August 2012, the state, regional and local level structures share information and resources consistently.</p>	<p>By 2015, a consistent <u>structure</u> at state, regional and local levels allows cross department and agency collaboration in supporting families and promoting optimal child health and development.</p>
<p>ECCS Implementation Grant Dollars</p>	<p>Conduct an inventory of existing departmental policies to identify cross departmental policies that promote comprehensive EC services, gather examples from other states of cross departmental policies, develop and share proposal for 2 new policies to be implemented.</p> <p>Assess and document the various processes and structures state agencies use in their contracting with local communities and identify methods to integrate and align these processes</p>	<p>Proposal and examples of cross departmental policies</p> <p>Proposal of methods to align contracting with local agencies for early childhood services across state agencies</p>	<p>By August 2008, a minimum of two new "cross departmental" policies that promote comprehensive early childhood services will be in place.</p>	<p>By August 2012, cross department policies and funding mechanisms support comprehensiveness across early childhood services.</p>	<p>By 2015, <u>policies</u> promote cross agency/program collaboration and aligned/braided funding as an integral part of the early childhood system.</p>

## Wisconsin Kids Win State Plan - Evaluation Logic Model

Resources and Inputs	Outputs		Outcomes Expected Changes		Impact Statement Evidence of Change
	Activities	Deliverables	Short-term	Long-term	
ECCS Implementation Grant Dollars	<p>Establish a tracking system to monitor GPR, Federal, and Private funding used for EC Programming.</p> <p>Explore and implement strategies to increase investments in the EC system and monitor and evaluate impact of strategies implemented on funding.</p>	<p>Concise and specific information on funding of early childhood services.</p> <p>Consistent and effective strategies for stakeholders to utilize when educating policy makers</p>	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 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.	By 2015, public (local, state and federal) and private <u>dollars</u> support necessary services for a comprehensive early childhood system.
ECCS Implementation Grant Dollars	Develop criteria of family friendly work places in Wisconsin, survey public and private work places to determine family-friendliness as defined by the criteria developed, and share results of surveys with recommendations for improvements with local area Chamber of Commerce and business partners	Increased awareness and implementation of family friendly practices by business community	By August 2008, 25% of businesses surveyed across the State will meet the minimum criteria to be considered a "family-friendly" work place.	By August 2012, 50% of businesses promote and financially support family friendly practices.	By 2015, Wisconsin <u>businesses</u> are champions for young children.
ECCS Implementation Grant Dollars	<p>Identify a work group of individuals who are interested in screening and assessment and develop clear guidelines for Wisconsin providers regarding the nature, functions, and uses of early childhood screenings based on models of school readiness.</p> <p>Identify roles of early childhood partners based on the guidelines developed and share guidelines and roles with the Wisconsin Professional Development Initiative to distribute and discuss with professional organization members across the component areas</p>	Clear and consistent guidelines for screening and roles of early childhood partners in screening that provide a foundation for an infrastructure for developmental screening.	By August 2008, an infrastructure for developmental screening across the early childhood components and age span will be developed.	By August 2012, a data collection system exists to provide information on developmental screening including practices and results.	By 2015, a coordinated system provides early and continuous <u>developmental screening</u> to all children from birth to age 6.

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