The Wisconsin Governor's Early Childhood Advisory Council
Phase I Internal Report to the System Assessment Subcommittee

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Summary of Report

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

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

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

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

Introduction

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

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

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

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

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

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

Methods

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

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

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

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

Findings

HEALTH & SAFETY

Health Status & Health Insurance

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

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

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

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

Developmental Delays

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

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

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

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

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

Child Nutrition

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

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

Child Safety

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

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

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

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

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

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

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

MENTAL HEALTH & SOCIO-EMOTIONAL WELL-BEING

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

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

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

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

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

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

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

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

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

PARENTING EDUCATION

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

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

[4]Information is available about the number of reported incidences of family violence, but this likely undercounts children's exposure to domestic violence as it only reflects violence that is reported as a crime.
[5] Wisconsin Interactive Statistics on Health (WISH) query conducted on May 20, 2010. http://dhs.wisconsin.gov/wish/

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

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

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

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

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

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[6] 64 of Wisconsin's 72 counties responded to a prevention scan survey, conducted for the Children's Trust Fund. http://www.wccf.org/pdf/CTF_child_maltreatment_directions_future.pdf

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

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

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

EARLY CHILD CARE AND EDUCATION

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

Regulation & Accreditation

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

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

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

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

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

Child Care Subsidies

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

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

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

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

Head Start

Head Start is a comprehensive early care and education program for children and families from disadvantaged backgrounds, federally funded through direct grants to

agencies. Wisconsin is one of only 15 states that supplements federal funding for Head Start. In 2009, Head Start funding in Wisconsin was $108.8 million, with the state contributing $6.9 million and federal contributing $101.9 million. Because of its comprehensive nature, the cost of Head Start amounts to between $5,000 and $10,000 annually, more per child than most other early education programs.

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

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

Only 20 percent of Head Start programs operate programs for full days 5 days a week. As a result, many families need to arrange for supplemental child care. When children are not attending Head Start, 40 percent of children are in some kind of informal care setting, 35 percent are in a child care center, 15 percent are in a family child care, 9 percent are in a public pre-k program, and 1 percent are in some other form of child care.

The comprehensive approach of Head Start provides families with many other services beyond early education for children, such as parenting education, health education, transportation and housing assistance, crisis interventions, ESL services, and adult education and job training. Most families served by Head Start were able to access at least one type of family service. The Head Start State Collaboration Office issued a Needs Assessment report that analyzed Head Start agency responses to a survey about their collaborative practices. The report documented that overall, most agencies indicate having cooperative arrangements with other programs and agencies, and do not report either difficulty or extreme difficulty in these relationships. However, the report does identify particular areas in need of improvement which include: aligning practices with and securing high quality child care for children, obtaining oral health care for children, obtaining mental health care for children, and bilingual professional development.

As a federal program, Head Start is subject to comprehensive and relatively rigorous performance standards and agencies provide additional information through a developed program information reporting system. Data suggest that all Wisconsin Head Start agencies meet the performance standards, and national data indicate that on average Head Start is of close to good quality on standardized assessment of the quality of caregiving environments. Teachers in Head Start have lower rates of turnover, and higher rates of educational qualifications, compared to teachers in general child care programs.

4K

4k is Wisconsin's universal pre-kindergarten program available to all four-year olds in school districts that offer the program. Currently, 77 percent of school districts offer a 4k program and just under half of all 4-year-olds are enrolled in a 4k program..

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

Professional Development and Quality Improvement

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

Highly skilled caregivers and teachers provide superior learning, growth, and development within early childhood. Unfortunately, low pay for caregivers and teachers often limits the quality of the early childhood workforce, and results in high rates of teacher turnover. It is difficult to directly assess teacher and caregiver skills, so educational attainment, a rough proxy for skills, often becomes the focus of attention. In general, the educational attainment of child care workers is relatively low, reflecting the wages they receive. About 30 percent of family day care providers and 45 percent of center-based care providers have post-secondary education (2- or 4-year degree). As noted above, the educational levels of 4K and Head Start programs have higher levels of educational attainment.

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

In attempts to increase the skills and competencies of early childhood caregivers and teachers and increase retention rates, public and private partners in Wisconsin have established two programs: T.E.A.C.H. and R.E.W.A.R.D. Both programs require an application process that is administered by the Wisconsin Early Childhood Association and both initiatives have hundreds of applicants on their waiting lists. The first is a statewide scholarship program designed to help early childhood teachers and providers

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

meet their professional development goals while continuing their current employment. T.E.A.C.H. scholarship recipients receive financial awards to be used toward continuing professional development within early childhood, with 4,084 recipients serving over 69,900 children since 1999. This initiative has been proven to lower turnover rates among recipients compared to non-scholarship teachers in early childhood, as well as increasing hourly wages for recipients when compared to non-recipients. R.E.W.A.R.D. is a stipend program of compensation and retention for members of the early care and education workforce, awarding incremental yearly salary supplements to individuals based on their educational attainments and longevity in the field.

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

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

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

FAMILY SUPPORT

Between 2005 and 2007, about 14 percent of children in Wisconsin resided in families with incomes below the federal poverty threshold, a number below the national average and the poverty rate of several Midwest neighboring states.[10] National child poverty rates have risen since 2007, so it is likely now higher. Several counties and regions in Wisconsin have much higher rates of child poverty than the rest of the state; especially high child poverty rates are found in Milwaukee County, Kenosha County, and a 10-county area in northern Wisconsin near Lake Superior. Early childhood poverty is a concern because it is linked to poor outcomes for children. Poverty compromises parents'

[10] Issacs, J. & Smeeding, T., *First Wisconsin Poverty Report*, Institute for Research on Poverty, 2009. http://www.irp.wisc.edu/research/WisconsinPoverty/pdfs/First_Wisconsin_Poverty_Report_Final-2.pdf

abilities to provide safe, warm, and enriching environments for their children. Without such environments, children are at risk for poor health as well as poor socio-emotional and cognitive development.

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

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

FoodShare is the state's main food assistance program for low-income families. FoodShare caseloads have been steadily increasing since 2000, reaching a peak in 2009, with an average monthly expenditure of nearly $65 million. Currently, children under age 5 are the largest age group of recipients (among five-year groupings), representing 16 percent of all recipients. In 2004, 79 percent of eligible children received subsidies for food.

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

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

Discussion

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

1) In the Health and safety domain, it is clear that state efforts to insure young children have paid off in terms of generating higher rates of coverage through public health insurance. Areas of concern that still persist do not appear to be a result of lacking "coverage," but rather the translation or correspondence of health insurance coverage into good health care and health behaviors. Thus, dental care, lead poisoning, and racial and ethnic health disparities are issues that will have to be addressed by specific programs or policies or changes in programs and policies, rather than by an effort to further expand publicly funded health insurance coverage. Possible solutions include changing providers' incentives to provide care to underserved populations, as well as programs that specifically target communities to increase engagement and awareness.
2) In terms of children's mental health and socio-emotional development, the capacity of the system to care for children is not well documented. Efforts by the IMHLT have likely improved parent and professional understanding and knowledge about the importance of socio-emotional development, and also increased the prevalence of developmental screening. Yet this remains an area in which there is little infrastructure and programming. In particular, the connection between services and treatment for parents' mental health (substance abuse, depression, etc.) seems to be granted far less attention than warranted, given its important effects on children's development. More information about programs and local capacity to serve children and families would help us better identify how to build an effective and sustainable infrastructure to better reach and serve families and children with unmet needs.
3) Parenting education is a fragmented system, comprised of early education programs like Head Start, FRCs, child welfare prevention efforts, CCR&R centers, and home visiting programs. While these efforts might differ in emphasis and mode of service delivery, they all share some common goals. Given this fragmented system, it would seem the first logical step is to better evaluate the collaboration and overlap among existing programs, as well as the range and quality of services provided (and unmet community needs). With this as a starting point, local and state stakeholders could begin to evaluate whether the current fragmented system could benefit from combined efforts, and could also consider how best to ensure that families' needs are being met and their goals are being supported.
4) In the realm of early childhood education and care, we know much more about publicly funded preschool programs like 4K and Head Start than we do about other types of programs (especially infant care). It is also apparent that Wisconsin's child care subsidies are generous, which makes the relatively low levels of take-up somewhat puzzling. As a result, it is difficult to provide a

complete picture of the experiences of Wisconsin children in early care and education institutions. Moreover, even if participation rates were known, information about the quality of care is also needed as well as targeted efforts to increase the quality among low-quality programs. Although, the Young Star quality rating system appears poised to be implemented, and will provide a rating for child care providers (and tier Wisconsin Shares subsidies to these ratings), it is yet to be seen whether this effort will be sufficient to raise the quality of care Wisconsin children experience. The provision of funding to support professional development and technical assistance will also be important in determining how likely it is that low performing programs will improve. As a result, additional data on all of Wisconsin's children's early education experiences and the quality of care they receive is an important first step in improving early care and education. Next, a plan for systematically engaging and working with providers who provide low or mediocre quality care in order to improve the quality of care will also be important to improving the experience of Wisconsin's children.

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

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

program implementation and outcomes. Our review of existing reports and documents found that each system component has programs with some aspects of these system dimensions present, and yet, just as many others do not. Although each dimension requires tailoring to the components (and in some instances specific programs within a component), there is surely something to be gained from a systemic perspective on each dimension across components. This suggests that recommendations that tackle issues of quality standards, providing strategies to support professional development, and evaluating both program implementation and outcomes across the entire system, will be valuable.

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Wisconsin ECAC Early Childhood System Assessment

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91. Trust for Early Education, Research Paper (September 2005). "An Economic Analysis of Four-Year-Old Kindergarten in Wisconsin." http://www.preknow.org/documents/WIEconImpactReport_Sept2005.pdf

92. University of Wisconsin-Extension (2005). "Wisconsin Child Care Research Partnership Issue Brief #17: How can we strengthen families through early care and education?" http://www.sohe.wisc.edu/outreach/wccrp/pdfs/brief17.pdf

Appendix 1: Final List of Reviewed Reports

93. Yale University Child Study Center, New Haven, CT (2005). "Pre-kindergarteners Left Behind: Expulsion Rates in States Pre-kindergarten Systems."

2004 REPORTS

94. Wisconsin Department of Children & Families (2004). "Wisconsin Works Manual. Chapter 7 W-2 Employment Ladder Placements. 7.5.0." http://dcf.wisconsin.gov/w2/manual/release0801/pdf/chapter7.pdf

95. Office of Wisconsin Governor Jim Doyle (Spring, 2004). "KidsFirst: The Governor's Plan to Invest in Wisconsin's Future." http://www.wisgov.state.wi.us/docs/kidsfirst.pdf

96. Office of Wisconsin Governor Jim Doyle (Spring, 2004). "Governor's Task Force on Educational Excellence." http://edexcellence.wisconsin.gov/reports/63004_taskforce_final_report.pdf

2003 REPORTS

97. Head Start State Collaboration Project (2003). "Head Start Program Information Report, April 29, 2003."

98. University of Wisconsin-Extension, Wisconsin Child Care Research Partnership (February 2003). "An Evaluation of the Quality Initiatives Program: Final Report to the Office of Child Care." http://www.sohe.wisc.edu/outreach/wccrp/pdfs/quality.pdf

99. Wisconsin Council on Children & Families (2003). "Wisconsin School Readiness Indicator Initiative: The Status of School Readiness Indicators in Wisconsin." http://www.wccf.org/pdf/WSRII.pdf

100. Wisconsin Department if Health Services (2003). "Healthy Smiles for Head Start: Report on the Oral Health Status if Wisconsin Head Start Children." http://dhs.wisconsin.gov/publications/P4/P40003.pdf

101. Wisconsin Early Childhood Collaborating Partners (2003). "Wisconsin Children's Agenda for Early Childhood Education and Care." http://www.collaboratingpartners.com/docs/agenda_wecp.pdf

2002 REPORTS

102. Department of Workforce Development, Division of Workforce Solutions, Child Care Section, Office of Child Care (2002). Based Maximum Rate Survey.

Appendix 1: Final List of Reviewed Reports

103. University of Wisconsin-Extension (2002). "Wisconsin Child Care Research Partnership Issue Brief #5: Child Care Subsidies: Cost to participants and continuity of care." http://www.sohe.wisc.edu/outreach/wccrp/publications.html

104. University of Wisconsin-Extension (2002). 'Wisconsin Child Care Research Partnership Issue Brief #6: Quality of subsidized child care in Wisconsin." http://www.sohe.wisc.edu/outreach/wccrp/publications.html

105. University of Wisconsin-Extension (2002). "Wisconsin Child Care Research Partnership Issue Brief #7: An Initiative to improve Wisconsin Child Care Quality." http://www.sohe.wisc.edu/outreach/wccrp/publications.html

2001 REPORTS

106. Children's Defense Fund and Early Childhood Policy Research (December 2001). "The Status of Preschool Policy in the States."

107. University of Wisconsin-Extension (2001). "Wisconsin Child Care Research Partnership Issue Brief #1: Who Cares for Wisconsin's Children." http://www.sohe.wisc.edu/outreach/wccrp/publications.html

108. University of Wisconsin-Extension (2001). "Wisconsin Child Care Research Partnership Issue Brief #3: Are quality program characteristics linked to child care quality?" http://www.sohe.wisc.edu/outreach/wccrp/publications.html

109. Wisconsin Early Childhood Collaborating Partners (November 2001). "Working to Transform Early Childhood Education and Care." http://www.collaboratingpartners.com/docs/WECCPReport.pdf

Pre-2000 REPORTS

110. National Council of Jewish Women (1999). "Opening A New Window On Child Care." http://www.eric.ed.gov/PDFS/ED438090.pdf

111. Governor's Blue Ribbon Commission on Mental Health Care (1996). Wisconsin Department of Health Services. http://dhs.wisconsin.gov/MH_BCMH/Reports/BLUERIB.HTM

Appendix 2: Compilation of Report and Document Policy Recommendations
Wisconsin ECAC Early Childhood System Assessment

EARLY CARE & EDUCATION

Wisconsin Council on Children & Families, (2009). "Wisconsin Early Childhood Collaborating Partner's Early Childhood Comprehensive Systems Plan."

1. Create a state level system of supervision, including a common vision for early childhood, methods to ensure financial viability and consistent inter-department outcomes and secure long term funding
2. Establish central community locations where families could receive information and services
3. Provide flexible funds to families, encouraging self-sufficiency and strong family relationships
4. Launch a marketing campaign to increase public awareness of the critical nature of early childhood
5. Evaluate existing data determine what data may be needed in order to collect information and outcomes related to children and families and the impact of programs and services. Provide data analysis at the local level so communities can identify strength and needs, targeting their efforts more strategically

Wisconsin Council on Children & Families, (November 2009). Wisconsin's Early Care and Education Landscape: Planning for a Coherent System.

1. Build a formal communication network among the state-level governance structure, children's committees, councils, statewide associations, businesses, civic groups and local communities
2. Establish inclusive multidisciplinary local community councils to create a community-wide vision and approach to providing services and supports for young children and their families
3. Ensure local business, civic and philanthropic organizations understand the critical nature of early childhood development and create partnerships for these groups to support local children and family services
4. Promote healthy early childhood development as an economic development strategy among business leaders and encourage businesses to employ family friendly policies (e.g., flexible time, on-site child care, extended maternity leave)
5. Integrate professional development systems across all early childhood disciplines and implement a State Professional Development career track for early childhood professionals and provide respectable wages and benefits for early care and education staff
6. Increase funding for TEACH (Teacher Education Assistance for College and Higher Education program provides grants of up to $4,000 to students who intend to teach in elementary or secondary schools that serve low-income families) and REWARD (Rewarding Education with Wages And Respect for Dedication program supplements the salaries of child care workers rewarding employees for

attaining education and continuous commitment to the same child care setting) programs to promote early childhood professionals' education and retention
7. Involve parents in system development and monitoring
8. Give exemption from W-2 (Wisconsin Temporary Assistance for Needy Families) work requirements for parents of children with special health care needs or disabilities

Wisconsin Early Childhood Collaborating Partners, (2003). "Wisconsin Children's Agenda for Early Childhood Education and Care."

1. Create a Children's Cabinet, including state government leadership, to guide policy that enhances early childhood education and care for children, strengthens families, and uses resources efficiently
2. Establish a community based planning system designed to develop a seamless system of programs for families and their children birth to age eight
3. Improve access and effective supports for parents through expansion of family resources centers, resource and referral agencies, and home visitation programs that are strongly networked with the medical, Head Start, child care and school communities

University of Wisconsin-Extension, (February 2003). "Wisconsin Child Care Research Partnership. An Evaluation of the Quality Initiatives Program: Final Report to the Office of Child Care."

1. Consider forms of accreditation other than the National Association for the Education of Young Children (NAEYC); explore the possibility of creating a state accreditation system that includes the valuable features of national accreditation while minimizing barriers
2. Make sure that families understand and value the accreditation of a childcare provider, using childcare resource and referral (CCR&R) agencies and other, such as UW-Extension, to do outreach to families about accreditation information

National Governor's Association Center for Best Practices: Wisconsin Team, (2001). "Building a Public and Private Will for Early Education."

1. Create an early childhood care system that would involve seniors and citizens of all ages

Wisconsin Early Childhood Collaborating Partners, (November 2001). "Working to Transform Early Childhood Education and Care."

1. Each community should offer a continuum of quality services for children, which integrate education and care from birth, before children enter school and during the years they are in school
2. The design and delivery of early childhood services should have uniformly adequate and equitable funding to assure quality services for children and families statewide
3. Early childhood services should provide a comprehensive system that includes parenting support and education, resource and referral, community planning, and ongoing assessment and evaluation

4. Communities and employers should work together in order to serve the different needs that families have over time; including paid family leave and family friendly workplaces which support families as caregivers
5. Early childhood systems should provide opportunities for socio-economic integration among children and families
6. Allow early care childhood systems the flexibility to demonstrate quality but expect them to establish programs that: support and train caregivers, teachers, and administrators who are culturally competent, provide enough staff to be sensitive and responsive to each child and parent, provide safe and healthy, age appropriate, physical environment, provide continuity of care among providers, provide nutritious meals and health promotion, and provide culturally and developmentally appropriate learning opportunities
7. Provide family resources centers; facilities where several programs such as child care, Head Start, public school, disability services, parent education and support, family resource, health care, or social services are housed together
8. Make sure that children are in similar classrooms, not classrooms segregated by program type, family income, or child's ability/disability
9. Facility/service should be available a minimum of nine hours a day, and 45 weeks a year
10. There should be a low staff to child ratio
11. There should be shared governance such that staff and families play an important role in deciding how funds are spent and how programs operate

Wisconsin Legislative Audit Bureau, (June 2009). "Letter Report: Wisconsin Shares Child Care Subsidies Program."

1. The Department of Children and Families should require applicants to provide documentation supporting claims of self-employment before their eligibility for child care subsidies is determined
2. Provide immediate training to county and tribal staff on the resources available to them for verifying employment information and on the importance of consistently recording eligibility-related information in participants' electronic case files
3. The Audit Bureau recommends that the Legislature consider statutory changes to restrict subsidized child care for the children of licensed or certified child care providers in the Wisconsin Shares program

University of Wisconsin-Extension, (2001). 'Wisconsin Child Care Research Partnership Issue Brief #6: Quality of subsidized child care in Wisconsin."

1. Increased licensing visits by Department of Health and Family Services (once or twice a year) in order to increase the quality ratings (Early Childhood Environment Rating Scale, Revised Edition (ECERS-R) and Infant/Toddler Environment Rating Scale, Revised Edition (ITERS)) of child care center environments

Trust for Early Education, Research Paper, (September 2005). "An Economic Analysis of Four-Year-Old Kindergarten in Wisconsin."

1. Expand the 4K program, to reduce the number of children not enrolled in a 4K program (65%) down to 29%
2. Expand 4K to cover 48,153 (54%) four-year-old children in Wisconsin; only 18% are currently enrolled
    a. This recommendation also made on p. 46 of Governor's Task Force on Educational Excellence (June 2004)

University of Wisconsin-Extension, (2005). "Wisconsin Child Care Research Partnership Issue Brief #17: How can we strengthen families through early care and education?"

1. Provide specific training to early care and education providers on how to strengthen families in order to increase family involvement as well as make providers more confident and skilled at working effectively with adults (parents)

University of Wisconsin-Extension, (2003). "Wisconsin Child Care Research Partnership Issue Brief #12: Child Care Subsidy: Impact on Providers and Communities."

1. In order to ensure consistent quality improvements, the state provides higher subsidy reimbursement rates for child care providers who are accredited. But this policy of higher reimbursement rates for accredited programs does not appear to be working since most providers would need to charge higher prices to private pay parents in order to benefit from the higher accreditation rates. Policy makers must explore different financial incentives in order to maintain quality improvements within child care centers and ensure continual child care providers for low-income families.

University of Wisconsin-Extension, (February 2003). "Wisconsin Child Care Research Partnership. An Evaluation of the Quality Initiatives Program: Final Report to the Office of Child Care."

1. The state could reconsider the higher reimbursement rate policy and clarify the conditions under which programs receive higher rates or grants to support accreditation

University of Wisconsin-Extension, (2001). "Wisconsin Child Care Research Partnership Issue Brief #5: Child Care Subsidies: Cost to participants and continuity of care."

1. The issue brief concludes that the subsidy system is reaching the intended participants (primarily very poor single parents) and raises the concern that if the rates of program usage continue to increase, the demand for service may exceed available funding. The brief makes the following policy recommendations:
    a. Lower provider reimbursement rates to curb spending on child care subsidies
    b. Increase copayment amount for families who get subsidies in order to contain costs
    c. Since only 4% of families receiving subsidies are at 200%, lower cutoff eligibility of receiving subsidies or create waiting lists

d. Lower provider reimbursement rates, thereby discouraging provider participation and reducing options in order to deter families from frequently changing child care providers

Office of Wisconsin Governor Jim Doyle, (June 2004). "Governor's Task Force on Educational Excellence."

1. Increase teachers' knowledge and skills related to their teaching responsibilities to improve pupil learning; linking teacher salary increases to teachers' acquisition of these knowledge and skills better promotes this goal than a system based exclusively on length of service and credits earned
2. Incentives, including state funding for pilot programs, should also be available to teachers who agree through collective bargaining to implement a compensation plan that is linked to the acquisition of knowledge and skills and improving pupil learning
3. The Department of Public Instruction's revision to teacher licensure requirements (PI-34) is an important first step to promote professional development and improve pupil learning; however, work needs to continue, in Wisconsin and nationally, to develop a system that allows teachers, administrators, and policymakers to measure gains in pupil learning and accurately assess the value added by the educational system
4. School districts, especially those with low enrollments, should explore consolidating services, including administrative and instructional services, and consider joint collective bargaining in order to provide additional resources to support instructional activities
5. Establish a statewide teacher cadet program, modeled after the South Carolina program
6. Encourage the expansion of future teachers clubs, and distributive education (work-study) and youth apprenticeship programs that expose students to the teaching profession
7. Create a state-funded forgivable loan program with a required institutional match for undergraduates or graduate students who agree to teach in high need schools
8. Encourage public and private colleges along with private business to collaborate on expanding alternative licensure programs for adults interested in pursuing a teaching career
9. Create a separate category under the Minority Precollege Scholarship program for students who participate in eligible precollege programs related to careers in teaching
10. Create a new minority teacher forgivable loan program for undergraduate teacher education students attending UW-Milwaukee
11. Provide a $1,500 income tax credit to teachers who teach in high poverty or low enrollment school districts
12. Implement the Department of Public Instruction's proposal, included in its Quality Educator and Retention Initiative (QERI), to provide a categorical aid program to support initial educators
13. Implement the Department of Public Instruction's QERI proposal to provide a state-funded grant to master educators in districts with greater than 50% low-

income enrollment to serve as resources to students, staff and the community through seminars, special classes and other special projects

14. Implement the Department of Public Instruction's QERI proposal to expand the current state program which awards $2,500 annual grants awarded to teachers who receive National Board for Professional Teaching Standards (NBPTS) certification to include teachers who receive the master educator's license
15. Create a specialty within the master teacher license category for teaching in high poverty urban and low enrollment rural districts

SAFE & HEALTHY CHILDREN

Wisconsin Department of Health Services Enterprise Performance Measures, (2010). "# 1 Access to Health Insurance", "#7 Children Waiting for Community Care", "# 9 Children's Access to Dental Care", "#12, Obesity Among Children and Adults", "# 16 Immunization Completion Rates for Children", and "# 17 Childhood Lead Poisoning."

1. Improve rates of health insurance coverage for children
    a. Community organizations should become certified Department of Health Services partners and assist families in signing up for BadgerCare Plus
    b. There should be continued outreach to hard-to-serve populations to ensure eligible families become and stay enrolled in BadgerCare Plus
2. Enact health insurance market reforms that reduce impediments to accessing insurance. Address childhood obesity
    a. Increase policies/programs that support breastfeeding, healthful eating and physical activity
    b. Begin to reimburse Medicaid providers for timely submission of Body Mass Index (BMI) data on children and provide payment incentives to providers for reducing the number of overweight children
3. Improve rates of early childhood immunization
    a. Expand the Wisconsin Immunization Registry to include all physicians and clinics that provide immunization services and have all pediatric health care providers enroll in the Vaccines for Children Program
    b. Implement Medicaid Pay for Performance Initiatives that provide payment incentives for HMO's to immunize high percentages of children
    c. Schools and child care facilities must continue to enforce the Student Immunization Law
4. Reducing childhood lead poisoning
    a. Use federal (stimulus) funds to correct lead hazards in homes built before 1978
    b. All health care providers should assess child's risk for lead poisoning and test accordingly
    c. Issue blood lead testing report cards to Medicaid providers

Wisconsin Department of Health Services, (2008). "The Legacy of Lead: Report on Childhood Lead Poisoning in Wisconsin."

1. Increased blood lead testing of children at 12 and 24 months: universal testing in Milwaukee and Racine and also emphasizing testing of Medicaid & WIC recipients, refugee children (at entry into the U.S. and after months), and children living in census track identified for high-risk housing
2. Continue to identify and remediate housing at high-risk for containing lead (pre-1950s) by replacing windows and repainting, focusing efforts on the highest-risk census tracts
3. Educate the public health professionals, parents, professionals that work with children, community agencies that work with families, construction trades, and property owners about the hazards of environmental lead

University of Wisconsin, Institute for Research on Poverty, (April 2010). Community Response Program Pilot Initiative: Final Implementation Report to the Wisconsin Children's Trust Fund. (April 2010).

1. Community response programs (child maltreatment prevention) can maximize service engagement by focusing on income-related needs

Wisconsin Department of Health Services, (2007). "External Quality Review, Wisconsin Medicaid/BadgerCare & SSI (Supplemental Security Income) HMO Program."

1. Hire Spanish speaking staff, keep data on members with a primary language other than English, and publish member materials in Braille
2. Expand the option for Medical Assistance/BadgerCare enrollees to receive their health care services through an HMO (currently available in most but not all Wisconsin counties)
3. The Children's Community Health Plan's Medical Advisory Committee should approve and publish practice guidelines regarding preventative care, prenatal care, and asthma

Children's Trust Fund, (2010). "Investments in Child Abuse and Neglect Prevention in Wisconsin: Where do We Stand and Directions for the Future" (DRAFT 4/14/2010).

1. Develop a statewide prevention agenda that cuts across state departments, counties, tribes, and private partners
2. Increase financial resources for prevention efforts in Wisconsin and reinvest funds saved through more effective prevention
3. Develop a unified, consistent framework for counties and tribes to report prevention services to reduce reporting burden and allow for data to be compared across counties and tribes
4. Dedicate resources to rigorous evaluation of prevention efforts, increase education and technical assistance on evidence-based programs and promote and fund innovative approaches and promising practices

Wisconsin Council on Children & Families, (2009). "Wisconsin Early Childhood Collaborating Partner's Early Childhood Comprehensive Systems Plan."

1. Provide child health service within a medical home and ensure caregivers receive culturally sensitive nutritional and child development information
2. Increase reimbursement rates provided to foster parents

Wisconsin Department of Children & Families (2009). "Head Start State Collaboration Office Needs Assessment Report 2008-2009."

1. Support the involvement of Head Start in the Strengthening Families Initiative (a research-based strategy being piloted in Wisconsin and six other states to prevent child maltreatment by building on the strong relationships that parents of young children typically have with their child care providers) by linking child abuse and prevention with early childhood programs and services

University of Wisconsin Public Health Policy Institute, (2007). "Report Card on Child and Young Adult Health."

1. Increase promotion of health for infants who live in Milwaukee County, African American infants, Native American infants and infants whose mothers have no more than a high school diploma and male children

Commonwealth Fund, (May 2008). "U.S. Variations in Child Health System Performance: A State Scorecard."

1. Increase preventative medical and dental appointments to children living at 0-99% of the federal poverty level and Hispanic children

Office of Wisconsin Governor Jim Doyle, (Spring, 2004). "KidsFirst: The Governor's Plan to Invest in Wisconsin's Future."

1. Provide grants to local community groups to enhance outreach and target Hispanic and Hmong families eligible for Medical Assistance
2. Expand the Prenatal Care Coordination Lead Poisoning Prevention Initiative, enabling health officials to visit more homes of pregnant mothers and encouraging property owners to enroll in U.S. Department of Housing and Urban Development Lead Hazard Reduction Project
3. Modify Wisconsin's Children's Health Insurance Program to include prenatal care coverage to undocumented immigrants upon first notice of pregnancy
4. Pursue a federal Temporary Assistance for Needy Families (TANF) allowance to provide cash assistance in the 3rd trimester of an eligible W-2 (Wisconsin TANF) recipients first pregnancy
5. Provide additional funds to Fight Asthma Milwaukee, the Milwaukee asthma coalition and provide funding to track asthma and target populations most affected
6. Improve immunizations by directing local health departments and tribal clinics to use federal funds to expand clinic hours into evenings and weekends; add a Geographic Information System to the immunizations registry to pinpoint pockets of under-immunized children; increase outreach and education to improve immunization rates in Milwaukee
7. Establish a statewide quality assurance and improvement system to ensure better handling of child maltreatment cases and improve system accountability;

improving on the past practice by proactively reviewing child welfare case procedures and reducing variation across the state with the goal of preventing child tragedies

8. Target additional state resources to counties that have the highest turnover rates and most significant need for case worker and supervisor training; this funding will help to recruit, train and retain a quality child welfare workforce
9. Reduce caseworker turnover by attracting and training a more diverse and experienced child welfare workforce from within targeted communities, and expand hands-on training experiences for caseworkers
10. Create an ombudsman for children in the Milwaukee child welfare system; the ombudsman will have the power to investigate complaints and concerns, and will issue recommendations to the child welfare agency
11. Work with the courts to ensure that families identified as having significant child protection concerns receive continued monitoring, even if they stop participating in the Safety Services program
12. Pass legislation directing the court to specify conditions for return to the parental home in the removal order, when a child is removed to out-of-home care and pass legislation eliminating jury trials in Termination of Parental Rights cases
13. Increase collaboration between law enforcement, child welfare, corrections and victim services collaborate to establish protocols for when children are present during domestic violence
14. Pass legislation permitting judges to increase the sentence severity of domestic violence perpetrator if the acts were committed in front of children
15. Pass legislation setting the following standards: rear-facing seat for infants until they are 20lbs/1 year; forward facing seat toddlers 20-40 lbs/1-4 years; booster seat for children 40-80 lbs/4-7 years. Department of Transportation should expand public awareness to parents about child transportation safety
16. Increase reimbursement rate for foster parents; provide foster care subsidies for relatives willing to serve as court-appointed guardians for children needing out-of-home care
17. Streamline and where possible combine eligibility processes for human service programs

Wisconsin Public Health Council. "Progress Report Healthiest Wisconsin 2010 Health Priority: Access to Primary and Preventive Health Services" (April 2009); "Final Progress Report Healthiest Wisconsin 2010 Health Priority: Mental Health and Mental Disorders" (January 2009).

1. Increase primary care and dental workforce in urban and rural areas: expand scholarships, loan forgiveness, and other funding support for students interested in providing care in inner cities and rural areas; develop tax credits for practitioners
2. Implement Medicaid pay-for-performance measures that address access to primary and preventive health services
3. Monitor water fluoridation quality and advocate for the expansion of community water fluoridation programs
4. Expand training in multi-cultural competence among primary care office staff and providers

5. Increase capacity for dental services in federally qualified health centers and school-based clinics to serve high-risk and/or underserved populations

Wisconsin Department of Health Services Enterprise Performance Measures, (2010). "# 9 Children's Access to Dental Care."

1. Improve access to dental care for children in Medicaid program
    a. Expand the Seal-A-Smile (dental sealant program)
    b. Expand access to fluoridated water, fluoride varnish and mouth-rinse programs
    c. Provide incentives for dental providers to increase Medicaid recipients
    d. Expand loan forgiveness for dentists/dental hygienists that provide care to Medicaid recipients, require service to Medicaid recipients as part of the state dental tuition assistance program

Wisconsin Council on Children & Families, (2009). "Wisconsin Early Childhood Collaborating Partner's Early Childhood Comprehensive Systems Plan."

Assure expansion of Medicaid certification for dental hygienists as Medicaid providers, allowing direct reimbursement for cleanings, fluoride, and sealant application

3. Increase use of Medicaid reimbursements cover fluoride treatments
4. Expand Marquette Dental School and Technical College connections to provide restorative and preventive dental care for low-income and uninsured children
5. Increase collaboration of quality dental services with Head Start and 4K programs

See also Cost of Delay: State Dental Policies Fail One in Five Children (2009) for similar dental health recommendations.

Wisconsin Food Security Consortium, (2008). "Ending Hunger in Wisconsin, an Action Plan."

1. Increase healthy and affordable grocery stores located near low-income consumers, facilitate transportation and promote healthy inventory at retail grocery outlets
2. Ensure and encourage access to farmer's markets, community supported agriculture (CSA), co-ops, food buying clubs and community and home gardens
3. Expand use of federal nutrition programs through outreach and education
4. Reduce barriers to participation in federal nutrition programs by increasing options for accessing applications, improving customer service/client experience at application sites and improving local and state implementation of federal programs
5. Increase access to food pantries and increase overall food supplies for emergency food providers. Develop outreach for federal nutrition programs at food pantries
6. Recommendations for the Women, Infants, and Children (WIC) program are to provide state WIC supplement to increase breast feeding support, maintain state WIC funding, and use electronic benefit transfer (EBT) in the WIC program

CHILD MENTAL HEALTH & SOCIO-EMOTIONAL WELL BEING

Wisconsin Council on Children & Families, (2009). "Wisconsin Early Childhood Collaborating Partner's Early Childhood Comprehensive Systems Plan."

1. Provide quality treatment and follow-up services for parents and primary care givers with substance abuse, mental health issues or domestic violence
2. Build network of trained infant and early childhood mental health professionals
3. Increase number of child-friendly interview rooms (Child Advocacy Centers) to decrease child trauma when disclosing abuse and neglect
4. Provide training for law enforcement related to children on the scene of domestic violence situations
5. Develop payment/reimbursement systems to promote healthy family relationships, including parent-child (dyadic) relationship and service coordination
6. Extend W-2 (Wisconsin Temporary Assistance for Needy Families program) work exemption for single parents with infants from 3 to 6 months

Wisconsin Department of Children & Families (2009). "Head Start State Collaboration Office Needs Assessment Report 2008-2009."

2. Facilitate technical assistance and professional development to increase statewide access to mental health services for young children
3. There a need for increased bilingual and bicultural services, especially mental health services for Spanish speakers

National Alliance on Mental Illness (NAMI), (2009). "Ranking of state mental health systems."

1. NAMI evaluated state mental health systems on health promotion and measurement, financing and core treatment/recovery services, consumer and family empowerment, and community and social inclusion. Based on the categories Wisconsin earned an overall grade C and the urgent needs for Wisconsin were identified as:
    a. A statewide financing and data systems for mental health services
    b. Fidelity to evidence-based practice standards for mental health services
    c. Cultural competence in mental health service provision
    d. Crisis intervention teams and jail diversion expansion and mental health courts

Substance Abuse and Mental Health Services Administration (SAMHSA), (2007). National Performance Measures and State Data, State Substance Abuse and Mental Health Program Descriptions, "Unmet Needs for Persons with Mental Illness, Children."

1. There is a need for increased collaboration between child-serving human service agencies, this can be achieved in part through the continued expansion of wrap around programs called Coordinated Service Teams
2. There needs to be sufficient targeted services for homeless families with children serious emotional disturbance

3. There needs to be sufficient child psychiatry and child psychology services to meet demand

Fight Crime Invest in Kids, (2006). "New Hope for Preventing Child Abuse and Neglect in Wisconsin: Proven Solutions to Save Lives and Prevent Crime."

1. Ensure that all pregnant women who are addicted to alcohol or drugs have access to substance abuse treatment programs
2. Provide mental health services to all mentally ill parents

Office of Wisconsin Governor Jim Doyle, (Spring, 2004). "KidsFirst: The Governor's Plan to Invest in Wisconsin's Future."

1. Target grants for integrated community-based services that specifically address the needs of families in the child welfare system including services for domestic violence, substance abuse, mental health treatment

Wisconsin Department of Health Services, (1996). "Governor's Blue Ribbon Commission on Mental Health Care."

1. Maintain and build upon existing linkages between county mental health systems and other county-coordinated human and "safety net" services, including child welfare, criminal justice, and adult protective services

PARENT EDUCATION

Wisconsin Council on Children & Families, (2009). "Wisconsin Early Childhood Collaborating Partner's Early Childhood Comprehensive Systems Plan."

1. Develop universal evidence-based home visiting programs to support at-risk new families
2. Develop a state system of quality improvement, program development and financial sustainability of home visiting programs

Children's Trust Fund, (2009). "Home Visiting: Preventing Child Maltreatment in Wisconsin."

1. Identifying gaps (family service needs) in home visiting services and practices
2. Focus on effective implementation of home visiting program models
3. Secure stable funding (many home visiting programs are currently funded on a year-to-year basis by small grants which threatens program sustainability)

Fight Crime Invest in Kids, (2006). "New Hope for Preventing Child Abuse and Neglect in Wisconsin: Proven Solutions to Save Lives and Prevent Crime."

1. Implement a high quality home visiting program such as the Nurse Family Partnership and pre-kindergarten parent training to all at-risk families

Office of Wisconsin Governor Jim Doyle, (Spring, 2004). "KidsFirst: The Governor's Plan to Invest in Wisconsin's Future."

1. Create a universal system of voluntary home visits offering parent education for every new parent in Wisconsin

Arena	Date	Indicator	Financial	Source
Child Health	2007	87.3% of WI children, 0 to 17 years, have very good or excellent overall health (national average 84.4%)		National Survey of Children's Health, 2007: Profile for WI vs. Nationwide. (2007). p.1.
Child Health	2003	11.7% of children statewide are reported by parents to be in poor, fair or good; only 6.3% of children in higher-income homes are reported to be in poor, fair or good health [1]		Robert Wood Johnson Foundation Unrealized Health Potential: A Snapshot of WI. (2008). p.1, 4.
Child Health	2007	11.2% of children, 0 to 17 years, currently have 1 or more moderate/severe chronic health condition [2]		National Survey of Children's Health, 2007: Profile for WI vs. Nationwide. (2007). p.1, 4.
Child Health & Mortality	2008	Of children, 0 to 17, there were 134 deaths, 112,568 emergency department visits, and 3,789 injury hospitalizations		WI Interactive Statistics on Health (WISH) data query. Reported in Memo for the Department of Public Health, (5/11/2010). p.2.
Child Mortality	2007	Death rate of children, 1 to 4 years, 26 per 1,000 live births (73 deaths)		Public Health Profile for the State of WI, 2007. p.3.
Child/Young Adult Mortality	2007	Mortality rate of children, 1 to 24 years, by race and gender per 100,000: 42 for all youth; 58 for males; 25 for females; 66 for African-Americans; 41 for Asian; 1 for Hispanic/Latino; 66 for Native American; 39 for White Non-Hispanic		Health of WI Report Card 2007: University of WI School of Medicine and Public Health. (2007). p.6, 7.
Health Care: Unmet Need	2008	1% of children, 0 to 17 years, needed medical care during past year but did not receive it		Healthiest WI 2010 Data: State Health Plan. WI Department of Health Services p. 16.
Health Care : Unmet Need	2007	6.4% of children, 0 to 17 years, were reported by a parent to have had an unmet need for medical, dental, mental health or other health care service sometime in the last 12 months		National Survey of Children's Health, 2007 Profile for WI vs. Nationwide. p.1.
Health Care Services	2007	77.1% of children under 12 years of age that received at least one physical exam a year	Title V block grant, Maternal Child Health funds	WI Department of Public Health: State Performance Measures. p.14.
Health Care Services	2007	89.5% of BadgerCare Plus HMO enrolled children, age 2-18 years, received appropriate care for respiratory infections		BadgerCare Plus Managed Care Quality Assurance Measures Final Report 2009. p.7.
Health Care Services	2007	Maternal Child Health Resource hotline received 8,634 calls (provides information on Birth to Three, Children with Special Health Care Needs, WIC nutrition program, Prenatal Care, FoodShare); WI Family Services hotline provides similar information and received 1,932 calls		WI Department of Public Health: Agency Capacity. p.9.
Health Insurance Coverage	2008	Source of health insurance coverage for children 0 to 17 years: 76% employee sponsored; 15% Medicaid/BadgerCare Plus; 4% none; 3% private (also includes some specialized Medicaid); 2% other		WI Health Insurance Coverage. (2008). p.18.
Health Insurance Coverage	2009	Medicaid enrollment for children, 0 to 17 years, and their families: 555,373 program enrollees in February of 2009 (point-in-time)		WI Department of Public Health: State Overview. (2009). p.13.

Arena	Date	Indicator	Financial	Source
Health Insurance Coverage	2008	Annual duration of any source of health insurance coverage for children, 0 to 17 years, statewide: 93% had insurance all year; 5 % had coverage at least part of the year; 3% were uninsured all of the year		WI Health Insurance Coverage. (2008). p.6, 7.
Health Insurance Coverage	2008	Lack of health insurance coverage for children, 0 to 17 years, living in low-income households: 11% in poor households are without insurance; 14% in near-poor households are without insurance		WI Health Insurance Coverage. (2008). p.9.
Health Insurance Coverage	2010	BadgerCare enrollment March 2010 (point-in-time): children 441,095; pregnant women 18,525		BadgerCare+ State Report March 2010 Enrollment. p.1.
Health Insurance Coverage	2007	27.4% of insured children have coverage that does not usually/always meet adequacy criteria: health needs are met, allowed to see needed provider, out-of-pocket expenses are reasonable		National Survey of Children's Health, 2007 Profile for WI vs. Nationwide. p.1.
Health Insurance Coverage: Head Start	2008	88% of Head Start enrolled children with access to health insurance at the beginning of the program year, 92% of children had access at the end of the program year		WI Head Start by the Numbers 2008 PIR Profile. p.2. http://www.clasp.org/admin/site/publications_states/files/headstartdata2008wi.pdf
Health Screenings	2009	New Born Screening Program (Genetic Congenital Disorders Program) coordinates with the State Laboratory of Hygiene to screen infants for 47 disorders; program also provides referral services and dietary treatment	2009 spending allocation $2,391,400; funded by program-generated income collected from a fee for the blood card for each birth	Information reported in Bureau of Community Health Promotion 2009 Summary of Grant. p.3. Programs. Cited by Memo by the Department of Public Health, (5/11/2010).
Health Screenings	2004	95% of newborns are screened for hearing problems prior to hospital discharge (WI Sound Beginnings Programs)	2008-2011 funding is $300,000 and comes from federal Maternal and Child Health Block Grant and a grant from the Center for Disease Control [3]	WI DHS, Maternal Child and Health Block Grant. (2006). p.43.
Health Screenings	2001	88% of children received recommended Health Checks: 89% of infants under 1 year old; 77% of 1-2 year olds; 53% of 3-5 year olds; 61% of 6-9 year olds		WI School Readiness Indicator Initiative: The Status of Readiness Indicators in WI. (2003). p.28.
Health Screenings: Head Start	2008	86% of Head Start enrolled children received the required Head Start medical and dental screenings; of those screened 16% required follow-up care; 94% of those requiring follow-up care received treatment		WI Head Start by the Numbers 2008 PIR Profile: CLASP. p.2.
Births	2007	70,302 births; of these 61,216 mothers reported they did not smoke during pregnancy [4]		WI Department of Public Health: State Performance Measures. p.16.
Births	2003	26,687 births (38.1%) of all births in WI were paid for by Medicaid		Kaiser Family Foundation State Health Facts: WI. p.13.
Births	2005	2.26 per 1,000 live births, is the rate of trauma injury to the neonate during birth		US Department of Health & Human Services: Agency for Healthcare Research & Quality WI. (2008). p.1.

Arena	Date	Indicator	Financial	Source
Births	2004	30 births per 1,000 are teen births (15-19 years old) [5]		Opportunities to Make WI the Healthiest State. (2008). p.4.
Birth Weight	2005	1.3% of live births are very low birth weight (less than 1500 grams)		US Department of Health & Human Services: Agency for Healthcare Research & Quality WI. (2008). p.1.
Birth Weight	2007	6.7% of live births are low birth weight (less than 2500 grams); (6.2% White, 13.5% Black, American Indian 6.8%, Hispanic 6.2%, Laotian/Hmong 6.1%)		WI Department of Public Health: State Overview. p.8, 9.
Infant Mortality	2007	Total infant mortality rate 6.4 per 1,000; White 4.9, Black 17.2, American Indian 8.1, Hispanic 6.0, Laotian/Hmong 6.5; Of total infant mortality, neonatal mortality rate is 4.0 per 1,000 & post neonatal mortality 2.4 per 1,000		Public Health Profile for the State of WI 2007. p.3; WI Department of Public Health Block Grant: State Overview. p.8.
Infant Mortality	2007	Secured funding for the reduction of fetal and infant mortality	State legislators from Racine secured $250,000 of state General Purpose Revenue funds allocated to Department of Health and Family Services for the reductions of fetal and infant mortality	WI Department of Public Health Block Grant: State Performance Measures. p.23.
Sudden Infant Death Syndrome (SIDS)	2002-2004	Rate of SIDS by major race/ethnic groups: total post-natal death rate due to SIDS 0.87 per 1,000 live births: 0.56 Non-Hispanic White, 3.38 Non-Hispanic Black, 3.62 American Indian, 0.67 Hispanic		WI Title V MCH/CYSHCN Services Block Grant Needs Assessment 2006-2010. p.138.
Dental Health	2007	75.5% of children, 1 to 17 years, had teeth are in very good or excellent condition; 7.4% of children had 2 or more oral health problems (toothache, decayed teeth, cavities, broken teeth, bleeding gums) in the last 6 months		National Survey of Children's Health, 2007: Profile for WI vs. Nationwide. p.1.
Dental Health Funding	2010	Oral health for children programs: Pediatric services at Marquette Johnston Clinic, Seal-A-Smile	Marquette Johnston Clinic funded by state general purpose revenue, $59,000 each in fiscal years 2010 and 2011; Seal-A-Smile is funded by state general purpose revenue, $118,800 each in fiscal years 2010 and 2011, program also funded by 3-year $259,000 grant from Health Resources Services Administration (ND) and a one-time, 2-year grant from Delta Dental for $241,000 each year (ND)	Memo, WI Department of Public Health, (5/11/2010). p. 6.
Dental Health: Head Start	2003	24% of children, 3 to 6 years, in a sample of Head Start programs had untreated tooth decay		Healthy Smiles for Head Start. (2003). p.17.
Dental Health: Head Start	2003	3.1% of children, 3 to 6 years, in a sample of Head Start programs were in need of urgent dental care		Healthy Smiles for Head Start. (2003). p.17.

Arena	Date	Indicator	Financial	Source
Dental Home: Head Start	2008	50% of Head Start enrolled children, had access to a dental home at program entry; 73% of children had access to a dental home at the end of program year		WI Head Start by the Numbers 2008 PIR Profile. CLASP. p.2.
Dental Health Care Service	2007	80.2% of WI children had at least one dental visit in the previous year, compared to 78.4% of children in the U.S. overall		2007 National Survey of Children's Health. Cited by Memo for the Department of Public Health, (5/11/2010). p.1.
Dental Health Care Service	N.D. (report date 2010)	Children receiving at least one dental visit in a year: 66% for children with WI's largest dental insurance provider (Delta Dental); 40% for children continuously enrolled in Medicaid; 25.2% for children not continuously enrolled in Medicaid		Oral Health Education Study, March 2010. Cited by Memo for the Department of Public Health, (5/11/2010). p.1.
Dental Health Care Service	2007	29.1% of children, 3 to 20 years, on Medicaid or BadgerCare with fee-for-service dental benefits, received any dental service in the past year [6]		Healthiest WI 2010 Data: State Health Plan. WI Department of Health Services p.2.
Dental Health Care Service	2007	26.1% of children, 3 to 20 years, on Medicaid or BadgerCare with HMO coverage of dental benefits, received any dental service in the past year [7]		Healthiest WI 2010 Data: State Health Plan. WI Department of Health Services p. 3.
Dental Health Care Service	2006-2008	46% of children, 1 to 17 years, that were uninsured all of the past year had a dental care visit during that year		Healthiest WI 2010 Data: State Health Plan. WI Department of Health Services p.3.
Dental Health Care Service	2006-2008	21 Seal-A-Smile programs statewide (screens and provides sealants to school age children) programs statewide; 8,522 children screened; 5,602 received sealants; 6,724 received topical fluoride; 12,076 received oral health education; 3,671 were referred for dental health treatment	Program funded by state General Purpose Revenue and Health Resources and Services Administration; Cost of sealant placements per child is $21.92, Center for Disease Control estimates a cost per cavity averted of $51.48	WI Department of Public Health: State Performance Measures. p.3.
Dental Health Care Service	2009	Seal-A-Smile sealant program has served 30,000 children over 9 years of program operation; Seal-A-Smile sealant program currently serves less than 25% of high-risk schools	In October of 2009 the WI Department of Health Services, “Children’s Dental Program announced $1.3 million of public/private funding for the Seal-A-Smile program	Pew Center on the States State Fact Sheet: WI. (2009). p.16.
Dental Health Care Service	2008	15 fluoride supplement school-based projects; 17 school-based fluoride mouth rinse programs statewide	State General Purpose Revenue	WI Department of Public Health: State Performance Measures. p.5.
Dental Health Care Service	N.D. (report date 2009)	90% of WI's population on community water supplies has fluoridated water		The Cost of Delay: State Dental Policies Fail One in Five Children, WI. (2009). Pew Center on the States. p.1.
Diabetes	2006	6,000 children and adolescents diagnosed with diabetes		2008 Burden of Diabetes in WI. Cited by Memo for the Department of Public Health, (5/11/2010). p.2.

Arena	Date	Indicator	Financial	Source
Disability Services	2008	3,165 children with disabilities, 0 to 17 years, receiving community long-term care; 2,288 on a waitlist to receive care; of those waiting 85% have care needs due to developmental disabilities, 8% have care needs for physical disabilities, 7% have care needs related to substance abuse or mental health problems	Children's Medicaid waiver programs, oversight by the Division of Long Term Care	WI Department of Health Services: Performance Measures. p.6.
Disability Services	2008	18,505 children, under 17 years, receiving Supplemental Security Income (19% of state SSI recipients)		Kaiser Family Foundation State Health Facts: WI. (2008).
Disability Services	2007	August of 2007, 642 children were receiving Medicaid through the Katie Beck Program (point-in-time count); program provides Medicaid services for children with long term disabilities or complex medical needs that live at home with their families; program is available to families that would not otherwise qualify for Medicaid due to income/assets	Medicaid	WI's Child Mental Health Plan: Federal Fiscal Years 2008-2009. p.174.
Emergency Medical Services	2007-2008	42% of basic life support & 25% advanced life support patient care units in WI have all the essential pediatric equipment and supplies, as outlined in the 1996 American College of Emergency Physicians guidelines	$130,000 grant for March 2010 to February 2011 funded by Health Resources and Services Administration	Emergency Medical Services for Children (EMSC) 2007-08 Performance Measure Data Collection Results WI. p.5; Memo, WI Department of Public Health, (5/11/2010). p.6.
Health Care Funding	2009	11% of WI state Medicaid funding supports health care for children	WI contributes 42% as state share; Federal Fiscal Year 2007, WI ranked last of all fifty states in state funding for public health services at a per capita rate of $9.16 (vs. $33.26) per capita in the U.S.	WI Public Health Council State Health Plan Committee. Progress Report: Healthiest WI 2010. Health Priority: Access to Primary and Preventive Health Services. p.3.
Health Care Funding	2008	Federal matching rate for CHIP (BadgerCare) in fiscal year 2008: 70.33%	Total: $107,044,446 of this State share: $31,761,695, Federal Share: $75,282,751	Kaiser Family Foundation State Health Facts: WI. (2008).
Health Care Funding	2009 application 2007 report	Title V: Maternal and Child Health Block Grant program funding allocations [8]	Total award of $10,800,119. Divided into State operations: $4,393,081 and Local aids: $6,407,038	WI Department of Public Health: Budget Allocations. (2007-2009).
Health Care Funding	2007	Health Resources & Services Administration program Maternal and Child Health funds	WI $16,672,150	Trust for America's Health: State Data HRSA Program Funding FY 2007.
Health Care Services	2007	68.2% of children received medical and dental preventative visit in the past year [9]		Common Wealth Fund State Scorecard: WI. (2009). p.1.
Health Care Funding	N.D. (report date 2010)	Birth Defects Prevention & Surveillance Program, maintains a registry of diagnosed birth defects of children 0 to 2; the program currently funds the following initiatives: Birth defects nutrition consultant network, Wisconsin stillbirth service project, Women's health now & beyond pregnancy project, a folic acid survey	Funding is $95,000 per year	Memo, WI Department of Public Health, (5/11/2010). p.3.

Arena	Date	Indicator	Financial	Source
Health Care Funding	N.D. (report date 2010)	WI programs addressing child injury and death: Infant Death Center (information counseling and support), Children's Health Alliance of WI (created a web-based childhood injury prevention network), Childhood Injury Prevention grant, Injury Surveillance Prevention grant	Maternal Child Health Block grants fund Infant Death Center: $162,000 for 2009 & Children's Health Alliance:$171,000; Center for Disease Control grants fund Child Injury Prevention: $95,000 for 2009-2010 & Injury Surveillance and Prevention: $125, 185 for 2010-2011	Memo, WI Department of Public Health, (5/11/2010). p.4, 6.
Health Care Funding	N.D. (report date 2010)	WI programs supporting perinatal care and needs of families with young children: WI Association of Perinatal Care (education and resources), Pregnancy Risk Assessment Monitoring System (data for assessing and improving health of mothers and infants), La Crosse County (information and referral), Phone hotlines at Gunderson Lutheran Medical Center address concerns related to: Healthy Start, Prenatal Care Coordination (PNCC), WIC, family planning, and women's health issues	WI Association of Perinatal Care funded for $162,500 (source not specified); Pregnancy Risk Assessment Monitoring System is funded by a 5-year grant from Centers for Disease control; Gunderson Lutheran Hotlines funded by Maternal Child Health Block Grant and Children with Special Health Care Needs $80,428	Memo, WI Department of Public Health, (5/11/2010). p.4, 5, 6.
Health Care Funding	N.D. (report date 2010)	Early Childhood Comprehensive System (ECCS) (coordination and integration of 5 components: medical home, mental health, early care and education, family support, parent education), Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) promotes child wellness in target Milwaukee neighborhoods	Early Childhood Comprehensive System is funded $140,000 for June 2010 to May 2011 by Health Services and Resources; Project LAUNCH is funded $882,000 by the Substance Abuse and Mental Health Services Administration	Memo, WI Department of Public Health, (5/11/2010). p.5.
Health Care Funding	N.D. (report date 2010)	Statewide Genetics System at Children's Hospital (genetics advisory committee, care providers network, education, provision of direct genetics services),	Statewide Genetics System funded $225,000 (source not specified)	Memo, WI Department of Public Health, 5/11/2010. p. 4, 5. (Funding amount for the Statewide Genetics System was reported in the Bureau of Community Health Promotion 2009 Summary of Grant Program)
Immunizations	2008	Center for Disease Control National Immunization Survey estimates that 83.6% of WI children 19 to 35 months are fully immunized [10]		Healthiest WI 2010 Data: State Health Plan. WI Department of Health Services p. 1.
Immunizations	2003	55% of children enrolled in Medicaid are fully immunized at 24 months of age		WI DHS, Maternal Child and Health Block Grant. (2006). p.47.
Immunizations	2008-2009	96.1% of school-age children are fully immunized		Healthiest WI 2010 Data: State Health Plan. WI Department of Health Services p. 1.
Immunizations: Head Start	2008	91% of Head Start children had up-to-date immunizations at the beginning of the program year; 95% of children were up-to-date at end of the program year		WI Head Start by the Numbers 2008 PIR Profile: CLASP. p.2.
Medical Home: Head Start	2008	83% of Head Start enrolled children had access to a medical home at the beginning of the program year; 92% had access at end of the program year		WI Head Start by the Numbers 2008 PIR Profile: CLASP. p.2.

Arena	Date	Indicator	Financial	Source
Medical Home	2007	Campaign to promote a medical home for young children included a Medical Home Summit for 140 participants, promotion of WI Medical Home Tool kit; Medical home capacity grants	Early Childhood Environmental Scan grant	WI Birth to Three Annual Performance Report IDEA Part C Federal Fiscal Year 2007. p.11, 12, 13.
Medical Home	2007	62.9% of children with a medical home [11]		Common Wealth Fund State Scorecard: WI. (2009). p.1.
Overweight & Obesity	2008	Children, 2 to 4 years, enrolled in WIC (Women, Infant, and Children nutrition program) that were overweight (Body Mass Index at or above the 95th percentile): 13.6% of all WIC children; 10.2% of African American; 24.1% of American Indian; 16.2% of Asian; 18.5% of Hispanic; 11.3% of white; 13.0% of multiple race children		Healthiest WI 2010 Data: State Health Plan. WI Department of Health Services p. 1.
Overweight & Obesity	2007	Promotion of healthy eating, physical activity and healthy weight for children over age 2 years included activities and educational programs: walkability/bikeability surveys, fruit and vegetable audits, FIT WIC assessments, Safe Routes to School, starting school breakfast programs in 13 schools, school wellness policies, breastfeeding support at work, collaboration with farmers' markets, childcare environment assessments	Performance based contracting, funding source not specified	WI Public Health Department Block Grant: State Performance Measures. p.20.
Overweight & Obesity	2008	7 of 72 counties had the highest rates of obesity in children, 2 to 4, enrolled in WIC (Women, Infant, and Children nutrition program) [12]; Only 6 of 72 counties had low enough rates to meet the Healthy WI goal of 9.4% obesity		Obesity, Nutrition, and Physical Activity in WI. (2008). WI Department of Health Services. p.60.
Perinatal Care	2007-2009	WI Association for Perinatal Care statewide and targeted activities: presentations, written materials, conferences, Becoming a Parent checklist, promotion of folic acid, Racine pilot for post partum depression screenings, Healthy Birth Toolkit	WI Association for Perinatal Care is the grantee for the Statewide Program to Improve Maternal Health and Maternal Care	WI Public Health Department Block Grant: Agency Capacity. p.7.
Prenatal Care	2007	Live births, all ethnic groups, reporting the timing of first prenatal visit: 83% 1st trimester, 13% 2nd trimester, 2% 3rd trimester, 1% no visits		Profile for the State of WI 2007. Department of Health Services. p.2.
Prenatal Care	2003	Women with live births who reported receiving prenatal care during the 1st trimester: 84.7% of all pregnant women; 88.3% of white, 73.5% of black; 71.0% of American Indian, 71.0% of Hispanic, 54.2% of Laotian/Hmong		WI DHS, Maternal Child and Health Block Grant. (2006). p.43.
Prenatal Care	2002	94% of women enrolled in Medicaid received at least 5 prenatal visits, 88% of these women received "adequate" prenatal care in the early stages of pregnancy		KidsFirst: The Governor's Plan to Invest in WI's Future. (2004). p.48.

Arena	Date	Indicator	Financial	Source
Prenatal Care	2007	1,513 women were enrolled in the First Breath Program, smoking cessation for pregnant women offered to pregnant women receiving Prenatal Care Coordination services through Medicaid; in 2008 there were 102 program sites; preliminary analysis indicates a 36% abstinence rate	Title V Program	WI Public Health Department Block Grant: State Performance Measures. p.17.
Prenatal Care	2006	Birth certificate data reporting women who smoked during pregnancy: 14.9% of mothers giving birth in 2006 reported smoking while pregnant; of women receiving prenatal assessments through Medicaid 31% reported smoking while pregnant	WI Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy	WI Public Health Department Block Grant: State Performance Measures. p.16, 17.
Special Health Care Needs[13]	2005-5006	9.5% of children, 0 to 5, had special health care needs (compared to national average of 8.8%)		2005-2006 National Survey of Children with Special Health Care Needs: WI.
Special Health Care Needs	2005-2006	15.3% of WI children, age 0 to 17, had special health care needs, compared to 13.9% of children in the U.S. overall; of the WI children 15.5% had an unmet met need for a specific health care service and 5.9% of the families had an unmet need for family support services		2005-2006 National Survey of Children with Special Health Care Needs. Cited by Memo for the Department of Public Health, (5/11/2010). p.1.
Special Health Care Needs	2005-2006	6.4% of children with special health care needs, 0 to 17, were without insurance at some point in the last year; 1.6% were without insurance at the time of the survey; 34.4% of currently insured children had insurance that was inadequate [14]		2005-2006 National Survey of Children with Special Health Care Needs: WI.
Special Health Care Needs	2005-2006	54.6% of children with special health care needs, 0 to 17, receive coordinated, comprehensive care in a medical home; 5.1% of children are without a usual source of care when they are sick (or rely on the emergency room)		2005-2006 National Survey of Children with Special Health Care Needs: WI.
Special Health Care Needs	2005-2006	20.1% of families with a child with special health care needs, 0 to 17, experience financial problems related to their child's condition; 21.7% of families cut back or stop working in order to care for their child		2005-2006 National Survey of Children with Special Health Care Needs: WI. p.25. I
Special Health Care Needs	2001	18.4% of children, 0 to 17 years, with special health care needs had problems getting referrals to specialty care services [15]		Common Wealth Fund State Scorecard: WI. (2009). p.41.
Asthma	2007	8.1% of children, 0 to 17, currently have asthma [16]; an additional 3.4% of children had asthma at some point but not at the time of the survey		2007 National Survey of Children's Health. Cited by Memo for the Department of Public Health, (5/11/2010). p.2.
Asthma	2002	109 per 100,000 children 0 to 17, is the rate of hospital admissions for pediatric asthma [17]		Common Wealth Fund State Scorecard: WI. (2009). p.2.

Arena	Date	Indicator	Financial	Source
Asthma	2008	742 children, 0 to 4, were hospitalized with asthma as the primary diagnosis in 2008 [18]		Healthiest WI 2010 Data: State Health Plan. WI Department of Health Services p.1.
Asthma	N.D. (report date 2004)	6% of all WI children and 11% of African-American children have asthma		KidsFirst: The Governor's Plan to Invest in WI's Future. (2004). p.47.

1. Wisconsin ranks 13th nationally based on the size of the gap in children's health status by family income (Robert Wood Johnson Foundation Unrealized Health Potential: A Snapshot of Wisconsin).
2. Chronic conditions included: learning disability, attention deficit disorder, depression, anxiety, behavioral/conduct problems, autism/Asperger's, developmental delay, speech problems, Tourette Syndrome, asthma, diabetes, epilepsy/seizure disorder, hearing problems, vision problems, bone/joint problems, and brain injury.
3. Funding information taken from Memo to the Wisconsin Public Health Department, 5/11/2010.
4. Birth counts taken from the WI Interactive Statistics on Health (WISH) .
5. Wisconsin teen birth rate is lower than U.S. average (~41 per 1,000) but higher than Minnesota's rate (~26 per 1,000) (Opportunities to make Wisconsin the Healthiest State).
6. According to The Cost of Delay: State Dental Policies Fail One in Five Children by the Pew Children's Dental Campaign (2009), 25.7% of Medicaid-enrolled children get dental care, compared to 38.1% of all children nationally. Wisconsin Medicaid reimburses 40.1% of dentists median fees, compared to 60.5% nationally.
7. According to a 5/11/2010 Memo by the Department of Public Health, the U.S. average 2007 receipt of dental services for uninsured children was 41.1%.
8. According to a 5/11/2010 Memo by the Department of Public Health, more than 60% of Maternal and Child Health Block Grant Funds support public health programs and services that address children's health needs at the local/community and statewide levels; remaining funds support state level resources that aid local programs and services (see pp. 2-3 of 2009 Wisconsin Department of Public Health: Budget Allocations for a list of services).
9. This rate gave WI a national rank of 35th.
10. Wisconsin Department of Health Services: Performance Measures January 2010 reports the measure of immunized children 19 to 35 months at 79.6%.
11. This rate gave WI a national rank of 16th.
12. Iron, Vilas, Menominee, Oconto, Kewaunee, Clark, Dunn, Pepin, Outgarnie, Calumet, Adams, Columbia, Richland, Iowa, Green, Jefferson, Walworth, & Kenosha.
13. Children with special health care needs (CSHCN) include children with the following: attention deficit hyperactive disorder, asthma, autism spectrum disorders, childhood cancers, cerebral palsy, deaf or blind, diabetes, Down Syndrome, heart disease, and mental health conditions.
14. Insurance coverage was considered to be inadequate if a parent did not responde that any of the following were "usually" or "always" true: plan allowed child to see the health care providers they need, plan offers benefits and services that meet their needs, costs not covered by the plan are reasonable.
15. This rate gave WI a national rank of 14th (with 1st being the best rank).
16. WI ranked 16th lowest among 51 reported states.
17. WI ranked 12th lowest nationally.
18. Children living at 0-99% of the federal poverty level and Hispanic children were identified as the most vulnerable to failing to have a medical home (Healthiest Wisconsin 2010 Data).

Arena	Date	Indicator	Financial	Source
Birth to Three Program	2006-2007, 2008	2.7% of children, 0 to 36 months (0.91% of children 0 to 12 months), are being served by Birth to Three[1]; of those 98% received timely (within 30 days) intervention and services	Funded by Federal IDEA (Individuals with Disabilities Act) Part C [2]	Birth to Three Annual Performance Report Part C. (2007) p. 2, 7, 25. WI Department of Public Instruction, (2009). "Individuals with Disabilities Education Act (IDEA) Data."
Birth to Three Program	2007	82% of children enrolled in Birth to Three services received transition planning prior to 3rd birthday[3]		Birth to Three Annual Performance Report Part C. (2007) p. 3.
Developmental Delay	2008-2009	1.37% of children age 3-5 were coded as having a developmental delay as defined by IDEA (Individual with Disabilities Education Act) Part B		WI Department of Public Instruction, (2009). "Individuals with Disabilities Education Act (IDEA) Data."
Developmental Delay	2003	23.6% of children, 1 to 5 years, were determined to be at moderate/high risk for developmental delay[4]		State Scorecard on Health System Performance. (2008). Common Wealth Fund. p. 52, 53.
Developmental Delay	2007	9.1% of children, 1 to 5 years, have a written intervention plan (IFSP or IEP)[5] to address developmental problems		National Survey of Children's Health, 2007: Customizable Profile for WI vs. Nationwide. p.1.
Developmental Screening	2007	25.9% of children, 10 months to 5 years, had a health care appointment in the last year that included a developmental screening		National Survey of Children's Health, 2007: Customizable Profile for WI vs. Nationwide. p.1.
Public Early Childhood Special Education	2008	15,153 children are in special education funded by Federal IDEA (Individuals with Disabilities Education Act) Part B; 7.12% of children age 3 to 5 are enrolled in some kind of special education[1]	$7.9 million federal and state funding for all special early childhood education programs; local schools who pay about 53% of all funding for early childhood special education, the federal government provides about 16% and the state 28%	Current Status of Early Childhood Programs and Services. p. 5; WI's Early Care and Education Landscape: Planning for a Coherent System. WI Council on Children & Families. (November 2009). p.11, 17. ; WI Department of Public Instruction, (2009). "Individuals with Disabilities Education Act (IDEA) Data."
Family Support: Parents as Leaders (PALS)	2007	PALS program is offered through the Waisman Center at the University if Wisconsin that provides support for parents/caregivers of children with special needs who are 6 years old or younger; 2005-2007 PALS leadership trainings attended by 37 participants from 18 counties	PALS is supported by the WI Department if Health Services, Birth to 3 program	Waisman Center: University of Wisconsin (2007). "Parents as Leaders (PALS): 2005-2007 Biennial Report."
Family Support: Parent-to-Parent	N.D. (report date 2010)	Parent-to-Parent program provides matched mentors, training and support for parents of children with developmental delays and/or disabilities	Parent-to-Parent is funded $47,000 (source not specified)	Memo, WI Department of Public Health, 5/11/2010. p. 4, 5.
Family Support: Wisconsin Family Assistance Center for Education, Training and Support (FACETS)	2009	FACETS offers one-on-one support & facilitates support groups for parents of children with disabilities/receiving Birth to 3 services;also provides parent education, workshops & leadership training		Wisconsin Family Assistance Center for Education, Training and Support (FACETS), (2009). Programs: "Parent Training & Information Center" "Parent Technical Assistance Center"
Family Support: Family Voices of Wisconsin	2010	Provides resources & referrals for parents of children with special health care needs and/or disabilities; conducts the "Did you Know? Now you Know!" five-module training series on health care and community supports		Family Voices of Wisconsin, (2010). "Resources & Links" "Did you Know? Now you Know!"

Arena	Date	Indicator	Financial	Source
Family Support: Funding	N.D. (report date 2010)	Children with Special Health Care Needs Program (five regional centers) provided information, referral and follow-up services for 2,638 children in 2008; families may also receive support services from Family Voices of WI (parent support network) and WI Medical Home Autism Spectrum Disorder Connections Initiative (improves services with infrastructure and family support)	Autism Spectrum Disorder Connections Initiative funded by the Combating Autism Act Initiative: $300,000 for 2008-2011. Financial information for the Children with Special Health Care Needs Program and Family Voices of WI not provided	Memo, WI Department of Public Health, (5/11/2010). p.4, 5.

1. Birth to 3 is Wisconsin's early intervention program for infants and toddlers with developmental delays and disabilities and their families.
2. IDEA Part C governs how states and public agencies provide early intervention services for infants and toddlers, birth to 2, with disabilities. IDEA Part B governs special education and related services for children and youth, ages 3 to 21; Part D authorizes national program activities and federal funding for research and innovation, personnel preparation, technical assistance, parent training and information, technology, media services, and studies and evaluation.
3.Transition plans are plans to meet any service needs following discharge from the program.
4. This rate gave WI a rank of 26th lowest nationally.
5. Individualized Family Service Plans (IFSP) serve children under age 3 and Individual Education Plans (IEP) serve children age 3 to 21. IDEA (Individuals with Disabilities Education Act) Part C governs services for children birth to 3, IDEA Part B governs children age 3 to 21.

Arena	Date	Indicator	Financial	Source
Food Insecurity	2006-2008	10.1% of WI households reporting low or very low food security		Household Food Security in the United States, 2008. Economic Research Service/USDA. p.20.
Food Insecurity	1996-2000	Households reporting food insecurity by family structure: 12% of all WI households with children; 33% of single mother households; 7% of married with children households. Over 50% of households participating in WIC were food insecure.		Ending Hunger in WI (September 2008). p.5, 6.
WIC (Women, Infants, and Children supplemental food program)	2007	196,725 statewide WIC participants in one year, of those: 59,699 were pregnant or postpartum; 40,096 infants; 96,930 age 1 to 4		WI Department of Health Services Public Health Profile. (2007). p.1.
WIC (Women, Infants, and Children supplemental food program)	2002	Estimated 29% of children, 0 to 5 years, are eligible for WIC; of those 79% are enrolled		WI School Readiness Indicator Initiative: The Status of School Readiness Indicators in WI. (2003). p.24.
Child Care Food Program	2001	13,429 (estimated) children, 0 to 5 years, receiving free/reduced-price meals in the child care food program	WI Child Care food program is administered by the Department of Public Instruction (DPI); funding sources for the Department of Public Instruction include State General Purpose Revenue, Individuals with Disabilities Education Act Part B, Local property tax	WI School Readiness Indicator Initiative: The Status of School Readiness Indicators in WI, 2003. p.29; WI Early Care & Education Landscape: Planning for a Coherent System. (2009) p.10.
Child Care Food Program	2007-2008	Total meals served in child care centers for non-needy children: 10,459,53; Total reduced-price meals served in child care centers: 1,355,207; Total free meals served in child care centers: 10,540,069	Federal meal reimbursement payments to child care centers: $21,385,734	Participating and Funding Data for Food and Nutrition Programs Operating in WI Schools and Institutions School Year 2007-2008. p.1.
Child Care Food Program	2007-2008	Total meals served in day care homes: 13,081,607	Federal meal reimbursement payments to day care homes: $14,381,073 Administrative expense payments to day care homes: $2,561,421	Participating and Funding Data for Food and Nutrition Programs Operating in WI Schools and Institutions School Year 2007-2008. p.1.
Breastfeeding	2006	75.5% of WI infants were ever breastfed; 48.6% breastfed at 6 months; 25.9% breastfed at 12 months		Centers Disease Control and Prevention, (2006 Births). Breastfeeding Report Card, US: Outcome Indicators.
Breastfeeding	2008	WIC (Women, Infants, and Children supplemental food program) participating infants that were breastfed at least 6 months: 13.4% of African American infants; 21.3% of American Indian; 16.8% of Asian; 40.2% of Hispanic; 27.0% of white; 20.9% of multiple race infants		Healthiest WI 2010 Data: State Health Plan. WI Department of Health Services p. 3.

Arena	Date	Indicator	Financial	Source
Automobile Safety	2007	330 children (2.6 per 100,000 children age 0 to 15 years), 0 to 15 years, killed or seriously injured in motor vehicle crashes statewide		Healthiest WI 2010 Data: State Health Plan. WI Department of Health Services p.2.
Automobile Safety	2004	WI parents improperly secure infants and young children in motor vehicles 80% of the time		KidsFirst: The Governor's Plan to Invest in WI's Future. (2004). p.22.
Childhood Injuries	2007	11.6% of children, age 0 to 5, had injuries requiring medical attention within the previous 12 months		National Survey of Children's Health, 2007: Profile for WI vs. Nationwide. p.1.
Childhood Injuries (preventable hospitalization)	2005	6.9 per 1,000 children, all ages, statewide rate of preventable hospitalizations		Annie E. Casey Foundation Kids Count Data Center: Profile for WI.
Child Maltreatment Prevention	2008	64 WI counties responded to a prevention scan survey; this data was used to compile the type and array of prevention programs offered throughout the state; 53% offer in-home therapy; 47% offer mental health; 12% offer substance abuse; 12%, 67% offer support groups[1]	Estimate $0-238.35 per child capita; estimate includes stated, federal, private foundations, competitive grants, county levy and other funding sources	Investments in Child Abuse and Neglect Prevention in WI: Where We Stand and Directions for the Future. Children's Trust Fund & WI Council on Children and Families. (DRAFT 4/14/2010). p.9, 10.
Child Maltreatment Prevention	2007-2009	Blue Ribbon awareness during child abuse prevention month; social marketing campaign: distributes 150,000 blue ribbon pins and information cards, 150,000 “keep kids safe” wristbands, media information and educational materials	Funded by Children's Trust Fund	Wisconsin Child Abuse and Neglect Prevention Board 2007-2009 Biennial Report, (2010). Children's Trust Fund. p. 2, 10.
Child Maltreatment Prevention	2007-2009	2-hour training “Building Protective Factors with Families” and trained trainers around the state; In 2009 webcast series “Parent Development: A New Approach to Effective Programming” provided professional development to 400 parent educators around WI	Funded by Children's Trust Fund	Wisconsin Child Abuse and Neglect Prevention Board 2007-2009 Biennial Report, (2010). Children's Trust Fund. p. 13.
Child Maltreatment Prevention	2007-2009	Wisconsin Child Sexual Abuse Prevention Project uses trained facilitators to present group-based education to parents and community members using the Darkness to Light curriculum “Stewards of Children”	Funded by Children's Trust Fund	Wisconsin Child Abuse and Neglect Prevention Board 2007-2009 Biennial Report, (2010). Children's Trust Fund. p. 9.
Child Maltreatment Risk	2007-2009	Strengthening Families Wisconsin trained early care and education providers to carry out child abuse and neglect prevention strategies; group worked with 5 pilot counties to strengthen relationships between early care and education and child welfare	Funded by Children's Trust Fund	Wisconsin Child Abuse and Neglect Prevention Board 2007-2009 Biennial Report, (2010). Children's Trust Fund. p. 13.
Child Maltreatment Risk	2008	Milwaukee and Menominee counties determined to have very high levels of risk for child maltreatment; Racine, Adams, Sawyer, and, Ashland counties determined to have high levels of risk for child maltreatment[2]		Investments in Child Abuse and Neglect Prevention in WI: Where We Stand and Directions for the Future. Children's Trust Fund & WI Council on Children and Families. (DRAFT 4/14/2010). p.4, 5.

Arena	Date	Indicator	Financial	Source
Child Protective Services	2008	56,934 referrals were made to Child Protective Services for suspected maltreatment; of these 26,700 received an initial assessment/investigation; 5,868 reports involving 4,865 children under age 18 were substantiated (i.e., maltreatment was determined to have occurred)	2007 Child welfare spending, including foster care/adoption, in 2006: Total expenditures $330,634,124; of these 51.27% ($169,501,024) federal; 48.73% ($161,133,100) state; $0 local; Major sources of child welfare spending: 6.01% Title IV-B; 72.25% Title IV-E; 4.76% Social Services Block Grant; 6.28% Temporary Assistance for Needy Families (TANF); 7.94% Medical Assistance[3]	Investments in Child Abuse and Neglect Prevention in WI: Where We Stand and Directions for the Future. Children's Trust Fund & WI Council on Children and Families. (DRAFT 4/14/2010). p.3.
Child Protective Services	2008	29.5% of victims of child maltreatment are under 3 years; 24.0% of maltreatment victims are age 4-7 years		WI Children's Trust Fund (2010). "Background Brief #5, What will it Take: Investing in Wisconsin's Future by Keeping Kids Safe Today." p. 2
Child Protective Services	2007	21 deaths of children under age 1, 12 deaths of children 1 to 11 years attributed to abuse or neglect, statewide		Healthiest WI 2010 Data: State Health Plan. WI Department of Health Services p. 1.
Child Protective Services	2008	Services available to families involved with Child Protective Services include: counseling, in-home services, financial management assistance, parent education, and self-help groups	Child Protective Services are state-supervised and county-administered	WI's Child Mental Health Plan: Federal Fiscal Years 2008-2009. p.209.
Child Protective Services	2002	In 2002, 2,789 families (predominantly in Milwaukee County) were receiving home-based family preservation services to reduce the need for foster care placement from the child welfare system		KidsFirst: The Governor's Plan to Invest in WI's Future. (2004). p.17.
Child Protective Services: Timeliness	2010	Under the Bureau of Milwaukee Child Welfare, an average of 4 out of 10 initial assessments are completed within the 60 reporting period		Wisconsin Office of Performance & Quality Assurance, Bureau of Performance Management (2010). “KidStat Performance Report January – March 2010.” p. 13.
Foster Care	2009	In October of 2009 there were 6,924 children in out of home care; the median length of stay on care is 16 months		Wisconsin Office of Performance & Quality Assurance, Bureau of Performance Management (2010). “KidStat Performance Report July - December 2009.” p. 9.
Foster Care: Placement Stability	2010	Of children in out of home care, about 12% have 3 or more placements during the first 12 months in care		Wisconsin Office of Performance & Quality Assurance, Bureau of Performance Management (2010). “KidStat Performance Report January – March 2010.” p. 9
Foster Care: Duration	2010	64-76% of children are reunified within 12 months of entry into out of home care; 18-40% of children are adopted within 24 months of entry into care		Wisconsin Office of Performance & Quality Assurance, Bureau of Performance Management (2010). “KidStat Performance Report January – March 2010.” p.10, 11.
Foster Care: Re-Entry into Care	2010	22-30% of children re-enter out of home care after being reunited with their family		Wisconsin Office of Performance & Quality Assurance, Bureau of Performance Management (2010). “KidStat Performance Report January – March 2010.” p. 12.
Foster Care	2004	2004 WI monthly foster care reimbursement rates: age 2 $302, age 9 $329, age 16 $391[4]		KidsFirst: The Governor's Plan to Invest in WI's Future. (2004). p.13, 14.

Arena	Date	Indicator	Financial	Source
Foster Care: Adoption	2005	906 children adopted through public agencies[5]		Child Welfare League of America National Data Analysis System: State Data Trends for WI. p.1.
Kinship Care	2009	Money spent by State in 2007-2008 on Kinship Care (relative foster care)	$21.2 million	WI Works (W-2) and Other Economic Support Programs. Informational Paper 46. (January 2009). WI Legislative Fiscal Bureau. p.39.
Foster Care	2007	Foster care and adoption financing	Federal Title IV-E Spending. Foster Care FY 2008 $44,948,606: 32.43% maintenance payments; 69.23% admin/child placement services; SACWIS (-)5.83%; 3.24% training; 0.93% waiver demonstration.; Adoption Assistance FY 2008 $45,681,963: 91.01% adoption assistance payments; 8.52% admin; 0.47% training	Child Welfare in WI: Child Welfare Financing. (2010). CLASP. p.1, 2.
Community Response	2010	Community Response pilot in 11 sites in the state offering voluntary support services and referrals to families that came to the attention of Child Protective Services but were not served to due lower levels of risk; combined the pilots received 869 referrals, average acceptance rate of 54%; of those served, 80% of families received at least 1 home visit[6]	The Children's Trust Fund provided funding for all 11 community response pilot sites	Community Response Program Pilot Initiative: Final Implementation Report to the WI Children's Trust Fund. (2010). p. 4, 5, 9.
Domestic Violence	2001	426 per 100,000 reported incidents of family violence		WI School Readiness Indicator Initiative: The Status of School Readiness Indicators in WI. (2003). p.39.
Domestic Violence	2008	Safe Mom Safe Baby program in Aurora is an evidence-based collaborative model for delivering effective primary health care and preventive to pregnant women experiencing domestic violence	Program expanded and sustained with grant award from the Blue Cross Blue Shield asset conversion endowment	WI Department of Public Health: State Overview. p.14, 15.
Family Safety	2007-2009	Grants to 8 Safe Haven Centers (supervised exchange and visitation centers for families impacted by domestic violence, sexual assault and child sexual abuse); in 2008 sites provided services to 522 parents (228 parents received parent education, 206 parents received supervised visitation and 160 parents had a safe place to exchange children) and 625 children	Children's Trust Fund provided $19,355 for Safe Haven Centers in state fiscal year 2009	WI Child Abuse and Neglect Prevention Board 2007-2009 Biennial Report, (2010). Children's Trust Fund. p. 9.
Family Safety	2004	Safe Haven Sites provide secure environments for visitation or transfer of custody of children, ages not specified; WI has 34 exchange and visitation centers; number of families served was not provided (Office of Justice Assistance reports that at least 6,000 families are in need of Safe Haven sites)		KidsFirst: The Governor's Plan to Invest in WI's Future. (2004). p.20.

Arena	Date	Indicator	Financial	Source
Family Safety	2004	Refugee Family Strengthening Project initiative to address family violence in refugee populations; project serves 750-800 refugees (numbers of adults and children not specified) annually	Department of Workforce Development, $563,000 in 2004	KidsFirst: The Governor's Plan to Invest in WI's Future. (2004). p.19, 20.
Lead Testing	2006	Less than 1/3 of children, 1 to 2 years, determined to be at greatest risk for lead poisoning that have been properly tested [7]		Legacy of Lead. (2008). WI Department of Health Services. p.3, 15-18.
Lead Testing	2008	96,107 children under age 6 tested for lead in their blood of those tested 1.7% were positive for lead in their blood; children positive by race/ethnicity: 5.0% of African American tested positive, 0.5% of American Indian; 1.9% Asian; 1.8% of Hispanic; 0.8% of white; 0.8% other/unknown		Healthiest WI 2010 Data: State Health Plan. WI Department of Health Services p. 1, 2.
Lead Testing	2008	Medicaid/BadgerCare recipients tested for lead in their blood by age: 3.7% of children tested before age 1; 54.7% tested at age 1; 45.9% tested at age 2; 11.4% tested age 3-5 with no prior test		Healthiest WI 2010 Data: State Health Plan. WI Department of Health Services p. 2.
Lead Testing	2008	29.4% of children enrolled in Medicaid/BadgerCare under age 6 were tested; of those tested 2.3% were positive for lead[8]		Healthiest WI 2010 Data: State Health Plan. WI Department of Health Services p. 1.
Lead Testing	2007	BadgerCare HMO enrolled children tested for lead in their blood: 65.5% of one year olds had been tested, 55.8% of two year olds had been tested[9]		BadgerCare Plus Managed Care Quality Assurance Measures Final Report, 2009. p.4, 5.
Lead Poisoning	2008	1,166 children were found to have lead poisoning		Memo for the Department of Public Health, (5/11/2010). p.2.
Lead Poisoning	2006	4.7% of children entering the WI school system (age 5) known to ever have had lead poisoning; lead poisoned children have been found in all 72 counties; 90% of lead-poisoned children lived in housing built prior to 1950		Legacy of Lead. (2008). WI Department of Health Services. p.3, 4, 15.
Lead Poisoning	2004	There are 300,000 high-risk homes near the north and south sides of Milwaukee; totaling 31% of all residences		KidsFirst: The Governor's Plan to Invest in WI's Future. (2004). p.2, 16.
Lead Poison Funding	2010	State and federal funds to address lead abatement go to public health departments, the 16th St. Clinic in Milwaukee, and the childhood lead abatement program	State general purpose revenue to public health departments $866,382 in fiscal year 2010 and $866,401 in fiscal year 2011; Federal grant of $1,284,500 FED in fiscal year 2010	Memo for the Department of Public Health, (5/11/2010). p.6.
Neighborhood Safety	2007	89.9% of children, age not specified, living in a neighborhood their parents feel is usually or always safe		National Survey of Children's Health, 2007: Profile for WI vs. Nationwide. p.1.

1. Counties not responding to the prevention scan survey include: Eau Claire, Fond du Lac, Jefferson, Juneau, Langlade, Monroe, Taylor, and Trempealeau.
2. Risk estimates were determined by data taken from Wisconsin Interactive Statistics for Health and Wisconsin's Behavioral Risk Survey. County-level data from four domains: parent characteristics, family situations, child characteristics, and economic circumstances, was summed for each domain and the mean cumulative score of each domain was used to assign risk level.

Arena	Date	Indicator	Financial	Source

3. Obtained from the National Data Archive on Child Abuse and Neglect (2007).
3. Child Welfare in WI: Child Welfare Financing. (2010). CLASP. p.1, 2.
4. In 2004, Wisconsin foster care rates were significantly lower than national averages.
5. Race of adopted children was reported in the document but not included because counting criteria was unclear (the numbers summed to more than total number of reported adoptions).
6. The most common reasons for referral to community response programs were parenting or home environment problems, caregiver well being (health, mental health, domestic violence, substance), assistance linking to community resources, and income/benefits related needs.
7. Blood lead levels tend to be highest when the child is between 18 and 36 months of age due to increased mobility and hand-to-mouth behaviors (Legacy of Lead, p. 10).
8. See footnote #9.
9. Percentages of Medicaid/BadgerCare enrolled children tested for lead are vastly lower than the percentage of BadgerCare HMO enrolled children. Percentages are those listed in the respective reports, information to help reconcile the disparate rates is not available with those reports.

Arena	Date	Indicator	Financial	Source
Attention-Deficit Hyperactivity Disorder (ADHD)	2007	5.1% of children, 2 to 17 years, currently have Attention-Deficit Hyperactivity Disorder or Attention-Deficit Disorder and are taking medication for these conditions		National Survey of Children's Health, 2007: Customizable Profile for WI vs. Nationwide. p.1.
Child Mental Health	2005	4,833 children with serious emotional disturbance (SED) are receiving services from the public mental health system; estimated that 75,530 children with SED are living in WI [1]	Total state mental health agency controlled revenue $579,728,296; state mental health spending for community mental health services (72% of total State Mental Health Agency revenues) $417,643,413; State Mental Health Agency-controlled revenues for Medicaid $135,452,674; per capita mental health spending $104.33	How State Mental Health Agencies Use the Community Mental Health Services Block Grant to Improve Care and Transform Systems: 2007. p.131, 132.
Child Mental Health	2007	61.4% of children that needed mental health care received that care in the previous year [2]		Commonwealth Fund State Scorecard on Health System Performance: 2009. p.1.
Child Mental Health	2007	13,881 children, 4 to 17 years, received services through the public mental health system in fiscal year 2007	Medical Assistance, Department of Mental Health and Substance Abuse Services	WI's Child Mental Health Plan: Federal Fiscal Years 2008-2009. p.202.
Case Management Services	2007	Intensive case managers, referred to as Family Care management, provide services to families whose children (up to age 21) are at risk of serious physical, mental, emotional dysfunction; program includes mothers requiring prenatal care coordination services	Medicaid	WI's Child Mental Health Plan: Federal Fiscal Years 2008-2009. p.171.
Coordinated Services	2007	Coordinated Services Teams (CST) focus on the expansion of children's mental health services and to support families to overcome barriers to service; CSTs include representatives from mental health, child welfare, substance abuse, juvenile justice and public instruction; 41 counties (57%) are involved with CST programs; 8 more counties/tribes planned to be added in 2008 [3]	Children' Initiatives (Coordinated Service Teams & Integrated Service Programs) were budgeted $1,826,500 in 2007; funded by a combination of Mental Health Block Grant, Substance Abuse Block Grant, state General Purpose Revenue, and child welfare dollars	WI's Child Mental Health Plan: Federal Fiscal Years 2008-2009. p.165, 242.
Family Support	2008	WI Family Ties (WFT) employs family advocates to provide opportunities for peer support, education and advocacy for parents and professionals in various regions of the state	Family/Consumer Self-Help and Peer Support Programs were budgeted $874,000; funding primarily from the Mental Health Block Grant	WI's Child Mental Health Plan: Federal Fiscal Years 2008-2009. p.177, 242.
Family Support	2007-2009	Mental Health America of WI provides training and specialized parent education and family support for families with mental health needs	Children's Trust Fund	WI Child Abuse and Neglect Prevention Board 2007-2009 Biennial Report, (2010). Children's Trust Fund. p. 8.
Family Support	2007-2009	Respite Care Association of WI has 5 organizations across the state that provide respite care to families with emotionally and behaviorally challenged children and also developed program standards and evaluation protocol and provide technical support	Children's Trust Fund	WI Child Abuse and Neglect Prevention Board 2007-2009 Biennial Report, (2010). Children's Trust Fund. p. 9.

Arena	Date	Indicator	Financial	Source
Home Visiting Programs	2007	11 counties and 1 tribe screened children, 6 months to 5 years, for social emotional development during home visiting programs, using the Ages and Stages Questionnaire: Social Emotional; 3% of all children receiving Maternal Child Health services were screened. 94% of those screened were reported at age appropriate levels	Maternal Child Health Block Grant Funds	WI State Performance Measures Part D. Department of Public Health. p.6, 7.
Infant Mental Health Leadership Team	N.D. (report date 2010)	One-day Awareness training attended by 150 professionals and 2.5-day Practitioner Preparation training attended by 60; trainings on professional development, use of Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood Revised	WI Alliance for Infant Mental Health and Bureau of Prevention Treatment and Recovery	WI Department of Health Services, Infant Mental Health Report. p.3.
Infant Mental Health Leadership Team	2009	Project LAUNCH 5 year grant program to promote physical, emotional, social, cognitive and behavioral development of children birth to 8; program provides a range of evidence-based public health strategies to an 8 zip code area in central Milwaukee	Dollar amount not given, awarded 10/2009 to the WI Department of Health Services	WI Department of Health Services, Infant Mental Health Report. p.4.
Infant Mental Health Leadership Team	2009	13 primary care providers were recruited and trained as trainers to implement best practices developmental screening in line with the recommendations of the American Academy of Pediatric	Public Health	WI Department of Health Services, Infant Mental Health Report. p.5.
Infant Mental Health Leadership Team	2007	10 county pilot tested the process of screening children coming into child protective services for mental health and substance abuse; rates of children flagged by the screen as needing further assessment fell below expected averages and several problems with the screener were identified; additional training and a new 5 county pilot was planned	Mental Health and Substance Abuse	WI Department of Health Services, Infant Mental Health Report. p.5.
WI Alliance for Infant Mental Health	2009	WI Alliance for Infant Mental Health (WI-AIMH) annual conferences: in 2008 there were 375 attendees (49 counties represented), 2009 there were 150 attendees	WI Alliance for Infant Mental Health, Mental Health and Substance Abuse, Public Health and Long Term Care	WI Department of Health Services, Infant Mental Health Report. p.4.
WI Alliance for Infant Mental Health	2007-2009	WI Alliance for Infant Mental Health developed training and consultation to prevent expulsion from early childhood settings due to emotional and behavioral problems	Children's Trust Fund	WI Child Abuse and Neglect Prevention Board 2007-2009 Biennial Report, (2010). Children's Trust Fund. p. 9.
Mental Health Services	2007	There are 64 staffed beds available in 2 state mental health institutes with inpatient care for children and youth: Mendota Mental Health (Dane Co) and Winnebago Mental Health (Winnebago Co) [4]	Medical Assistance	WI's Child Mental Health Plan: Federal Fiscal Years 2008-2009. p.169, 172.

Arena	Date	Indicator	Financial	Source
Mental Health Funding	2008	Mental Health programming (for children and adults) is funded by multiple sources	Medicaid (largest funding source); state Medicaid non-federal share is 40%; other funding sources include county tax levy dollars, grant funds (Maternal Health Block Grant, PATH, Robert Wood Johnson Foundation)	WI's Child Mental Health Plan: Federal Fiscal Years 2008-2009.
Mental Health Funding	2007	One source of mental health funding is the WI Community Mental Health Services Block Grant	Total application request for 2008-2009 is for $7,538,575; of these funds $1,826,500 allocated for Children's Initiatives. Grant application is submitted to Substance Abuse and Mental Health Services Administration (SAMHSA)	WI's Community Mental Health Services Block Grant application: Executive Summary.
Parental Mental Health	2007	73.2% of children currently living with their mother have a mother in very good/excellent mental health; 80.8% of children currently living with their father have a father in very good/excellent mental health		National Survey of Children's Health, 2007: Customizable Profile for WI vs. Nationwide. p.1.
Early Child Care Settings	2010	42% of surveyed early care providers reported asking a family to leave the program due to the child's behavior; 7% of providers took this action more than once in the previous 2 years [5]		Supporting Families Together Association (2010). " Child Retention in Wisconsin Child Care Settings: Understanding the Attitudes, Beliefs, and Behaviors that Impact Expulsion and Retention in Early Care and Education." p. 2

1. In 2005, the public health system served 39,283 adults with serious mental illness; it estimated that 228,921 adults with serious mental illness live in Wisconsin. The number of parents with mental illness and the number receiving services was not reported.
2. This rate gave WI a rank of 34th nationally.
3. State map of counties with Coordinated Services Teams, Integrated Service Projects and Wraparound Programs on p. 205 of Wisconsin's Child Mental Health Plan: Federal Fiscal Years 2008-2009.
4. Chart of all certified mental health programs in Wisconsin in 2007 is available on p. 173 of Wisconsin's Child Mental Health Plan: Federal Fiscal Years 2008-2009.
5. Data was gathered in online survey conducted by the Supporting Families Together Association. The survey had a 14% response rate.

Arena	Date	Indicator	Financial	Source
Child Maltreatment Prevention	2008	64 WI counties responded to a prevention scan survey, of those responding: 91% had some type of parent education program, 73% had some type of home visiting program [1]		Investments in Child Abuse and Neglect Prevention in WI: Where We Stand and Directions for the Future. Children's Trust Fund & WI Council on Children and Families. (DRAFT 4/14/2010). p.9, 10.
Home Visiting Programs	2008	UW-Extension reports that 85 agencies in 43 counties providing some type of home visiting services [2]		WI Early Care & Education Landscape: Planning for a Coherent System. (2009). p.26, 37, 44, 45.
Home Visiting Programs	N.D. (report date 2009)	Home visiting pilot programs (11) under the Department of Children and Families; pilot sites included Family Foundations and Empowering Families Milwaukee	Funding sources for Department of Children and Families include Federal Child Care and Developmental Block Grant, Temporary Assistance for Needy Families (TANF), Federal Title IV-E Funds, state general purpose revenue; Family Foundations $985,700 of state general purpose revenue annually; Empowering Families Milwaukee $812,085 annual direct support from the Department of Children and Families	WI Early Care & Education Landscape: Planning for a Coherent System. (2009). p.10, 11.
Home Visiting Programs	2009	Funding for all WI home visiting programs, not differentiated by program	Healthy Marriage Demonstration Projects grant, Promoting Safe and Stable Families grant, Title IV-E funds, Early Head Start grant, Adolescent Family Life grant, Parental Information and Resources grant, Temporary Assistance for Needy Families (TANF), Medicaid, WI Department of Children and Families, Department of Health Services: Division of Public Health, Children's Trust Fund, County/City, School Districts, Departments of Public Health. Private sources include: United Way, faith-based organizations, private and community foundations	Home Visiting: Preventing Child Maltreatment in WI: Children's Trust Fund. (2009). p.21, 22.
Home Visiting Training	1999-2010	732 participants trained in Home Visiting Foundations; 367 participants trained in HOME; 709 participants trained in ASQ.SE		WI Department of Children & Families, (2010). Home Visiting Reports obtained via email communication with Linda Leohart; 5.26.2010.
Early Care and Education Home Visiting	2004	13.4% of ECE programs provide annual home visits with each child		WI Child Care Research Partnership Issue Brief #17: How can we strengthen families through early care and education? (2005). p. 2.
Empowering Families Milwaukee Home Visiting	2010	In April of 2010, there were 203 women enrolled in Empowering Families Milwaukee (average monthly caseload for 2010 was 186 women and families); program has served 492 women and 419 children since enrollment began in 2006		Memo to the WI Public Health Department, (5/11/2010). p.7.

Arena	Date	Indicator	Financial	Source
Empowering Families Milwaukee Home Visiting	2007	357 staff from 37 agencies in the Milwaukee area received training for home visiting staff and related organizations provided by UW-Extension		WI Department of Public Health: State Performance Measures. p.9.
Family Foundations Home Visiting	2007	Home Visiting program to prevent child abuse and neglect serving families with children infant to 3 years; 10 sites in the state served 356 families; an additional 172 families received informal planning and services to address maltreatment risk	Family Foundations receives state General Purpose Revenue funding allocated by 1998 Prevention of Child Abuse and Neglect legislation with additional funding for training and technical assistance provided by UW-Extension (Taken from Home Visiting: Preventing Child Maltreatment in WI by the Children's Trust Fund)	WI Department of Public Health: State Performance Measures. p.8.
Head Start/Early Head Start Home Visiting	2008	796 of children in Head Start received home visiting services; 1,629 children in Early Head Start received home visiting services		WI Early Care & Education Landscape: Planning for a Coherent System. (2009). p.27.
Healthy Families America	2009	3 sites statewide of the Healthy Families America model of home visiting		WI Early Care & Education Landscape: Planning for a Coherent System. (2009). p.33.
Nurse Family Partnership	2007	Nurse Family Partnership Milwaukee program site	2007 funded with Blue Cross Blue Shield - WI Partnership Fund grant (up to $450,000)	WI Department of Public Health: State Overview. p.14.
Parents as Teachers	2008	45 sites serving 3,405 children served by Parents as Teachers model of home visiting		WI Early Care & Education Landscape: Planning for a Coherent System. (2009). p.19, 26.
Family Resource Centers	2007-2009	Family Resource Centers use a universal access model to increase availability of community resources to prevent child maltreatment while building parenting skills and providing community support to families; in 2009: 20 centers served 8,917 parents with over 12,000 children: providing 33,000 hours of parent education courses and workshops, 93,200 hours of parent-child activities and 11,000 hours of parent support groups	Children's Trust Fund provides financial support for 20 Family Resource Centers statewide	Wisconsin Child Abuse and Neglect Prevention Board 2007-2009 Biennial Report, (2010). Children's Trust Fund. p. 1, 11.
Family Resource Centers (FRC): Supporting Families Together Association (SFTA)	2009	Responded to over 58,700 phone inquiries		"2009 Outcomes." Family Resource Center. Supporting Families Together Association. 2009.
Family Resource Centers (FRC): Supporting Families Together Association (SFTA)	2009	Made nearly 16,000 referrals to other community resources		"2009 Outcomes." Family Resource Center. Supporting Families Together Association. 2009.
Family Resource Centers (FRC): Supporting Families Together Association (SFTA)	2009	Hosted 240 special family events		"2009 Outcomes." Family Resource Center. Supporting Families Together Association. 2009.

Arena	Date	Indicator	Financial	Source
Family Resource Centers (FRC): Supporting Families Together Association (SFTA)	2009	Made over 6,200 resource material loans		"2009 Outcomes." Family Resource Center. Supporting Families Together Association. 2009.
Family Resource Centers & Early Care and Education	2004	43.9% of early care and education programs provide a family resource center and free parental resources, and 28.3% regularly sponsors educational workshops for families		WI Child Care Research Partnership Issue Brief #17: How can we strengthen families through early care and education? (2005). p. 2.
Parent Education: Head Start	2008	50% of families enrolled in Head Start received parent education services; 52% of families received health education services		WI Head Start by the Numbers 2008 PIR Profile. CLASP. p.3.
Outcomes Project	2009	Outcomes Project (Early Years Home Visitation Project of WI) is a collaborative group of 8 home visiting service providers started in 2001; designed and implemented an evaluation and measurement system	Document only notes that programs are funded with an "unstable mix of resources"	Home Visiting: Preventing Child Maltreatment in WI: Children's Trust Fund. (2009). p.5, 6.
Public Health Education	2007-2009	Children's Trust Fund support social marketing initiatives around the state including positive parenting, prevention campaigns for Shaken Baby Syndrome and child sexual abuse	Children's Trust Fund	Wisconsin Child Abuse and Neglect Prevention Board 2007-2009 Biennial Report, (2010). Children's Trust Fund. p. 2.
Public Health Education	2007	Prevention of Shaken Baby Syndrome with statewide activities/information to new parents at birthing hospitals, county departments, home visiting, perinatal case management programs, maternity homes	Maternal Child Health Block Grant Funds	WI Department of Public Health: State Performance Measures. p.9.
Public Health Education	N.D. (report date 2010)	Development of "More than Just the Blues" brochure containing information on post partum depression and resources; number of brochures distributed to community providers not specified	Division of Public Health	WI Department of Health Services, Infant Mental Health Report. p.4.
Public Health Education	2007-2009	Infant Death Center statewide and targeted activities: SIDS reduction education, bereavement support services, targeted efforts in Beloit, Smoke Free Environments, Cribs for Kids, Healthy Babies coalition, Prematurity Summit, preconception brochures, Mother's Wish List program, Healthy Natives Babies consortium to address safe sleep practices	Infant Death Center is the grantee for the Statewide Program to Improve Infant Health and Reduce Disparities	WI Department of Public Health Block Grant: Agency Capacity. p.4.
Public Health Education	2007	Promotion of healthy eating, physical activity and healthy weight for children over age 2 years included activities and educational programs: "Just Keep Moving" brochures, Team to Defeat Diabetes conference for tribal families, Heart Healthy tribal events, Fun Walk/Run, Choosing Low-Fat Milk campaign, Turn off TV Week, community walking programs and community fitness challenges	Performance based contracting, funding source not specified	WI Public Health Department Block Grant: State Performance Measures. p.19.

Arena	Date	Indicator	Financial	Source
Child Care Resource & Referral (CCRR)	2006, 2008	Child Care Resource & Referral Agencies, Part of Supporting Families Together Association [3]	Funded by the WI Department of Children and Families and the WI Department of Workforce Development; $1.2 million per year; $1,225,000 budgeted for 2008-2009	WI Early Care & Education Landscape: Planning for a Coherent System. (2009); WI Works (W-2) and Other Economic Support Programs. Informational Paper 46. (January 2009). WI Legislative Fiscal Bureau. p.18.
Child Care Resource & Referral (CCRR)	2008	Money spent on CCRR in 2007-2008	$1,156,300 spent in 2007-2008	WI Works (W-2) and Other Economic Support Programs. Informational Paper 46. (January 2009). WI Legislative Fiscal Bureau. p.18.
Child Care Resource & Referral (CCRR)	2008	CCRR network provided 14,636 customized referrals		Legislative Fiscal Bureau, Joint Committee on Finance (May 27, 2009). “Paper #233: Child Care Quality and Availability (DCF-Economic Support and Child Care).” p. 7
Child Care Resource & Referral: SFTA	2009	11,010 families received customized referrals		"2009 Annual Highlights." Child Care Resource & Referral. Supporting Families Together Association. 2009.
Child Care Resource & Referral: SFTA	2009	26,563 families received technical assistance about child care, child development, parenting, or a referral to another community resource		"2009 Annual Highlights." Child Care Resource & Referral. Supporting Families Together Association. 2009.

1. Survey data was used to compile the type and array of prevention programs offered throughout the state. Counties not responding to the prevention scan survey include: Eau Claire, Fond du Lac, Jefferson, Juneau, Langlade, Monroe, Taylor, and Trempealeau.
2. Programs with an early education emphasis: Parents as Teachers (PAT), Head Start/Early Start, Home Instruction for Parents of Preschool Youngsters (HIPPY, no data available for WI); Programs with a maltreatment prevention emphasis: Family Foundations and Empowering Families.
3. CCRR agencies are throughout the state and can assist parents in selecting quality child care by providing a customized listing of licensed and certified child care providers in their area. Eight regional CCRR offices divide up Wisconsin's seventy-two counties. The Supporting Families Together Association provides technical assistance to CCRR agencies and is working to increase their collaboration with Family Resource Centers (as of 7/1/2010).

Arena	Date	Indicator	Financial	Source
Licensed Child Care	2008	5,317 licensed child care centers (including family child care and group child care) create about 163,824 slots [1]		Division of Early Care and Education, Bureau of Early Care and Regulation, Department of Children and Families (2010), "Capacity Statistics Report, Attachment C."
Licensed Child Care	2009	Group child care capacity of 141,494 (86% of total child care capacity); family child care capacity of 22,330 (14% of total child care capacity);		Division of Early Care and Education, Bureau of Early Care and Regulation, Department of Children and Families (2010), "Capacity Statistics Report, Attachment C."
Certified Child Care	2002	4,059 certified (regular and provisional) family child care providers		Department of Workforce Development Child Care Section (2007). "Summary of Annual Survey of Certified Provider Information 2007".
Family Child Care	2008	2,989 regulated Family Child Care facilities; 34% of the facilities are in Milwaukee County		Department of Children and Families Licensing End of Year Summary Report 2008. p.1.
Group Child Care	2008	2,532 regulated Group Child Care facilities; 20% of the facilities are in Milwaukee County		Department of Children and Families Licensing End of Year Summary Report 2008. p.1.
Bureau of Early Care Regulation (BECR)	2008	BECR conducted 11,103 child care & child welfare site visits to monitor facilities, provide technical assistance, verify compliance and conduct compliant investigations		Wisconsin Department of Children and Families, Bureau of Early Care Regulation, (February 2009). MEMO: "Licensing activity summary reports for licensed child care, children's residential facilities and child welfare agencies: January to December 2008." p. 1.
Bureau of Early Care Regulation (BECR)	2008	BECR investigated 1,875 complaints, involving 3,307 alleged violations; 93% of the complaints concerned child care programs; 52% of the total violations were substantiated		Wisconsin Department of Children and Families, Bureau of Early Care Regulation, (February 2009). MEMO: "Licensing activity summary reports for licensed child care, children's residential facilities and child welfare agencies: January to December 2008." p. 2.
Bureau of Early Care Regulation (BECR)	2008	BECR issued initiated 1,232 enforcement actions in 2008; 19% of licensed providers forfeited their license; 57 licensed child care providers had licenses revoked due to violations		Wisconsin Department of Children and Families, Bureau of Early Care Regulation, (February 2009). MEMO: "Licensing activity summary reports for licensed child care, children's residential facilities and child welfare agencies: January to December 2008." p. 3.
Child Care Licensing & Monitoring Finance	2008	Money spent by the state in 2007-2008 to monitor and license individual and group child care providers	$5.3 million	WI Works (W-2) and Other Economic Support Programs. Informational Paper 46. (January 2009). WI Legislative Fiscal Bureau. p.39.
National Association for the Education of Young Children (NAEYC) Accreditation of Child Care Programs	2009	Only 5% (128 out of 2,532) of licensed WI child care centers are NAEYC accredited; there has been a 47% reduction in the number of NAEYC accredited child care centers over the last 8 years	80% of accredited centers received quality improvement grants	WI's Early Care and Education Landscape: Planning for a Coherent System. WI Council on Children & Families. (November 2009). p. 32.
National Association for the Education of Young Children (NAEYC) Accreditation of Child Care Programs	2002	4,000 low-income children served by accredited child care programs; 24% of children attending accredited child care centers received subsidies		WI Child Care Research Partnership. (February 2003). An Evaluation of the Quality Initiatives Program: Final Report to the Office of Child Care. p. 24.

Arena	Date	Indicator	Financial	Source
Teachers in NAEYC Accredited Child Care Centers	2002	Turnover rate for accredited child care centers is 14% lower than for non-accredited centers		WI Child Care Research Partnership. (February 2003). An Evaluation of the Quality Initiatives Program: Final Report to the Office of Child Care. p. 26.
Teachers in NAEYC Accredited Child Care Centers	2002	Teachers at accredited child care centers were paid 25% more than teachers at non-accredited centers		WI Child Care Research Partnership. (February 2003). An Evaluation of the Quality Initiatives Program: Final Report to the Office of Child Care. p. 25.
Directors in NAEYC Accredited Child Care Centers	2002	On average, directors of accredited child care centers have a salary that is $6,000 per year higher than directors of non-accredited centers		WI Child Care Research Partnership. (February 2003). An Evaluation of the Quality Initiatives Program: Final Report to the Office of Child Care. p. 25.
National Association for Family Child Care Accreditation of Family Child Care Providers	2002	Less than 1% (23) of all licensed family child care programs are accredited by National Association for Family Child Care		WI School Readiness Indicator Initiative: The Status of School Readiness Indicators in WI. (September 2003). p. 28.
City of Madison Child Care Accreditation	2009	141 child care centers and family child care programs were accredited by the City of Madison, of these there were 85 child care centers and 56 family child care programs [2]		WI's Early Care and Education Landscape: Planning for a Coherent System. WI Council on Children & Families. (November 2009). p. 32.

1. It is unclear how these slots translate into children served or the capacity serve a particular number of children.
2. Madison has accredited child care programs for over 30 years. Madison standards are similar but less detailed than those of NAEYC.

Appendix 3 **WI Shares Subsidies**

Arena	Date	Indicator	Financial	Source
WI Shares: Child Care Subsidies for Low-income Parents	2009	WI shares serves 59,067 children	2009-2010 budget $385 million; 2010-2011 budget $402.5 million	WI's Early Care and Education Landscape: Planning for a Coherent System. (November 2009). WI Council on Children & Families. p.11.
WI Shares: Child Care Subsidies for Low-income Parents	2009	22% of children, birth to 3, in families with incomes less than 200% of the poverty threshold (and therefore potentially eligible) are enrolled in WI Shares		WI's Early Care and Education Landscape: Planning for a Coherent System. (November 2009). WI Council on Children & Families. p.18.
WI Shares: Child Care Subsidies for Low-income Parents	2009	38% of children, age 3 to 5, in families with incomes less than 200% of the poverty threshold (and therefore potentially eligible) are enrolled in WI Shares		WI's Early Care and Education Landscape: Planning for a Coherent System. (November 2009). WI Council on Children & Families. p.18.
WI Shares: Child Care Subsidies for Low-income Parents	2003	81% of regulated child care programs receive WI Shares subsidies		WI School Readiness Indicator Initiative: The Status of School Readiness Indicators in WI. (September 2003). p.32.
WI Shares: Child Care Subsidies for Low-income Parents	2003	26% of all children under the age of 6 are enrolled in regulated child care		WI School Readiness Indicator Initiative: The Status of School Readiness Indicators in WI. (September 2003). p.32.
WI Shares: Child Care Subsidies for Low-income Parents	2009	About 75% of WI child care centers participate in WI Shares		WI's Early Care and Education Landscape: Planning for a Coherent System. (November 2009). WI Council on Children & Families. p.11, 27.
WI Shares	2009	86% of children in WI Shares program were in licensed child care, 11% of children in certified family child care, 3% in school programs		WI's Early Care and Education Landscape: Planning for a Coherent System. WI Council on Children & Families. (November 2009). p. 22.
WI Shares Participants	2002	Families with incomes up to 200% of the poverty line are eligible to participate in the subsidy program; 10% of the families receiving subsidies earn as much as 166% of the federal poverty level		WI Child Care Research Partnership Issue Brief #5: Child Care Subsidies: Cost to participants and continuity of care. (2002). p. 3.
WI Shares Participants	2001	90% of families receiving subsidies were single parent families		WI Child Care Research Partnership Issue Brief #5: Child Care Subsidies: Cost to participants and continuity of care. (2002). p. 2.
WI Shares Participants	2008	5,748 child care providers participated in the WI Shares program; Milwaukee county had the largest number of providers representing 31% of program providers, followed by Dane county with about 8% of providers		Letter Report: WI Shares Child Care Subsidies Program. (June 2009). Legislative Audit Bureau. p.19.
WI Shares Participants	2008	Of all children in WI Shares program, 64.8% were under 6 years old; 2.1% were 6 months or younger, 5.1% were 7 to 11 months old, 24% were 1 to 2 years old, and 33.6% were ages 3 to 5 years old		Letter Report: WI Shares Child Care Subsidies Program. (June 2009). Legislative Audit Bureau. p.4.
WI Shares Participants	2002	Over two-thirds of all families served by WI Shares earned less than $1,500 per month and have an annual income of less than $18,000; 66.4% of WI Shares participants received Food Stamps; 8.5% of WI Shares participants was also served by the W-2 program		WI Child Care Research Partnership Issue Brief #5: Child Care Subsidies: Cost to participants and continuity of care. (2002). p. 2, 3.
Subsidized Child Care	2001	Approximately 20% of child care centers served more than 50% of children with subsidies		WI Child Care Research Partnership Issue Brief #3: Are quality program characteristics linked to child care quality? (2001). p.2.

Appendix 3 **WI Shares Subsidies**

Arena	Date	Indicator	Financial	Source
Subsidized Child Care Quality: ECERS-R & ITERS Measures	2001	WI's quality of child care is considered mediocre based on the center mean of 4.0 out of 7.0[1] on quality rating scale ECERS-R (Early Childhood Environment Rating Scale, Revised Edition) and a quality rating of 4.15 on ITERS (Infant/Toddler Environment Rating Scale, Revised Edition)		WI Child Care Research Partnership Issue Brief #6: Quality of subsidized child care in WI. (2002). p.2.
Subsidized Child Care Quality: ECERS-R & ITERS Measures	2001	Area that received the lowest scores on the ECERS-R (Early Childhood Environment Rating Scale, Revised Edition) and ITERS (Infant/Toddler Environment Rating Scale, Revised Edition) was "personal care routines"		University of WI-Extension, (2002). WI Child Care Research Partnership Issue Brief #6: Quality of subsidized child care in WI.
Subsidized Child Care Quality: ECERS-R & ITERS Measures	2001	11% of programs were considered low quality by the ECERS-R (Early Childhood Environment Rating Scale, Revised Edition)		WI Child Care Research Partnership Issue Brief #6: Quality of subsidized child care in WI. (2002). p.2. p.3.
Consistency of Care in Subsidized Child Care	2002	On average, 5% of children are added or dropped from the WI Shares program on a month to month basis		WI Child Care Research Partnership Issue Brief #5: Child Care Subsidies: Cost to participants and continuity of care. (2002). p. 2.
Consistency of Care in Subsidized Child Care	2002	On average within a 8 month period, approximately 43% of children remained with the same child care provider; 20% of children change providers within three months		WI Child Care Research Partnership Issue Brief #5: Child Care Subsidies: Cost to participants and continuity of care. (2002). p. 2-3.
Accountability & Program Integrity	2008	1,059 participants were found to have failed to provide information that affected eligibility	$0.9 of $3.3 million was repaid	Letter Report: WI Shares Child Care Subsidies Program. (June 2009). Legislative Audit Bureau. p.18.
Accountability & Program Integrity	2008	1,071 providers were required to remit payments after being found to have been overpaid, largely for billing for more hours of care than was provided	$1.4 of $1.7 million was repaid	Letter Report: WI Shares Child Care Subsidies Program. (June 2009). Legislative Audit Bureau. p.18.
Accountability & Program Integrity	2008	It is estimated that between $16.7 and $18.5 million in subsidy payments were improperly paid to providers of (7,300) children		Letter Report: WI Shares Child Care Subsidies Program. (June 2009). Legislative Audit Bureau. p.10.
Accountability & Program Integrity	2008	In a sample of providers selected by the Legislative Audit Bureau [2], 22 out of 45 child care providers were found to have fabricated or altered attendance records and 21 of the 45 providers were found to have been overpaid a total of $7,900 in subsidies within one month		Letter Report: WI Shares Child Care Subsidies Program. (June 2009). Legislative Audit Bureau. p.14.
Subsidized Child Care Costs to Families	2002	Among low-income and single-parent headed households, 16-19% of household income is spent on child care expenses, even with subsidies		WI Child Care Research Partnership Issue Brief #5: Child Care Subsidies: Cost to participants and continuity of care. (2002). p. 1.
Subsidized Child Care Costs to Families	2002	Two-thirds of families receiving child care subsidies make co-payments of less than 8% of their income		WI Child Care Research Partnership Issue Brief #5: Child Care Subsidies: Cost to participants and continuity of care. (2002). p. 2.

Appendix 3 **WI Shares Subsidies**

Arena	Date	Indicator	Financial	Source
Subsidized Child Care Costs to Families	2010	49% of surveyed early care providers asked a family to leave based on the family's inability to pay their WI Shares co-payment [3]		Supporting Families Together Association (2010). " Child Retention in Wisconsin Child Care Settings: Understanding the Attitudes, Beliefs, and Behaviors that Impact Expulsion and Retention in Early Care and Education." p. 2

1. ECERS was designed to assess programs for children age 2.5 through 5 years, ITERS was designed to assess programs for children birth through 2.5 years. The rating scales range from 1 to 7, with 1=inadequate, 3=minimal, 5=good, and 7= excellent. The Wisconsin Child Care Research Partnership concluded that scores of 4.0 for ECERS-R and 4.15 for ITERS indicated "mediocre" quality.
2. The Legislative Audit Bureau selected 50 providers with the following characteristics: higher than average subsidy payments, authorized to care for large numbers of children or those providing subsidized care to children of a large number of their employees. 45 of the selected 50 responded to the requests for attendance records.
3. Data was gathered in online survey conducted by the Supporting Families Together Association. The survey had a 14% response rate.

Arena	Date	Indicator	Financial	Source
Early Child Care General	2001	WI has no requirements for state-level monitoring that are incorporated into specific prekindergarten initiatives		The Status of Preschool Policy in the States. (December 2001). Children's Defense Fund and Early Childhood Policy Research. p.16.
Early Child Care Capacity	2008	It is estimated that 311,454 WI children age birth to 5 have a need for non-parental care [1]		WI's Early Care and Education Landscape: Planning for a Coherent System. WI Council on Children & Families. (November 2009). p. 8, 13.
Early Child Care Capacity	2008	Total licensed child care capacity in WI was just under 225,000		WI's Early Care and Education Landscape: Planning for a Coherent System. WI Council on Children & Families. (November 2009). p. 14.
Head Start	2009	16,356 children served by Head Start [2]	Total Head Start funding $108.8 million; $101.9 million federal and $6.9 million state	WI's Early Care and Education Landscape: Planning for a Coherent System. WI Council on Children & Families. (November 2009). p.11, 24.
Head Start	2008	Operating schedule for center-based programs: 63% four day/part day, 20% five days/full day, 12% five days/part day		WI Head Start by the Numbers: 2008 PIR Profile. (October 2009). CLASP. p. 2.
Head Start & Early Head Start [3]	1999-2000	42 Head Start agencies,12 Early Head Start programs, 1 Tribal, and 1 Migrant program		Working to Transform Early Childhood Education and Care. (November 2001). WI Early Childhood Collaborating Partners. p.12.
Head Start & Early Head Start	2008	90% of enrolled children are in center-based care, 7% in home-based care, 4% in family child care [4]		WI Head Start by the Numbers: 2008 PIR Profile. (October 2009). CLASP. p.1.
Head Start & Early Head Start	2008	Head Start and Early Head Start represent about 9.9% of WI children served by the early care and education system		WI's Early Care and Education Landscape: Planning for a Coherent System. WI Council on Children & Families. (November 2009). p. 19.
Early Head Start	2009	1,629 children and 181 mothers are served by Early Head Start; 95% of children who are eligible for Early Head Start are not enrolled	Federal contribution to funding for Early Head Start is $10.6 million	WI's Early Care and Education Landscape: Planning for a Coherent System. WI Council on Children & Families. (November 2009). p. 11, 18.
Migrant & Seasonal Head Start	2007-2008	541 children were served by the Migrant & Seasonal Head Start program	Federal contribution to Migrant and Seasonal Head Start: $2.4 million	WI's Early Care and Education Landscape: Planning for a Coherent System. WI Council on Children & Families. (November 2009). p. 23.
Head Start Children with Disabilities	2007-2008	Of the 16,356 children (ages 3 to 5) enrolled in Head Start: 13% (2,161) were children with disabilities		WI's Early Care and Education Landscape: Planning for a Coherent System. WI Council on Children & Families. (November 2009). p. 25.
Migrant/Seasonal Head Start Children with Disabilities	2007-2008	Of the 541 children served by Migrant and Seasonal Head Start (ages birth to 5), 7% (40) were children with disabilities		WI's Early Care and Education Landscape: Planning for a Coherent System. WI Council on Children & Families. (November 2009). p. 25.
Early Head Start Children with Disabilities	2007-2008	Of the 1,629 infants in Early Head Start, 16% (253) had some kind of disability		WI's Early Care and Education Landscape: Planning for a Coherent System. WI Council on Children & Families. (November 2009). p. 25.
Total Number of Grantees/Delegates	2008	14 Early Head Start grantees/delegates, 41 Head Start (preschool) grantees/delegates, 2 Migrant/Seasonal grantees/delegates		WI Head Start by the Numbers: 2008 PIR Profile. (October 2009). CLASP. p. 2.
Family Services	2008	73% of families served by Head Start were able to access at least one type of family service through the Head Start program		WI Head Start by the Numbers: 2008 PIR Profile. (October 2009). CLASP. p.3.

Arena	Date	Indicator	Financial	Source
Family Services		Of those family in Head Start program: 52% receive parenting education, 50% receive health education, 20% receive housing assistance, 19% receive crisis intervention services, 7% ESL services, 9% job training, 12% adult education		WI Head Start by the Numbers: 2008 PIR Profile. (October 2009). CLASP. p.3.
Family Services	2008	13% of families with children in Head Start received transportation assistance		WI Head Start by the Numbers: 2008 PIR Profile. (October 2009). CLASP. p.3.
Child Care Arrangements	2008	Child Care arrangements for children requiring additional care outside of Head Start hours: 40% in informal care setting, 35% in child care center, 15% in family child care in home, 9% in public school pre-K program, 1% in other		WI Head Start by the Numbers: 2008 PIR Profile. (October 2009). CLASP. p.3.
Performance Standards	2002	100% of Head Start programs met federal performance standards		WI School Readiness Indicator Initiative: The Status of School Readiness Indicators in WI. (September 2003). p.28.
Teachers	2001-2002	18% turnover rate for Head Start center teachers		WI School Readiness Indicator Initiative: The Status of School Readiness Indicators in WI. (September 2003). p.29.
Teachers	2001-2002	55% of Head Start teachers have a degree related to Early Childhood Education		WI School Readiness Indicator Initiative: The Status of School Readiness Indicators in WI. (September 2003). p.30.
Head Start Finance	2003	Annual cost per child in Head Start Programs [5]	$5,100 - $10,019 per child	WI School Readiness Indicator Initiative: The Status of School Readiness Indicators in WI. (September 2003). p.31.
4-year-old Kindergarten	2009-2010	335 school districts offering 4K; 100 school districts using the community approach for 4K programs		WI Department of Public Instruction, (2010). “Trends in 4-Year-Old Kindergarten.”
4-year-old Kindergarten	2008-2009	77% of school districts provide 4K programs; it is estimated about 47% of 4 year olds are enrolled in 4K programs [6]	$105 million state; $55 million local (funded through the state school aid formula)	WI's Early Care and Education Landscape: Planning for a Coherent System. WI Council on Children & Families. (November 2009). p.11, 18.
4-year-old Kindergarten	2009	According to the 2008 State Preschool Yearbook put out by the National Institute for Early Education Research, WI met 5 of 10 quality benchmarks; these were the bench marks met: early learning standards, teacher degree, teacher specialized training, teacher in-service, and monitoring		WI's Early Care and Education Landscape: Planning for a Coherent System. WI Council on Children & Families. (November 2009). p.32.
Family Support & Services Provided by Early Care and Education programs	2004	90% of early care and education programs have family conferences at least once a year to discuss children's progress [7]		WI Child Care Research Partnership Issue Brief #17: How can we strengthen families through early care and education? (2005). p.2, 3.
Child Care Termination	2010	38% of surveyed early care providers believed a family had removed a child from care due to financial issues [8]		Supporting Families Together Association (2010). “ Child Retention in Wisconsin Child Care Settings: Understanding the Attitudes, Beliefs, and Behaviors that Impact Expulsion and Retention in Early Care and Education.” p. 2

Arena	Date	Indicator	Financial	Source
Early Child Care Policies	2010	95% of surveyed early care providers reported having adequate policies/procedures to meet the physical needs of children; 95% providers reported having adequate policies/procedures to meet cognitive needs; 96% of providers reported having adequate policies/procedures to meet social emotional needs [9]		Supporting Families Together Association (2010). " Child Retention in Wisconsin Child Care Settings: Understanding the Attitudes, Beliefs, and Behaviors that Impact Expulsion and Retention in Early Care and Education." p. 3
Early Child Care Policies	2010	84% of surveyed early care providers reported having adequate policies/procedures to meet the cultural needs of children; 73% of providers reported having adequate policies/procedures to meet linguistic needs [10]		Supporting Families Together Association (2010). " Child Retention in Wisconsin Child Care Settings: Understanding the Attitudes, Beliefs, and Behaviors that Impact Expulsion and Retention in Early Care and Education." p. 3
Early Child Care Cross-System Collaboration	2010	61% of surveyed early care providers reported using county Birth to 3 resources; 54% used school-based special education consultants; 42% used Child Care Resource & Referral agencies; 26% identified Family Resource Centers as a source of support [11]		Supporting Families Together Association (2010). " Child Retention in Wisconsin Child Care Settings: Understanding the Attitudes, Beliefs, and Behaviors that Impact Expulsion and Retention in Early Care and Education." p. 4.
Expulsion	2005	A survey of WI 4K & Head Start programs found that nearly 100 children had been expelled from early care and education settings in the past year; children who exhibit challenging behaviors are at the greatest risk for expulsion		Yale University Child Study Center, New Haven, CT (2005). "Pre-kindergarteners Left Behind: Expulsion Rates in States Pre-kindergarten Systems." p. 3

1. Estimate determined as 72% of WI children under age 6 have all available parents in the workforce; there were 432,757 children in WI under age 6 in 2008.
2. In 2008, there were 16,217 total slots available in the Head Start program of these 14,889 were funded by U.S. Department of Health and Human Services, Administration for Children and Families, remaining 1,328 funded through other sources (WI Head Start by the Numbers: 2008 PIR Profile. (October 2009). CLASP. p. 1)
3. Head Start is a national program for preschool age children that promotes school readiness and provides comprehensive child development services to low-income children and families. Early Head Start is a federally funded community-based program for low income families with infants and toddlers and pregnant women.
4. Early Head Start also serves pregnant women, often with in-home services.
5. Federal funds pay for 90% of slots; state funds pay for an additional 10%. Federal funds are granted directly to Head Start programs, of which there were 44 in 2002. According to the Department of Public Instruction, the state reimbursement rate was $5,100 per child. According to the Head Start State Collaboration Office, federal funding was $6,237 per child for Head Start and $9,711 per child for Early Head Start.
6. In 2007-2008, Wisconsin ranked 7th among states for access to pre-kindergarten.
7. Early care and education (ECE) programs provide learning opportunities and care for children while their parents work. ECE programs in WI include Head Start and Centers for Excellence.
8. Data was gathered in online survey conducted by the Supporting Families Together Association. The survey had a 14% response rate.
9. Data was gathered in online survey conducted by the Supporting Families Together Association. The survey had a 14% response rate.
10. Data was gathered in online survey conducted by the Supporting Families Together Association. The survey had a 14% response rate.
11. Data was gathered in online survey conducted by the Supporting Families Together Association. The survey had a 14% response rate.

Arena	Date	Indicator	Financial	Source
Teacher Development: T.E.A.C.H. (Teacher Education and Compensation Helps)	1999-2009	Since 1999: 7,020 Scholarships awarded to 4,084 recipients; since 1999: 1,118 centers sponsored recipients; over 69,900 children served since 1999 [1]		Program Summary - Fiscal Year 2009 T.E.A.C.H Early Childhood WI, A Project of the WI Early Childhood Association. (2009). p.1, 2.
Teacher Development: T.E.A.C.H. (Teacher Education and Compensation Helps)	1999-2009	Since 1999: Average starting wage of T.E.A.C.H. recipients: $10.66; Average hourly wage increase: $1.04		Program Summary - Fiscal Year 2009 T.E.A.C.H Early Childhood WI, A Project of the WI Early Childhood Association. (2009). p.2.
Teacher Development: T.E.A.C.H. (Teacher Education and Compensation Helps)	1999-2009	Average GPA of T.E.A.C.H recipients 3.65		Program Summary - Fiscal Year 2009 T.E.A.C.H Early Childhood WI, A Project of the WI Early Childhood Association. (2009). p.2.
Teacher Development: T.E.A.C.H. (Teacher Education and Compensation Helps)	2004	Turnover rate of T.E.A.C.H. recipients is 12%; turnover rate of other teachers is 41%		KidsFirst: The Governor's Plan to Invest in WI's Future. Governor Jim Doyle. (Spring 2004). p.7.
Teacher Development: R.E.W.A.R.D. (Rewarding Education with Wages and Respect for Dedication)	2009	1,675 current participants work at 800 different child care programs; 58,848 children are served by individuals in active agreement[2]		WI Early Childhood Association (WECA): REWARD (2010).
Teacher Development: R.E.W.A.R.D. (Rewarding Education with Wages and Respect for Dedication)	2009	Average R.E.W.A.R.D. stipend is $609.91	1,675 participants X $610 = $1,021,750 (estimated)	WI Early Childhood Association (WECA): REWARD (2010).
Teacher Development: R.E.W.A.R.D. (Rewarding Education with Wages and Respect for Dedication)	2008	Number of applicants on the R.E.W.A.R.D. waiting list as of 10/28/2008 was: 440		WI Early Childhood Association (WECA): REWARD (2010).
Teacher Development	2009	Money budgeted for Child Care Scholarships and stipends 2008-2009 (T.E.A.C.H. + R.E.W.A.R.D.)	$3,475,000 for 2008-2009	WI Works (W-2) and Other Economic Support Programs. Informational Paper 46. (January 2009.) WI Legislative Fiscal Bureau. p.18.
Child Care Worker Wages	2004	75% of WI child care workers get paid less than $9/hour		Governor's Task Force on Educational Excellence. (June 2004). p.49, 50.
Child Care Worker Wages	2008	WI child care teachers earn an average of $23,000 per year and rarely have any benefits [3]		WI Council on Children & Families, WI Early Childhood Association (Spring 2010). "Pathways…to Early Childhood Higher Education" Credit for Prior Learning." p. 2

Arena	Date	Indicator	Financial	Source
Head Start Wages	2003	Average annual salary for Teachers with Child Development Associate (CDA) or State equivalent is $19,153; Average annual salary for Teachers with Associate degree: $20,950; Average annual salary for Teachers with Bachelor's degree: $26,680 [4]		Head Start Program Information Report, (April 29, 2003): Head Start State Collaboration Project. p.29.
Teacher Education & Training	2007	45% of center teachers have post-secondary education (2 or 4 year degree) = 119,234 (54% of children served)		Data and Analysis. Early Care and Education In WI. (December 2007). For The WI Early Learning Coalition. p.12.
Teacher Education & Training	2001	63% center teachers have only completed the minimum child development training required by the state [5]		WI Child Care Research Partnership (WCCRP), Issue Brief 1. (July 2001). p.30.
Caregiver Education & Training	2007	30% of family child care providers have post-secondary education (2 or 4 year degree) = 21,814 (10% of children served)		Data and Analysis. Early Care and Education In WI. (December 2007). For The WI Early Learning Coalition. p.12.
Caregiver Education & Training	2001	67% of family child care workers have only completed the minimum child development training required by the state[6]		WI Child Care Research Partnership (WCCRP), Issue Brief 1. (July 2001). p.30.
Early Childhood Teachers	2004	14% of WI providers had a 4-year degree; less than 30% had a 2-year degree or higher		WI Council on Children & Families, WI Early Childhood Association (Spring 2010). "Pathways…to Early Childhood Higher Education" Credit for Prior Learning." p. 1
Early Childhood Teachers	2010	73% of surveyed early care providers believed they are adequately trained to meet the social/emotional needs of children [7]		Supporting Families Together Association (2010). " Child Retention in Wisconsin Child Care Settings: Understanding the Attitudes, Beliefs, and Behaviors that Impact Expulsion and Retention in Early Care and Education." p. 3.
Early Childhood Education programs	2004	77.1% of early care and education programs trains staff to work effectively with families and provides time and resources for staff members to develop rapport with families		WI Child Care Research Partnership Issue Brief #17: How can we strengthen families through early care and education? (2005). p.2, 3.
The Registry (WI Early Education Database)	2005-2010	The Registry is WI's education database for early childhood teachers; employees from over 1,800 care centers have participated in the Registry; approximately 40% of participating teachers do not have any credit-based training at all; center-based providers have an average of 164 hours of non-credit based training; licensed family child care providers have earned an average of 190 hours		WI Council on Children & Families, WI Early Childhood Association (Spring 2010). "Pathways…to Early Childhood Higher Education" Credit for Prior Learning." p. 2
Head Start Teacher Education	2003	55% of Head Start teachers have Early Childhood Education Related Degrees (2 or 4 year degree) [8]		Head Start Program Information Report, (April 29, 2003): Head Start State Collaboration Project. p.30.
4K & 5K Teacher Education	2002	99% of teachers in 4K and 5K classrooms have an Early Childhood License [9]		Department of Public Instruction, School District Staff and Teacher Personnel Report, PI-1202, and Teacher License Database. p.30.
Special Education Teachers	2002	100% of special education teachers in classrooms have early childhood special education license [10]		Department of Public Instruction, School District Staff and Teacher Personnel Report, PI-1202, and Teacher License Database. p.30.

Arena	Date	Indicator	Financial	Source
Technical Assistance	2009	Money budgeted by State on Technical Assistance programs like the Registry, Supporting Families Together Association, inter-tribal care, early-learning standards, and the Next Door Found & Educare in Milwaukee in 2008-2009 [12]	$498,000	WI Works (W-2) and Other Economic Support Programs. Informational Paper 46. (January 2009). WI Legislative Fiscal Bureau. p. 18.
WI Model Early Learning Standards (WMELS)	2005-2010	2,648 participants in WMELS trainings, the majority of whom are child care providers		Collaborating Partners, (2010). "Wisconsin Model Early Learning Standards Training Report 2005-2010." p. 1.
WI Model Early Learning Standards (WMELS)	2010	36% of surveyed early care providers had not received any training in WMELS; those with training reported receiving between 1 and 18 hours of training 11		Supporting Families Together Association (2010). " Child Retention in Wisconsin Child Care Settings: Understanding the Attitudes, Beliefs, and Behaviors that Impact Expulsion and Retention in Early Care and Education." p. 3.
Child Care Resource & Referral: SFTA	2009	460 start-up/recruitment sessions offered for group centers and family providers		"2009 Annual Highlights." Child Care Resource & Referral. Supporting Families Together Association. 2009.
Child Care Resource & Referral: SFTA	2009	3,498 sessions of intense technical consulting provided		"2009 Annual Highlights." Child Care Resource & Referral. Supporting Families Together Association. 2009.
Child Care Resource & Referral: SFTA	2009	4,941 site visits made to potential and existing child care programs		"2009 Annual Highlights." Child Care Resource & Referral. Supporting Families Together Association. 2009.
Child Care Resource & Referral: SFTA	2009	1490 training opportunities offered		"2009 Annual Highlights." Child Care Resource & Referral. Supporting Families Together Association. 2009.
Child Care Resource & Referral: CCRR	2008	4,649 parents received technical assistance		Legislative Fiscal Bureau, Joint Committee on Finance (May 27, 2009). "Paper #233: Child Care Quality and Availability (DCF-Economic Support and Child Care)." p. 7
Child Care Information Center: CCIC	2008-2009	CCIC has a collection of 6,800 books/publications & 4,500 videotapes relevant to child care & early education which handles over 4,300 inquiries per year and loans or distributes over 280,000 items; distributes a newsletter to 10,000; maintains a website	CCIC is budgeted at $113,000 in 2008-2009	Legislative Fiscal Bureau, Joint Committee on Finance (May 27, 2009). "Paper #233: Child Care Quality and Availability (DCF-Economic Support and Child Care)." p. 8.
Pre-Licensing Child Care Technical Assistance Project	2008	17,359 incidents of technical assistance to child care providers; 7,547 session of technical counseling; 13,886 start-up/recruitment sessions; 17,000 participants for training events; 3,261 phone consults; 1,277 requests for pre-licensing technical assistance, of these 676 complete the technical assistance		Legislative Fiscal Bureau, Joint Committee on Finance (May 27, 2009). "Paper #233: Child Care Quality and Availability (DCF-Economic Support and Child Care)." p. 9, 10

Arena	Date	Indicator	Financial	Source
Family Support: Wisconsin Family Assistance Center for Education, Training and Support (FACETS)	2009	FACETS provides technical support to parent centers in a 9-state region: support activities include resources to staff, management, outreach, technology and collaboration amongst centers	Technical assistance is provided to parent centers funded by the US Department of Education, Office of Special Education Programs	Wisconsin Family Assistance Center for Education, Training and Support (FACETS), (2009). Programs: "Parent Training & Information Center" "Parent Technical Assistance Center"

1. T.E.A.C.H. is a statewide scholarship program designed to help child care center teaching staff, Head Start teachers, family child care providers, center directors and administrators meet their professional development goals while continuing their current employment in regulated early childhood and school age care settings. There are four scholarship models available to support credit-based education: Credential Scholarship, Associate Degree Scholarship, Bachelor Degree Scholarship, 3-8 Credit Scholarship.
2. R.E.W.A.R.D. is administered by the Wisconsin Early Childhood Association (WECA) and is a stipend program of compensation and retention. REWARD is an initiative for members of the early care and education workforce. Incremental yearly salary supplements are awarded to individuals based on their educational attainments and longevity in the field. 25.5 % of R.E.W.A.R.D. recipients have been T.E.A.C.H. recipients. R.E.W.A.R.D. is administered by the Wisconsin Early Childhood Association (WECA).
3. According to the U.S. Bureau of Labor Statistics
4. Taken from the Wisconsin School Readiness Indicator Initiative: The Status of School Readiness Indicators in Wisconsin. September 2003.
5. State requirement is 40-80 hours for center-based teachers.
6. State requirement is 20-40 hours for family providers.
7. Data was gathered in online survey conducted by the Supporting Families Together Association. The survey had a 14% response rate.
8. Taken from the Wisconsin School Readiness Indicator Initiative: The Status of School Readiness Indicators in Wisconsin. September 2003.
9. Taken from the Wisconsin School Readiness Indicator Initiative: The Status of School Readiness Indicators in Wisconsin. September 2003.
10. Taken from the Wisconsin School Readiness Indicator Initiative: The Status of School Readiness Indicators in Wisconsin. September 2003.
11. Data was gathered in online survey conducted by the Supporting Families Together Association. The survey had a 14% response rate.
12. The Registry is a professional development tracking program that scores teachers and early childhood administrators based on their levels of training, education, etc..
13. Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, Ohio, Pennsylvania, Wisconsin .

Appendix 3 **Family Econ Support**

Arena	Date	Indicator	Financial	Source
Child Poverty	2007	14.4% of WI children living in poverty; counties with the highest child poverty rates are 1) Milwaukee County 17.3%, 2) 10-county rural area in northwestern WI 14.4%, 3) Rock County 12.8%		Institute for Research on Poverty, (2009). "The First Wisconsin Poverty Report." p. 6, 7.
Child Support	2008	Child Support payments made through WI employers: $670 million in support withholdings to the WI Support Collections Trust Fund (70% of all support collected)		WI Department of Children and Families. Child Support Program.
Child Support	2004	Nearly 80% of Child Support recipients are low-income; roughly 40% of Child Support recipients are living in poverty		KidsFirst: The Governor's Plan to Invest in WI's Future. Governor Jim Doyle. (Spring 2004). p.27.
Child Support	2004	WI's Child Support Program caseload: 340,000 Families; Past Due Child Support: $2 billion	Annual Collection Total: $578 million[1]	KidsFirst: The Governor's Plan to Invest in WI's Future. Governor Jim Doyle. (Spring 2004). p.27.
Child Support	2010	85% of children in single-parent homes have a court order for child support; 70% of child support that is due is collected in a month		Wisconsin Office of Performance & Quality Assurance, Bureau of Performance Management (2010). "KidStat Performance Report January – March 2010." p. 40, 42
FoodShare WI	2004, 2009	62% of eligible low-income families are served by FoodShare; of those served, 54% are children; 79% of children who are eligible actually receive food stamps	Total dollar amount of FoodShare benefits distributed in 2009: $778,928,757[2]	KidsFirst: The Governor's Plan to Invest in WI's Future. Governor Jim Doyle. (Spring 2004). p.40; FoodShare Benefits Payments by Calendar Year. Eligibility Management. (Updated Feb. 2010). WI Department of Health Services.
FoodShare WI	2010	16% of FoodShare recipients are children under age 5		WI Department of Health Services, (Data as of January 2010). "FoodShare Wisconsin Program at a Glance." p. 3
Caretaker Supplement	2010	Caretaker Supplement benefits: $250 per month for the first eligible child and $150 per month for each additional eligible child [3]		WI Department of Health and Family Services - Division of Supportive Living. (October 2009).
W-2 ("WI Works" Temporary Assistance for Needy Families program)	2003	W-2 enrollment: 14,997 adult participants and 29,918 children		WI Department of Workforce Development, Division of Workforce Solutions, Bureau of Workforce Information. WI Works Chart book: Program Overview, 1998-2003 (DWSI-14868-P). (2006). p.5.
W-2 ("WI Works" Temporary Assistance for Needy Families program)	2003	73% percent of W-2 participants had at least one child age 6 or younger		WI Department of Workforce Development, Division of Workforce Solutions, Bureau of Workforce Information. WI Works Chart book: Program Overview, 1998-2003 (DWSI-14868-P). (2006). p. 35.
W-2 ("WI Works" Temporary Assistance for Needy Families program)	2003	In 2003, 56% of all children in W-2 families were age 6 or younger		WI Department of Workforce Development, Division of Workforce Solutions, Bureau of Workforce Information. WI Works Chart book: Program Overview, 1998-2003 (DWSI-14868-P). (2006). p. 35.
W-2 ("WI Works" Temporary Assistance for Needy Families program)	2004	W-2 payment to custodial parent of an infant $673 per month during the first three months after birth [4]		WI Works Manual Chapter 7 W-2 Employment Ladder Placements 7.5.0. p.24.

Appendix 3 Family Econ Support

Arena	Date	Indicator	Financial	Source
W-2 ("WI Works" Temporary Assistance for Needy Families program)	2003	In December 2003, 5,221 of 7,523 eligible W-2 families received child care assistance; 69.4% of eligible families served		WI Department of Workforce Development, Division of Workforce Solutions, Bureau of Workforce Information. WI Works Chart book: Program Overview, 1998-2003 (DWSI-14868-P). (2006). p. 35.
W-2 Parent Employment	2009	In Milwaukee 28-40% of W-2 participants obtained employment; in the balance of the state 18-38% of W-2 participants obtained employment		Wisconsin Office of Performance & Quality Assurance, Bureau of Performance Management (2010). "KidStat Performance Report January – March 2010." p. 24, 25.
W-2 Parent Employment	2009	In Milwaukee the average hourly wage of employed participants $8.60-9.20; in the balance of the state the average hourly wage $8.15-9.10		Wisconsin Office of Performance & Quality Assurance, Bureau of Performance Management (2010). "KidStat Performance Report January – March 2010." p. 26, 27.
W-2 Parent Employment	2009	In Milwaukee 35-38% of employed W-2 participants maintained full-time employment for 2 quarters; in the balance of the state 16-58% of employed participants maintained full-time employment		Wisconsin Office of Performance & Quality Assurance, Bureau of Performance Management (2010). "KidStat Performance Report January – March 2010." p. 28, 29.
Earned Income Tax Credit (EITC)	2009	243,131 WI tax filers claimed earned income tax credits; the average credit was $394 [5]	$ 95.9 million in fiscal year 2008	WI Department of Revenue: Division of Research & Policy, (2010). "Wisconsin Earned Income Tax Credit: Summary for 2008." p. 1.
Homestead Tax Credit	2008	236,193 WI tax filers claimed Homestead credits; the average credit was $517	$122 million in fiscal year 2008	WI Department of Revenue, Division of Research and Policy (2009). "The Homestead Tax Credit Program: Summary for FY 2008" p. 1.

1. National average collection is $373 million. WI collection rate ranks 8th nationally.
2. Up from $372.6 million in 2007 and $465.9 million in 2008.
3. Wisconsin's Caretaker Supplement is a cash benefit available to parents who are eligible for Supplemental Security Income (SSI) payments; it pays cash only to eligible parents as part of their monthly state SSI benefit.
4. A custodial parent of an infant who is 12 weeks old or less and who meets the financial and nonfinancial eligibility requirements for W-2 employment positions may receive a monthly payment of $673 and will not be required to participate in an employment position unless he/she volunteers to participate. This policy is based on the Family Medical Leave Act with the exception that the W-2 placement offers income support during the first 12 weeks of the child's life.
5. The EITC provides a supplement to the wages and self-employment income of low income families and is intended to offset the impact of the social security tax and increase the incentive to work. The state earned income tax credit is calculated as a percentage of the federal credit and is claimed on Wisconsin's individual income tax form. The credit is similar to the federal EITC in that it varies by income and family size.