

United Way of Dane County Born Learning Delegation Mobilization Plan 2.0

Children are cared for and have fun as they become prepared for school.

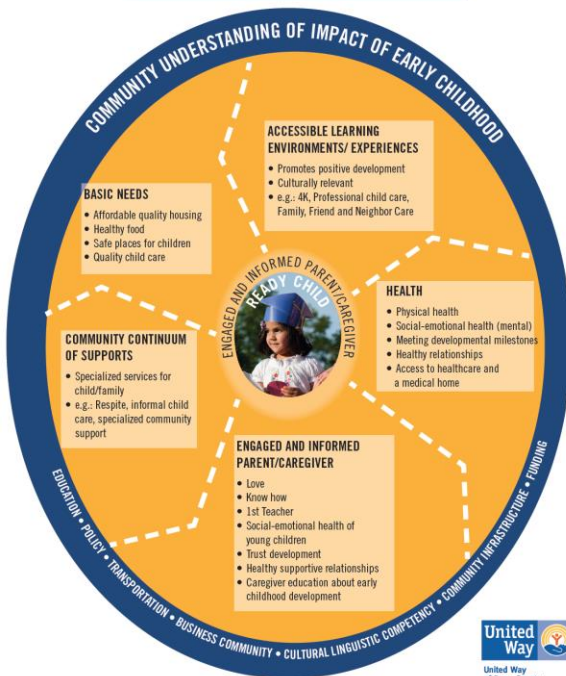
I. Introduction

In March of 2007, United Way of Dane County convened a group of community leaders called the Born Learning Delegation to investigate, within the field of early childhood, ways in which we could improve kindergarten readiness to minimize the academic achievement gap.

From the work of the original Born Learning Delegation, we implemented four strategies which were approved by our Board. We have shown significant program success and community adoption of the Ages and Stages Screener. Details on the progress made deploying the 2007 strategies are included this report in Appendix A.

Hypothesis: We will increase the percentage of children entering kindergarten at age expected development which gives them a solid foundation for their continued success in school by providing information and support to parents, increasing the number of children who are screened for age expected development, focusing on family supports in 13 neighborhoods, creating a community of practice, and helping healthcare practitioners link parents to community supports.

BORN LEARNING COMMUNITY VISION FOR DANE COUNTY



Appendix C

In late 2012 the United Way of Dane County Board reconvened the Born Learning Delegation to evaluate our progress, determine whether our measures and indicators are appropriate, and explore and evaluate new data with the goal to increase the number of children who enter kindergarten with the necessary skills to be successful in school and re-establish our community goal. As a result of our current nine month study, our board approved five revised strategies recommended by the Delegation:

- Parents are engaged and informed in how to be their child's first teacher.
- Holistic family supports are focused on 13 specific neighborhoods/geographic areas.
- Children are screened for developmental delays and families are provided appropriate supports for children who show potential delays.
- A community of practice is created for practitioners, case managers, and resource centers for those serving families with children under 5.
- Healthcare professionals are knowledgeable about community supports and can easily link parents to supports.

The Born Learning Delegation 2.0 was comprised of 39 Dane County community leaders representing business, non-profit, government, higher education, and healthcare. (List of

The guiding principle of Born Learning 2.0 is that every child in our community deserves an equal shot at success. And by coming together as a community, we can make a real, quantifiable difference in our children's future.

—Joe Parisi
Dane County Executive

members in Appendix B.) They looked at new research related to toxic stress, new service delivery methods such as a neighborhood focus, and ways to measure progress towards preparing children for learning when they enter school.

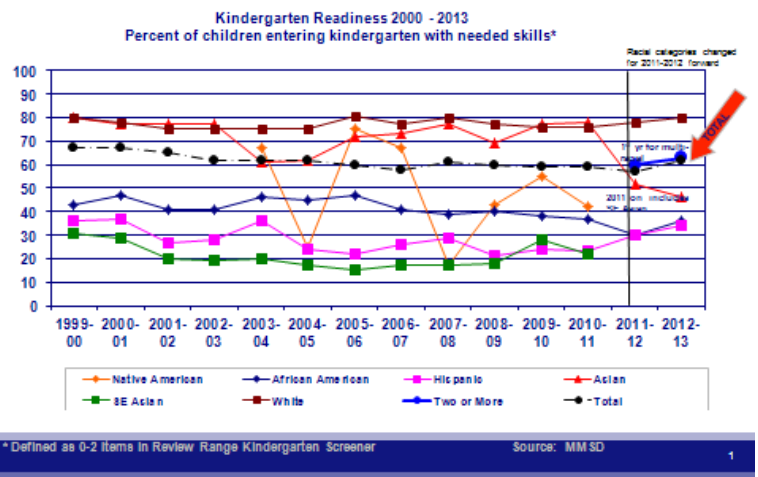
Major changes from the previous Delegation's recommendations are: 1) a change in the measure; 2) a holistic approach with much stronger focus on development including social-emotional development; and 3) connection of systems and coordination of our community's services.

II. Problem Statement

All children do not arrive at school for kindergarten at the same place, ready to learn and ready for success at school. In Dane County, disparities exist in children's development and readiness for success in school. In the 2013-2014 school year, only 60% of children in the Madison Metropolitan School District (MMSD) scored "ready for kindergarten" on the MMSD's Kindergarten Screener. This number is lowest for African American children (38%), Hispanic children (29%), Asian children (55%), and children of two or more races (67%). Historically, this number has varied from 58% - 62% since the previous Mobilization Plan in 2007.

The most formative years in a child's development are from birth to age five. Children's brains are quickly developing connections and creating a foundation of skills to help them throughout their lives. A child's education begins long before they enter a formal classroom at kindergarten, and "studies show that at least half of the educational achievement gaps between poor and non-poor children already exist at kindergarten entry" (Lee et. al (2002) pg. 7).¹

60% of children have skills they need to begin kindergarten successfully. LIVE UNITED United Way



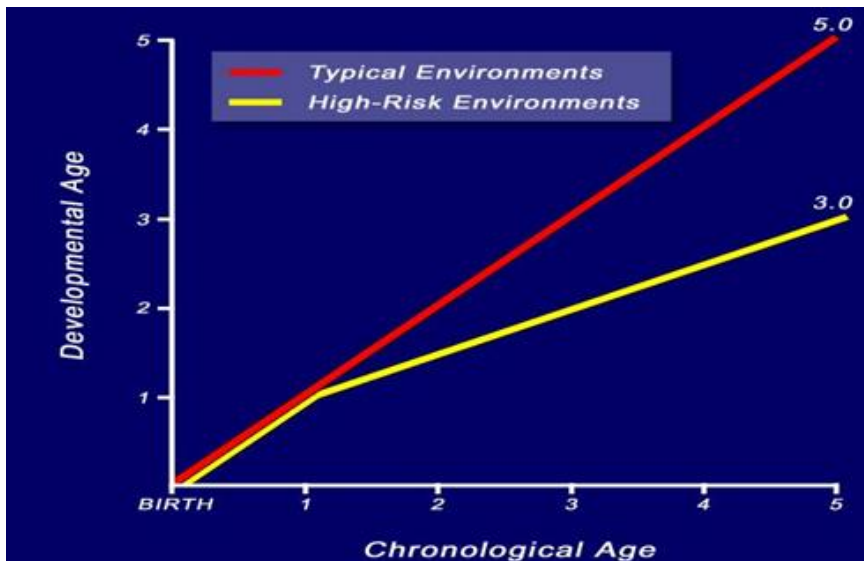
By the time formal education starts in kindergarten or pre-k, children from high risk environments are more likely to be developmentally behind.

Children with multiple risk factors show greater delays. The number of risk factors increases the chances that a child will not screen at age appropriate development. Risk factors include low family income, low parental education, single parenthood, and teen parenthood.² Disparities in child outcomes are present as early as 9 months and grow larger by 24 months across cognitive, social, behavioral and health outcomes.³

¹ Getting Ready: Findings from the National School Readiness Indicators Initiative A 17 State Partnership. KIDS COUNT Rhode Island. February 2005. Retrieved December 2013: <http://www.gettingready.org/matriarch/>

² Halle, Tamara, Forry, N., Hair, E., Perper, K., Wandner, L., Wessel, J. and Vick, J. *Disparities in Early Learning and Development: Lessons from the Early Childhood Longitudinal Study – Birth Cohort (ECLS-B)*. Child Trends. June 2009.

³ Ibid (Halle et. al).



By age 5, many children in high-risk environments are already developmentally behind. This gap only grows over time – undermining school readiness and success in life. Dr. Craig Ramey, Georgetown University

Why this Matters

Children who start behind may never have the opportunity to catch up and this can affect their outcomes into adulthood. Multiple factors affect the experiences each child has prior to entering school; “children from low-income families are more likely to start school with limited language skills, health problems, and social and emotional problems that interfere with learning”⁴. The Wisconsin Council on Children and Families writes, “research demonstrates that by age 4, children who live in families with incomes below poverty are 18 months behind what is normal for their age group. By the time they are 10, that gap is still there, and for children living in the poorest families, the gap is even larger”⁵. Children who do not grow up in a supportive environment, with an emphasis on cognitive, emotional, social, physical, and mental growth are more likely to drop out of school, utilize social welfare programs, and commit crimes.⁶

Investing in education and development in child’s early years has a profound return for the future of Dane County. A 40 year longitudinal study that followed infants into adulthood shows that investing \$1 in high-quality early developmental practices saves \$17 down the road as measured by a decrease in crime, a decrease in teen pregnancies and an increase in education and earning levels⁷. Research shows that investing in early childhood education, through partnerships between government, private firms and non-profit foundations, “can reap extraordinarily high economic returns, benefits that are low-risk and long-lived”⁸.

⁴ Ibid (Getting Ready Report: KIDS COUNT, pg. 7)

⁵ Wisconsin Council on Children and Families (2008). Let’s Start at the Very Beginning: A Very Good Place to Start! WisKids Count Issue Brief (page 3.).

⁶ Rolnick, A.J. & Grunewald, R. (2007, January 4). Early Intervention on a large scale. *Education Weekly*, 26(17), 32, 34-36.

⁷ Schweinhart, L.J. (2004). *The high/scope Perry Preschool study through age 40: Summary, conclusions, and frequently asked questions* (Monographs of the High/Scope Educational research Foundation). Ypsilanti, MI: High/Scope Press.

⁸ Grunewald, Rob., & Rolnick, A.J., (2005) Early Childhood Development on a Large Scale. June 2005 issue. www.minneapolisfed.org

United Way of Dane County has an 18 year history in successful efforts to address the racial achievement gap particularly at early grade reading with Schools of Hope. Addressing issues early before a child enters kindergarten, will help the community by minimizing the already evident academic achievement gap during the most important and formative time of a child’s cognitive development. There is a need for employees to have critical thinking skills for 21st century jobs, and the foundation of brain development for these skills starts early.

III. National Research

The Born Learning Delegation 2.0 evaluated national research and determined the extent to which the national research held true in Dane County. The Delegation affirmed that family poverty, toxic stress, developmental readiness, and language acquisition are all major issues and supporting literacy in the home is a key to future academic success.

A. National Research on the Problem. National research tell us that kindergarten readiness for children’s development means more than just letters or numbers and that parents and caregivers can support healthy development with supportive caring relationships and knowledge about developmental milestones for children, and programs or supports for families that support aspects of children’s development.

Early childhood education needs to be a priority to all of us in the business community. While it is a longer term investment, it is imperative the business community understand the impact early childhood education will have on our future workforce. Our investment today will pay out significant dividends long term with a stable well rounded workforce that will continue to drive economic growth.

-Alice Tillett,
President, Pacific Cycle

a. Being ready to learn and ready to participate in a kindergarten classroom learning environment involves more than just having basic literacy and math skills.

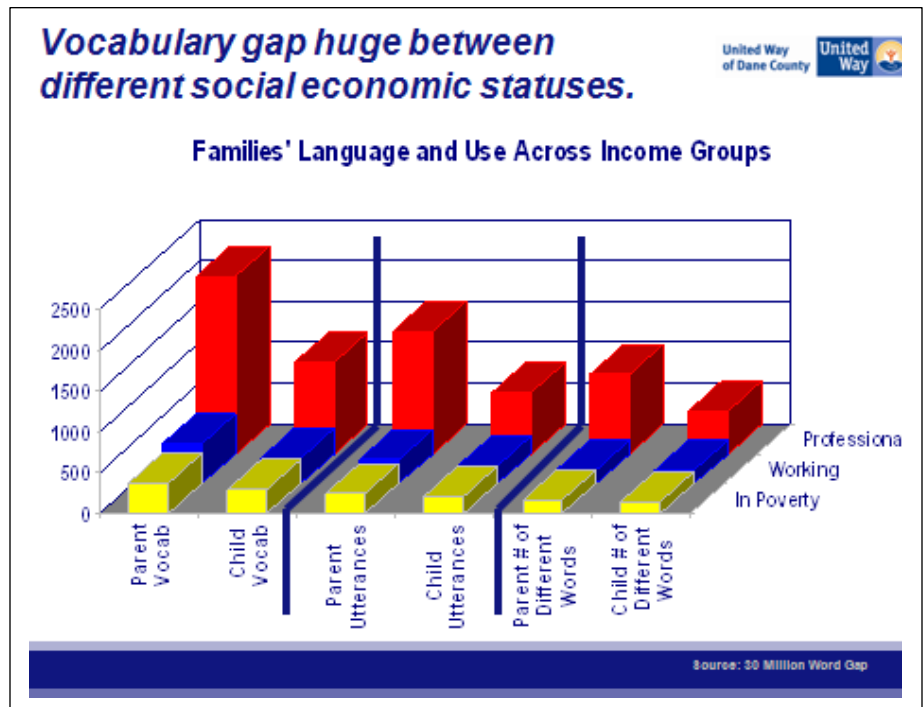
All children arrive at school with a wide variety of unique experiences. Young children develop in different ways and at different rates. Being ready to learn involves a child’s social-emotional, health and physical development. Assuring appropriate social/emotional development for our children is a key to future academic success because it is crucial to being school ready.

The current body of research agrees that there are five domains of school readiness: physical well-being and motor development, social and emotional development, approaches to learning, language development, and cognition and general knowledge⁹. The Findings from the National School Readiness Indicators Initiative also found that, “improving school readiness must address children’s development of skills and behaviors as well as the environments in which they spend their time”¹⁰. In Wisconsin, the Wisconsin Model Early Learning Standards

⁹ Ibid (KIDS COUNT)

¹⁰ Ibid (KIDS COUNT)

(WMELS) provide developmental expectations for children in the five developmental domains: health and physical development, social and emotional development, language development and communication, approaches to learning, and cognition and general learning^{11, 12}. The body of research also tells us that there is not a single “standard” or measurement tool recognized for kindergarten readiness. There are a wide variety of tools utilized by different school districts across the country. One example of a tool found in research for this report is the Kindergarten Transition Checklist from Virginia Beach, Virginia. (Appendix D).



Social Emotional Development is important to children’s academic readiness and success.

Social development is defined as the child’s ability to relate to others, to the teacher in the classroom, to their peer students in the classroom, their ability to take turns and to cooperate.¹³ Emotional development includes things like a child’s ability to understand feelings of other people and to express their own feelings.¹⁴ Children may be “unready” for kindergarten, “because of difficulties regulating their emotions and behavior, forming friendships, and following adult directives” (pg. 13)¹⁵. For children with these types of challenges, high quality early “school readiness” experiences can be essential to helping them start school prepared to succeed.¹⁶

b. Language acquisition differs among children among different socio-economic levels and is predictive of academic success.

Hart and Risley conducted a study that found that: “variation in children’s IQs and language abilities is relative to the amount parents speak to their children, children’s

¹¹ Edie, Dave. Getting Ready: Curriculum Elements for Early Learning. Wisconsin Council on Children and Families. Quality Matters: A Policy Brief Series on Early Care and Education. Fall 2008 (5).

¹² Wisconsin Early Childhood Collaborating Partners. Wisconsin Model Early Learning Standards. Retrieved December 2013 from: <http://www.collaboratingpartners.com/wmels-about.php>

¹³ Child Trends Research Brief. School Readiness: Helping Communities Get Ready for School and Schools Ready for Children. October 2001. Retrieved from: <http://www.childtrends.org/wp-content/uploads/2001/10/schoolreadiness.pdf>

¹⁴ Ibid (Child Trends)

¹⁵ Gilliam, W. S. (2005). Prekindergarteners left behind: Expulsion rates in state prekindergarten systems. New Haven, CT: Yale University Child Study Center.

¹⁶ Ibid (Gilliam)

academic successes at ages nine and ten are attributable to the amount of talk they hear from birth to age three, parents of advanced children talk significantly more to their children than do parents of children who are not as advanced".¹⁷ Children from literacy rich language environments may hear 30 million more words by the time they enter school than other children, and are more likely to hear positive and encouraging language than reprimands and criticism.¹⁸

c. Toxic stress results from facing major adversity and can affect children's developing brains. Supportive, responsive relationships early in life can prevent or reverse this type of stress' effect.

Research related to the biology of stress, shows how major adversity, such as extreme poverty, abuse, or neglect can weaken developing brain architecture and permanently set the body's stress response system on high alert".

Chronic stress can be "toxic" to developing brains. Toxic stress has been defined as, "when strong, frequent, or prolonged adverse experiences such as extreme poverty or repeated abuse are experienced without adult support, stress becomes *toxic*, as excessive cortisol disrupts developing brain circuits."¹⁹ There are three types of stress: positive, tolerable and toxic. Positive stress and tolerable stress are, "buffered by caring adults who help the child adapt, which mitigates the potentially damaging effects of abnormal levels of stress hormones".

Toxic stress can have a cumulative effect on an individual's physical and mental health. The more adverse experiences in childhood, the greater the likelihood of developmental delays and other problems.²⁰

The science which explains toxic stress finally helps us understand the nature of poverty and early adversity in a new way. We've known for a long time about the reverberations that occur when the first thousand days of life are filled with challenges and scarce on supportive relationships, but now we can recognize and leverage the molecular basis underlying disparities in our society.

—Dr. Dipesh Navsaria
Pediatrician and Librarian
UW Health and Access Community
Health Center

d. Supportive, responsive relationships, early in life, are critical to preventing or reversing damaging effects of stress in young children.

According to The Center on the Developing Child "numerous scientific studies support these conclusions: providing supportive, responsive relationships as early in life as possible can prevent or reverse the damaging effects of toxic stress".²¹ Children develop in a context of relationships and in families and communities, and therefore a child's

¹⁷ Scholastic (2013). Make Every Student Count: How Collaboration Among Families, Schools, and Communities Ensures Student Success. Family and Community Engagement 2013 Research Compendium.

¹⁸ Hart, B. & Risley, T.R. (1995). The Early Catastrophe The 30 Million Word Gap by Age 3. American Educator, Spring 2003.

¹⁹ Center on the Developing Child. In Brief: Impact of Early Adversity on Children's Development. Harvard University. www.developingchild.harvard.edu

²⁰ Ibid (Center on the Developing Child)

²¹ National Scientific Council on the Developing Child. In Brief: The Impact of Early Adversity on Children's Development. Available at: http://developingchild.harvard.edu/index.php/resources/briefs/inbrief_series/inbrief_the_impact_of_early_adversity/

ability to interact with the world is also important to their overall success and development.²²

e. Supporting literacy in the home is important for future success and less than 50% of families with children under age 5 read to their children every day.

Experts say what families do to support literacy in the home is more important than family income or level of formal education in predicting future success²³. Children who have not developed some basic literacy skills by the time they start school are three to four times more likely to drop out in later years (Kirsh et al., 2002).²⁴ We know that the foundation of early literacy starts very early in a child's life, and research provides evidence that children can learn reading and writing long before they go to school. And yet, fewer than half (48%) of parents with children younger than age 5 are read to daily (Russ et al., 2007).²⁵ The percentage of children read to daily from low-income families is even lower, 36%, and these children face the highest risk of literacy problems" (Russ et. Al, 2007, pg. 5).²⁶



Raising hands: impulse control is one of the critical "executive skills" children must learn Photo Credit: Gigi Miller.

f. Greater challenges face children from families who are homeless or highly mobile, but high quality early education settings, like Head Start, help them make gains. A recent evaluation of Head Start programs that looked at outcomes for children from families who are stably housed versus children who are homeless or highly mobile (HHM) found that "although HHM children do not catch up entirely to their stably housed peers, that their socio-emotional and cognitive outcomes improve on average underscores the growth that can take place in a high-quality early education setting and the importance of early intervention in bolstering disadvantaged children's chances for success".²⁷

B. National Research on Solutions

A. Home Visitation: Home Visiting Programs significantly positively affect maternal life course outcomes, child cognitive outcomes, and parent behaviors and skills.

²² National Scientific Council on the Developing Child (2004). Young Children Develop in an Environment of Relationships: Working Paper No. 1. Retrieved from www.developingchild.harvard.edu

²³ Ballen, J., & Moles, O. (1994, September). *Strong families, strong schools: Building community partnerships for learning*. Washington, DC: U.S. Department of Education. (ERIC No. ED 371909)

²⁴ Scholastic (2013). Make Every Student Count: How Collaboration Among Families, Schools, and Communities Ensures Student Success. Family and Community Engagement 2013 Research Compendium.

²⁵ Ibid (Scholastic)

²⁶ Ibid (Scholastic)

²⁷ Nunez, R.d. C., Anderson, D, Bazerjian, L. (2013). Head Start and Housing (In)stability: Examining the School Readiness of Children Experiencing Homelessness. Institute for Children, Poverty & Homelessness Research Brief. www.ICPHusa.org

A meta-analysis, summarizing research results of 126 studies on home visitation conducted by Filene et. al, found that effect sizes were positive for, “maternal life course outcomes, child cognitive outcomes, and parent behaviors and skills” (pg. S100).²⁸ Well-designed home visiting programs support parents and enhance children’s development and linking early childhood programs to home visiting appears to lead to better outcomes for children and families²⁹.

i. Supporting parents with knowledge and skills about developmental norms for children is associated with greater child cognitive development and language effects.

j. A Meta-analysis of 126 studies on home visitation conducted by James Bell Associates found that “programs with significantly larger effect sizes were those that included content on: developmental norms and expectations; responsiveness, sensitivity to cues, or nurturing; promotion of child’s socio-emotional development; promotion of child’s cognitive development; as well as

rehearsal opportunities” (Executive Summary, pg. 3).³⁰ This meta-analysis found that “home visiting programs that addressed the promotion of child’s development, specifically socio-emotional and cognitive development, were associated with larger effects related to child cognitive development and language than programs without these components” (pg. 45).³¹ For socio-emotional development, “parents were taught strategies to foster children’s positive adjustment and

well-being, how to interact appropriately in social situations with peers or adults, and prosocial skills such as sharing, cooperating, etc.” (pg. 45).³² Programs that provided activities to promote child’s cognitive development focused on, “activities such as parents using naturally occurring opportunities to increase child language or knowledge by describing aspects of the child’s activity, asking questions, commenting on events in the child’s development” (pg. 45).³³ This review of literature found that for home visiting programs, “equipping parents with knowledge about typical child development may lead to developmentally-appropriate parenting behavior, which in turn may have contributed to enhanced child cognitive development and language outcomes” (pg. 45).³⁴

ii. Parent-Child Home Program is a nationally recognized home visitation program

The Parent-Child Home Program is an effective and nationally recognized home-visiting model for getting young children Kindergarten ready. Parents received twice-weekly home visits for 23 weeks each year for two years, a total of 92 visits and 184 hours of parent education and coaching. The Parent-Child Home Program has been evaluated in communities as diverse

It’s easier to build strong children than to repair broken men.

-Frederick Douglass
19th century African-American
social reformer, writer and orator

²⁸ Filene, J.H., Kaminski, J.W., Valle, L.A., and Cachat, P. (2013) Components Associated With Home Visiting Program Outcomes: A Meta-analysis. Pediatrics. Accessed online, www.pediatrics.aapublications.org.

²⁹ Wisconsin Council on Children and Families. (2008) Parents as Partners in Early Education.

³⁰ James Bell Associates. (2012) A Meta-Analytic Review of Components Associated with Home Visiting Problems. http://www.pewstates.org/uploadedFiles/PCS_Assets/2013/Home_Visiting_Meta_Analysis_executive_summary.pdf

³¹ Ibid (JBA)

³² Ibid (JBA)

³³ Ibid (JBA)

³⁴ Ibid (JBA)

as New York City and rural South Carolina, with children and families who are native English speakers and English Language Learners. A longitudinal randomized control group study of the Parent-Child Home Program found that low-income children who completed two years of the Parent-Child Home Program went on to graduate from high school at the rate of middle class children nationally, a 20% higher rate than their socio-economic peers, 30% higher than the control group in the community.³⁵

B. Supporting a family’s capacity to understand and enhance their baby’s unique development positively influences both parents and children.

A meta-analysis of 77 evaluations of parent training programs for parents of children ages 0 to 7 where parents were actively acquiring parenting skills produced by the Centers for Disease Control in 2009 found that the following three content and delivery components were related to better a program outcome of “acquiring parenting skills and behaviors”: 1) teaching parents emotional communication skills, 2) teaching parents positive parent-child interaction skills, and 3) requiring parents to practice with their child during program sessions.³⁶ Research also shows that active learning approaches to parent education programs are superior to passive approaches (pg. 2)³⁷. Active learning approaches include practice and feedback, rather than just sharing information about practices. These findings suggest that for programs to achieve results, they must focus their content and efforts on topics that are closely related to the desired outcome.³⁸

C. Early identification and intervention helps children gain developmentally to age appropriate results

Early identification and intervention for children with developmental delays or disabilities can improve cognitive and social skills, lead to higher achievement and greater independence, and promote family competence and well-being³⁹. Early screening for children’s development can help identify additional needs, supports and resources to provide parents with referrals or practice to help children towards age expected development. Because the early years are critically important to a child’s development and determining a child’s future success and health, the use of early identification procedures and intervention services are crucial. “Timely and periodic assessment of young children’s development makes it possible to identify and treat developmental disabilities at the earliest possible point of manifestation and to prevent loss of developmental potential” (p. 1927).⁴⁰ The American



Reading to children as early as 1 month begins the foundation of language development Photo Credit:

³⁵ Parent-Child Home Program Research Summary. <http://www.parent-child.org/proven-outcomes-research.html>

³⁶ Centers for Disease Control and Prevention. Parent Training Programs: Insight for Practitioners. Atlanta (GA): Centers for Disease Control; 2009.

³⁷ Ibid (CDC)

³⁸ Ibid (CDC)

³⁹ Jones, Lynn (2009). Making Hope a Reality: Early Intervention for Infants and Toddlers with Disabilities. Zero to Three. <http://www.zerotothree.org/public-policy/policy-toolkit/earlyintervensinglmarch5.pdf>

⁴⁰ Halfon, N., Regalado, M., Sareen, H., Inkelas, M., Reuland, C.H.P., Glascoe, F.P., & Olson, L.M. (2004). Assessing development in the pediatric office. *Pediatrics*, 113(6), 1926-1933.

Academy of Pediatrics recommends screening at 9, 18, and 24 or 30 months, in time to help children before age 5 when brain development slows.

There are multiple screening tools available for developmental screening, one of which that is well received and highly utilized in Dane County is the Ages and Stages Questionnaire (ASQ) which is a nationally recognized, well-vetted, parent completed developmental screener for children 1 month to 5 ½ years. The ASQ measures five domains of child development, fine motor, gross motor, communication, personal-social and problem solving and takes about 10 to 15 minutes for a parent to complete. It is valid, reliable, and easy to score and has been recognized as a way to partner with parents to make the most of their expert knowledge of their children.⁴¹ One study reported that after using the ASQ in a pediatric setting, 62 more referrals were made (238% increase) and 39 more children were monitored or placed in intervention services (191% increase).⁴² In response to these results, co-author Dr. Kevin Marks made the following statement: “We found that many doctors were simply missing many kids and not because they were taking a ‘wait and see’ approach on possible delays. We, as doctors, are under-identifying the number of children who can benefit from intervention. The paradox is that the children with mild delays are the same ones who oftentimes respond well to early intervention” (p. 2).⁴³ Zero to Three reported in 2009 that, “1 in 3 infants and toddlers who received early intervention services did not later present with a disability or require special education in preschool”.⁴⁴



Playing is Learning Photo Credit: Eric Baillies

D. Importance of Quality Early Childhood Experiences

i. Programs to support Family, Friend and Neighbor Caregivers of Children (FFN).

“Family, friend and neighbor care (FFN) ... is a broad term that refers to child care by extended family members, nannies, friends, neighbors and other unrelated adults. Many parents, especially low-wage earning or part-time employees, also play the dual roles of parent and caregiver – when they are not at work – by caring for their own and coworkers’ or family members’ children”.⁴⁵

In the United States, most children – including those from low-income homes and children under the age of 5 – spend the majority of their time under the care of FFN caregivers “in settings that are frequently not subject to external standards or

⁴¹ <http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/>

⁴² Hix-Small, H., Marks, K., Squires, J., & Nickel, R. (August 2007). Impact of implementing developmental screening at 12 and 24 months in a pediatric practice. *Pediatrics*, 120(2), 381-389.

⁴³ Medical News Today. (September 2007). Parental Surveys Boost Diagnosis Abilities of Doctors. Retrieved September 26, 2007, from Medical News Today. Web Site: www.medicalnewstoday.com/articles/82210.php.

⁴⁴ Ibid (Jones (2009)

⁴⁵ Sazer O'Donnell, N., Cochran, M., Lekies, K., Diehl, D., Ashley, N., & Steinke, P. (September, 2006). *Sparkling connections, phase II; Part 1: Lessons learned and recommendations*. New York, NY: Families and Work Institute. Available online at <http://familiesandwork.org/site/research/reports/main.html>

requirements”.⁴⁶ Many of these caregivers are relatives who have little contact with public service systems and who are not eligible for financial assistance.

Two examples of programs that support education, networking and support for family, friends and neighbors who provide care for young children are the Kaleidoscope Network in Seattle, Washington and Tūtū and Me in Hawaii.

Kaleidoscope Play and Learn was developed as a strategy to reach out and provide support, information and resources to family friend and neighbor caregivers. At the Play and Learn groups, caregivers learn about and practice what they can do at home to support early learning and healthy development with the children in their care. Play and Learns are programs set up on a weekly basis that function as a high quality learning environment. Parents and caregivers attend for up to 1 ½ to 2 ½ hours. A Play and Learn Network in Seattle called the Kaleidoscope Network has conducted evaluations of their programming over the past five years. In 2009, the evaluation found that increased participation in Play and Learn appears to produce stronger outcome results. At 37 or more visits about two-thirds or more participants are achieving outcomes (in terms of changing “a lot more” on individual items and in outcome areas), which makes a strong case regarding 37 visits as a meaningful attendance threshold. This number also coincides with attending the number of weeks during a traditional school year. Overall, on most measures this evaluation found that Play and Learn participants reported positive outcomes.⁴⁷

Tūtū and Me sets up parent/caregiver play-and-learn groups at a community site a couple of morning each week. About 500 families are served through this collaboration each year. Tūtū and Me supports caregivers by providing information, support and skill building so that the caregivers can help the children in their care be ready for kindergarten.

Information provided includes examples of activities using simple materials that are found in the home as learning tools as well as printed information for the participant to replicate the experience in the home environment. The Tūtū and Me program is free and is conducted in public places. The program also provides entry points into needed services for families who otherwise might not know where or how to get help. Finally, the program is a point of identification for children with special learning needs. In 2008, an evaluation was conducted of the Tūtū and Me Model of Play and Learn in Hawaii. This evaluation, reviewed changes in qualitative adult-child interactions, pre-post observation of adult-child interaction with the Child Care Assessment Tool for Relatives (CCAT-R) and a Participant Survey. Results from the evaluation showed improvement in quality of interaction on 3 of 4 measured by CCAT-R: bi-directional communication, unidirectional communication, engagement, and nurturing for children less than 3 years of age. This evaluation also showed changes in language/engagement that were statistically significant for younger

The best and most effective way to increase the quality of our workforce and lessen the tax burden is to invest in quality early childhood development. The sooner and the earlier, the better.

– Dennis Winters
Chief, Office of Economic Advisors,
Wisconsin Department of Workforce
Development.

⁴⁶ Ibid, pg 1

⁴⁷ Organizational Research Services (2010). Summary of End of Year Play & Learn Participant Results January-December 2009. <http://www.childcare.org/ffn-care/2009%20Play%20and%20Learn%20Evaluation%20Summary%20Results.pdf>

children. In this particular evaluation however, conclusions were not drawn on the relationship between effects on child outcomes from changes in parents' caregiving practices.⁴⁸

- ii. **High quality center based early childhood education is key to a child's school readiness.** Ackerman and Barnett write that, "a recent review of the variables contributing to racial and ethnic gaps in school readiness concludes that "the most promising strategy" for supporting readiness is "to increase access to high-quality center-based early childhood education for all low-income three- and four-year olds (Rouse et. al. (2005)." (pg. 12).⁴⁹ The High Scope Perry Preschool Study examines the lives of 123 children born into poverty and at high risk of failing in school. The study found that adults at age 40 who had the preschool program had higher earnings, were more likely to hold a job, had committed fewer crimes, and were more likely to have graduated from high school than adults who did not have preschool.⁵⁰

Approximately 2,000 children under age five living in poverty are cared for by Family, Friend and Neighbor (FFN) care in Dane County.

- E. Programs that focus on parents and children impact family and child outcomes - two generation programs - show promise as models to meet family and educational needs.** Nationally, programs like Making Connections (Annie E. Casey Foundation) and Promise Neighborhoods integrate programs and develop infrastructure to support child and family outcomes.

F. Neighborhoods provide a context for and influence on children's development.

There are many ways that neighborhoods can influence parents and children who live in them whether it is resources, relationships or safety. Neighborhoods provide the context for young children's early academic and behavioral development (Hanson et. al 2011).⁵¹ Neighborhoods can directly and indirectly influence children's development, and a growing area of research literature focuses on this context. Direct influences include the existence of more resources (Dupere, Leventhal, Crosnoe, & Dion; Neuman & Celano, 2001) or more opportunities for developmentally supportive interaction with other children and adults (e.g. Hanson et al., 2011).⁵² Indirectly, neighborhoods may influence parents' behavior, and the way parents interact with their children, for example due to stress or safety (Kohen et al., 2008).⁵³

⁴⁸ Porter, T., Vuong, L. (2008). TuTu and Me: Assessing the Effects of A Family Interaction Program on Parents and Grandparents. Institute for a Child Care Continuum. Division of Continuing Education. Bank Street College of Education.

⁴⁹ Ackerman, D.J. and Barnett, W.S. (2005) Prepared for Kindergarten: What Does "Readiness" Mean? Preschool Policy Brief. National Institute for Early Education Research (NIEER). www.nieer.org

⁵⁰ Schweinhart, L. J., Montie, J., Xiang, Z., Barnett, W. S., Belfield, C. R., & Nores, M. (2005). Lifetime effects: The HighScope Perry Preschool study through age 40. (Monographs of the HighScope Educational Research Foundation, 14). Ypsilanti, MI: HighScope Press. <http://www.highscope.org/content.asp?contentid=219>

⁵¹ Froiland, John M., Powell, D.R., Diamond, K.E., and Seung-Hee, C.S. (2013) Neighborhood Socioeconomic Well-Being, Home Literacy, and Early Literacy Skills of At-Risk Preschoolers. *Psychology in the Schools*. 50(8) 755-769.

⁵² Ibid (Froiland et. al)

⁵³ Ibid (Froiland et. al)

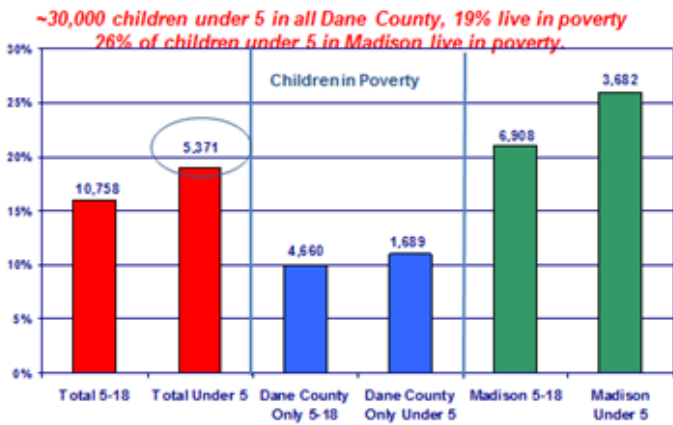
IV. Local Research

A. Local Data

a. Poverty is a Risk Factor for Kindergarten Readiness and Development

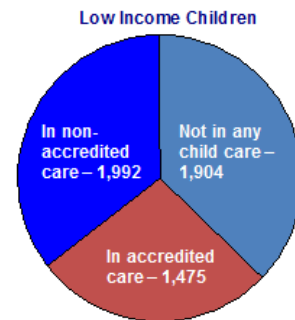
According to 2010 Census Data, there are 29,945 children under age 5 in Dane County and 19% of children under age 5 live in poverty.⁵⁴ In Madison, over one in every four children under age five, or 26%, live in poverty.

We also know that early childhood education is critical for supporting children’s development, particularly for children from families with many risk factors. Dane County has a significant number of children who are not in any type of formal care. Of children living in families in poverty, approximately one-third of them are not in any type of child care. We estimate that there are around 1,900 Dane County children living in poverty who are being cared for by their families, friends or neighbors.



5,371 children under 5 in poverty, 1/3 not in any child care.

50% of all children 0-5 in Dane County are enrolled in child care
1 in 5 of all children enrolled in child care are children in poverty
Approximately 2,000 children under 5 living in poverty are cared for by family, friends or neighbors.

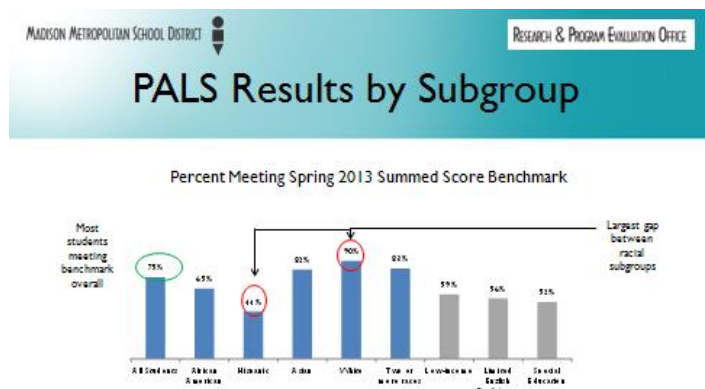


Most MMSD Students meet the benchmark (what is expected of them), however the gap begins to emerge at this early stage.

b. Kindergarten readiness is widely defined and Dane County does not have a county-wide standard kindergarten readiness screener. The previous Delegation noted that the community level indicator of the MMSD Kindergarten screener was not ideal for a few reasons, namely in that it only measured Madison children, not all Dane County children.

The PALS (Phonological Awareness Literacy Screening) is a literacy screener that while important as a tool for literacy instruction, is not meant to be used as a community level indicator. The WI Department of Public Instruction discouraged the Delegation from using PALS as a pre-kindergarten screener for our purpose.

Beginning in 2013, there is a new assessment that is required statewide through the Department of Instruction. This assessment was implemented in all districts



2012 child care data from Community Coordinated Child

⁵⁴ The Federal Poverty Level for a family of 4 is \$23,550 in 2013.

in 2013. The new assessment, adopted by the Wisconsin Department of Public Instruction, the PALS (Phonological Awareness Literacy Screening) is a research based screening, diagnostic, and progress monitoring tool used nationwide to assess literacy. Wisconsin teachers use PALS to: identify students at risk of developing reading difficulties, diagnose students' knowledge of literacy fundamentals, monitor progress, and plan instruction that targets students' needs.⁵⁵ We have the results of this screening from spring 2013 (Figure 1) and could consider them a baseline of early literacy skills. The Delegation has recognized that this is not a complete measure of all aspects of "kindergarten readiness" as it does not measure social/emotional readiness. Also, that this screener for phonemic awareness only measures a narrow band of early literacy.

c. Neighborhood Data Analysis – Targeted Population

The Delegation examined neighborhoods and chose 13 critical neighborhoods of Dane County for focused and targeted interventions, after looking at a variety of metrics combined with our common knowledge of resources and leaders in these areas to focus resources for greater impact. Metrics considered included: birth outcomes, free and reduced lunch populations at local elementary schools; children age 0-5 living in poverty, locations of Neighborhood Resource Teams identified by the City of Madison, and presence of current resources like Play and Learns, Home Visiting, and other supports such as libraries. (Appendix E).

d. Working at the neighborhood level has a lengthy history in Dane County.

The Delegation recommends that we focus on systems coordination to build on the strengths of families of Dane County. Neighborhoods have local people, leaders, resources and individualized strengths and challenges, providing a built in base of established trust and relationships for families.

In the City of Madison, the City created Neighborhood Resource Teams (NRT) as cross functional teams to serve as resources to different neighborhoods.⁵⁶ These teams currently exist in nine different neighborhoods and are made up of representatives from many City departments, as well as libraries, public health, and are working with Dane County nonprofits.

Madison also has a rich history of neighborhood level organizing and system provision through the various community centers each with a unique variety of programming and services directed at families at all stages of life.

In Dane County, we also have strong leadership in communities through Dane County's Joining Forces for Families (JFF) and Public Health offices which serve as key points of contact in areas throughout all of Dane County. Building upon these partners' work and contacts as well as those of faith communities, child care providers and others who support families with young children in Dane County is one place that the Delegation identified an opportunity for future strategies.

The work of this delegation is so critically important because the plan developed will build on the assets of families and provide holistic supports that families need to raise successful children. Further the plan focuses on targeted neighborhoods where community based programming can effectively reach those who need it the most.

-Alyssa Kenney
Executive Director,
Kennedy Heights Community Center

⁵⁵ PALS Wisconsin Resource Center. PALS Overview. http://www.palswisconsin.info/about_overview.shtml

⁵⁶ City of Madison Website. Neighborhood Resource Teams Background/Mission/Contact. Accessed 12/31/13: <http://www.cityofmadison.com/mayor/nrt/backgroundContact.cfm>

1. What Works? Strategies to support family stability and help children become prepared for school.

When programs in Dane County support the financial stability of families with young children they support the outcomes of the children. The Delegation recognizes the critical importance of supporting families' financial stability, and also recognizes the programs in our community that exist to support those needs. The scope of the Delegation's recommendations is not focused on family economic stability, recognizing other services provided in Dane County towards supporting those goals for families.

United Way's Agenda for Change is a set of focused strategies in the areas of Education, Safety and Health. It is through these and other programs that families are supported beyond the early childhood development and education focus of this report, including housing and healthy food access, tutoring, employment training and placement, reducing violence to increase safety, primary and behavioral health care access, and much more. These and other resources in Dane County provide additional support for families, while the strategies recommended by the Delegation are focused specifically in the area of early childhood development.

a. Housing in Action supports efforts for rapid re-housing for families with young children.

Half of the homeless children in the City of Madison are under the age of 6.

United Way of Dane County provides \$2 million to programs that support families and their financial stability, which is a risk factor for children's readiness for school.

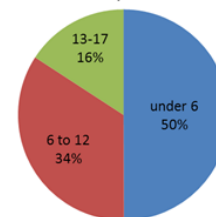
Our **Housing in Action** Mobilization Plan, a bold plan to reduce family homelessness supports families through investments towards four research-based strategies: (1) housing case management and eviction prevention, (2) improving landlord-tenant relations and financial counseling, (3) access to free food, and (4) Housing First – a model to rapidly re-house families in shelter or on the doorstep of shelter. We also have led

community education and engagement efforts with policy makers, agency leaders, funders, community thought-leaders and other stakeholders to increase community resources invested in these evidence-based prevention practices. This plan is working, 163 families were housed through Housing First in 2013, a total of 664 since 2006, and the program is not yet to scale. It has an 80% success rate at half the cost of traditional shelter.

Half of Homeless Children are under age 6



2011 Children Using Emergency Shelter
Source: City of Madison



Source: City of Madison Homeless Services Report, 2011

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b. Early Childhood Zones are a strategy to stabilize families and help children become prepared for school.

A collaboration between Dane County and United Way of Dane County created the Leopold Early Childhood Zone in 2013 to stabilize families and help children become prepared for school in one geographic area with wrap around coordinated services including education and employment services for families. Agencies and schools collaborate to focus on resources, identification, referral and health and employment support for families with young children. The work in the Zone has two strategies: 1) comprehensive wrap around services for families with young children in a focused

elementary school catchment area, and 2): Support to parents so they can help their child(ren) be successful in school. This collaboration has provided a solid foundation for expansion to two other communities in 2014, Verona and Sun Prairie, and is part of our recommendations.

c. Home Visitation Programs

There are 7 home visitation programs with specific purposes and target populations and treatment models in Dane County. We estimate that they have the collective capacity to serve 895 families. United Way supports 3 home visitation programs: Parent-Child Home Program, Welcome Baby and Kinder Ready. (For a review of all home visiting programs in Dane County, including those supported by other organizations, please refer to Appendix E.)

i. The Parent-Child Home Program

The Parent-Child Home Program, serves children 2-4 years old, and completed its second year of implementation in 2013 with 37 families graduating from the first cohort of the two-year program. All of the graduates of the program were registered to attend 4 year old kindergarten in the fall. This program has grown rapidly to a total of 162 families participating in the program in 2013.

ii. Welcome Baby

This program helps first-time parents, identified at the hospital as being at risk, manage the demands of parenting through educational home visits that help them build confidence in their parenting skills and understand their child's development from birth to 3 years. Bilingual home visitors using the Parents as Teachers (PAT) curriculum provides parent education and child development services.

iii. KinderReady

Bilingual parent educators trained in Parents as Teachers (PAT) curriculum provide in-home parent education and child development services to families with children under the age of five in the Madison Metropolitan School District. Parent educators provide bimonthly education and support visits to parents and their children, in their own homes, free of charge until the children begin kindergarten, 4K or Head Start.

iv. Early Childhood Initiative (ECI)

ECI is a partnership representing Dane County Human Services, Children's Service Society of Wisconsin, Community Partnerships, and Forward Services Corporation. ECI started in July 2004 to ensure that children achieve age-appropriate, developmental outcomes and live in families that are nurturing and self-sufficient with income from sustainable employment.

d. Play and Learn The best way to describe the Play and Learn is as a traveling or "pop-up" quality early childhood program for children from birth to age five and their parents or other primary caregivers (i.e. grandparents or other family members). Each Play and Learn site is set up at least once, sometimes twice, each week throughout the year at specific locations in targeted neighborhoods. The Play and Learn session lasts for two to two and a half hours and is **designed to teach**



Gross motor skills are part of holistic development
Photo Credit: Eric Baillies

parents how to play (and teach) with their children. A typical schedule includes Circle Time, Play Time, Book Time, Snack Time, Adult Time, and Goodbye Time (clean up and songs).

There are now 40 Play and Learn sessions occurring in 25 locations in Dane County including Madison, Marshall, Middleton, Sun Prairie, Stoughton, Verona and Mazomanie (includes Madison Metropolitan School District run Play and Learns). Over 2,200 children and adults participated in United Way's Play and Learn program during 2013.

2. What we learned from our Community Engagement.

- a. Meet families in locations where they already are. Provide information where parents turn to the most.** The Delegation conducted community engagements in order to find out from parents where they get information concerning their child's development and preparedness for school. The results were in line with the information collected from the first Delegation in 2007. More than 50% of the 30 parents/caregivers interviewed said that the best place for them to get information would be at their doctor's office and the next best place is from friends and neighbors. We heard that word of mouth is a good method for these parents/caregivers to get information. Of those surveyed, 65% heard about Play and Learn from a friend or neighbor.

The Born Learning Delegation did a great job of identifying the critical factors in children being ready for school. I believe the plan will be an effective tool to guide resources into the community and make a demonstrable improvement in school readiness.

-Jim Ring
CEO, Park Towne Development

The Delegation also met with Dane County Joining Forces for Families (JFF) staff in a discussion about what's working and what is challenging for families with young children in Dane County. JFF workers shared that they see programs like Play and Learn, Early Childhood Initiative, the Parent-Child Home Program, and other in home visitation programs are working because they are based in the neighborhoods and connected to

neighborhood/community resources. They also affirmed that families they work with get information from within their own networks. They recommended; helping families become more stable, working together on comprehensive service provision and integration, discussing how to reach families that are connected to other resources, (i.e. doctors, hospitals), having a presence in a neighborhood/community and being in it for the long haul, and utilizing a cross-system team approach, meeting other needs along with importance of early childhood education/experiences.

The Delegation also heard from 12 parents whose children had graduated from the Parent-Child Home Program. These parents provided very positive feedback about the program and their home visitors. Families mainly heard about the program from referrals from other agencies. They shared that the program has taught them as parents to teach their children, helped their kids learn to play differently, communicate better, socialize better, and helped kids not be afraid to go to school.

b. United Way of Dane County Board affirmed the strategies with the following recommendations.

The United Way of Dane County Board affirmed that our strategies are critical for this age group. They recommend:

- reviewing cost and scalability as well as linking this to the great return on investment we know that investing in early childhood has on future success and communities,

- creating a scaling up plan for initiatives that are not at scale,
- making connections in the community between strengths, and
- considering jobs/employment and resource access as we think about the entire family.

V. Hypothesis/Goal

We will increase the percentage of children entering kindergarten at age-expected development which gives them a solid foundation for their continued success in school by providing information and support to parents, increasing the number of children who are screened for age expected development, focusing on family supports in 13 neighborhoods, creating a community of practice, and helping healthcare practitioners link parents to community supports.

Without enough baseline data yet accumulated and national research which shows approximately 14%⁵⁷ of children are challenged with developmental disabilities, we are offering an aspirational goal that 80% of our 4-year olds will be at age expected development and ready to begin school. As part of our first year, we will build baseline data, and submit a new goal based on our new indicator that we will expect to achieve by 2020.

VI. Strategies and Resources

The Born Learning Delegation established a framework (Appendix C) and philosophy early on to guide their work. With the child as our focus, the Delegation saw the “Ready Child” at the center, closely supported by an engaged and informed parent/caregiver with key services available in five areas:

- Basic Needs
- Accessible Learning Environments/ Experiences
- Health
- Engaged and Informed Caregiver Support
- Community Continuum of Additional Support

“If we are serious about eliminating the achievement gap, we simply have to find a way to insure that our strategies in early childhood education extend to the children of low income families. Our vision has to be that every child is ready and prepared for learning by the time they reach the school house for kindergarten.”

–Michael Morgan,
Born Learning Co-chair

Our Statement of Philosophy

- Encourage play (physical and mental) as a catalyst for learning.
- Our community conversation about early childhood needs to change to reflect the importance of the first five years on the developing brain and future success.
- Help the community connect the dots of the relationship between early childhood and all other key issues such as the academic achievement gap, graduation, employment, health, etc.
- Cultural competence, the ability to interact effectively with people of different cultures and socio-economic backgrounds, is key to successful early childhood practices and should be developed where it is lacking and celebrated where it is done well.
- Community has a role to play to offer environments that supports early learning and gives parents and caregivers the information they need to provide the appropriate stimulating environment for their child.

⁵⁷ Centers for Disease Control. Data and Statistics Feature: Developmental Disabilities Increasing in US. http://www.cdc.gov/Features/dsDev_Disabilities/ (Boyle et al (2011) Trends in the Prevalence of Developmental Disabilities in US Children, 1997-2008. Pediatrics.).

You will see multiple areas of our Community Vision reflected in each of the recommended strategies outlined below (identified for each strategy in italics). Overarching all of these strategies is work to connect all systems utilizing the ASQ for county-wide data to create the ability to analyze results across Dane County.

The Delegation recommends that we focus on scaling up our strategies within targeted neighborhoods; and that each strategy may find a varied implementation, with unique leadership, people and agencies trusted by parents of young children. A list of the recommended targeted “neighborhoods” can be found in Appendix F.

Strategies:

1. Parents are engaged, informed and supported in how to be their child’s first teacher to help their children be developmentally ready for school. *Supports: Engaged and Informed Parent/Caregiver, Accessible Learning Environments*

- 1) Work in this area will continue to focus on supporting current strategies with goals of engaging parents in how to be their child’s first teacher. These programs include Play and Learn and Home Visiting Programs.
- 2) The Delegation’s main recommendation outside of work that is currently funded in this area is to identify where to most effectively reach parents in locations where they already are as part of their daily routines, and determine how we can connect directly (e.g. health care lobbies, libraries, faith communities).

2. Holistic family supports are focused on 13 specific neighborhoods/geographic areas. *Supports: Engaged and Informed Parent/Caregiver, Accessible Learning Environments, Continuum of Community Supports (Appendix F)*

- 1) Ensure supports provided through trusted local partners using: Family Resource Centers, Early Childhood Zones, Housing First, Food, Home Visits, and links to schools.
- 2) This includes supported community spaces for accessible play and learning environments.

3. Children are screened for developmental delays and families are provided appropriate supports for children who show potential delays. *Supports: Health, Engaged and Informed Parent/Caregiver, Community Continuum of Supports*

This strategy focuses on increasing the number of developmental screenings completed with the ASQ in Dane County, both increasing parent education and referring children to resources if developmental delays are discovered. The Delegation recommended the following action steps:

- 1) Fund an ASQ position dedicated to outreach and data collection.
- 2) Increase the number of ASQ’s completed at Play and Learns.
- 3) Identify, engage, and train “nontraditional” partners about ASQ and child development and the importance of screening. These partners may include faith communities, Community Centers, WIC/Section 8 offices, etc.



Providing children places to explore their environment safely is a component of Play and Learn and child development

- 4) Work with child care programs to increase awareness about developmental screening. We are able to identify these programs by neighborhood, and the Delegation recommends that we work with them to do outreach and engage parents in screening.
- 5) Work with the City of Madison Child Care Accreditation office, Launching Into Literacy and Math to reach providers – have ASQ training at their annual conference reaching over 300 child care providers.

4. A community of practice is created for practitioners, case managers, and resource centers for those serving families with children under 5. *Supports: Informed Parent/Caregiver, Early Childhood Professionals, Community Continuum of Supports*

- 1) Create a coordinated, structured support system for practitioners.
- 2) Support community of practice for Home Visitors in Dane County.

5. Healthcare professionals are knowledgeable of community supports and can easily link parents to such supports. *Supports: Health, Engaged and Informed Parent/Caregiver, Community Continuum of Supports*

Work with healthcare professionals, who are trusted advisors for families with young children. Provide them with efficient tools to help them make efficient referrals for family's needs.

6. Community Awareness

The Delegation has also recommended a Community Awareness Plan about the importance of early childhood development and education. Though assistance and guidance from communications firm Hiebing, healthcare providers were identified as the best community advocates we can work with to get information to parents with young children.

In the early years of a child's life a healthcare provider (HCP) is one a family's most trusted advisors in guiding the physical and emotional development of a child. Conversations about

parenting and development are already happening in their offices at wellness visits. HCPs, in general, understand the importance of and the "high-stakes" nature of this issue. Supporting HCPs with tools and resources to increase their ability to have early education conversations in the office will provide critical information to parents from their most trusted and frequently accessed resources.

Further, we will advance our public awareness goal to "Change the culture of how we think, value, and invest in early childhood environments" by conducting a public launch event, working with media partners to share the goals and strategies of the delegation, conduct speaking engagements in the community, and other outreach efforts. We also plan to provide a "welcome baby bag" to

every Dane County baby born in local hospitals. The bag will include books, as well as parent and caregiver information.



Children develop listening skills as part of language development Photo Credit: Gigi Miller

VII. Resources and Strategic Collaborations to Deploy these Strategies

Dane County, United Way of Dane County, and the City of Madison are the three largest health and human services funders in the community. United Way of Dane County is supported by thousands of community members and businesses with financial contributions, volunteer hours, and other engagement. To fully affect these strategies, we will focus on four areas of resource generation and support.

1. The United Way of Dane County community campaign will continue to work to generate community-based resources to fund the highest priority health and human service strategies in our community in the areas of education, safety (including employment), and health. The Born Learning Community Solution Team, the volunteer team responsible for achieving the Delegation's goals, will annually evaluate programs, partners, and funding resources to ensure measurable progress is being made. These volunteers work in partnership with United Way's Vision Council and Board of Directors to be accountable for results.
2. A special early childhood focused effort will be developed to support specific delegation recommendations that are not able to be funded through the resources of the annual campaign. A sub-set of the Delegation comprised of Dane County business leaders is discussing taking home visitation "to scale" to all children under 4 who live in poverty in the 13 targeted neighborhoods (approximately \$2 million over 5 years), as well as providing professional development teacher scholarships to early childhood centers in these neighborhoods to increase quality care for these children. Sponsors will also be needed for the Born Learning "welcome baby bags" that will be presented to each new baby born in Dane County. Opportunities for support will be promoted through community awareness outreach to the business community.
3. United Way's strategic collaborations volunteers will explore national and private foundation funding to accelerate progress and developmentally-appropriate readiness outcomes for Dane County children.
4. Community education and engagement, as well as volunteer opportunities to support families and children, will continue to be developed and deployed in support of our strategies and goals.

VIII. Results, Measures and Timeframe

The Delegation recommends that we identify the current number and work to increase the number of screenings in the 13 identified communities. The activities in the first year are to increase the number of developmental screenings and referrals/activities and follow up provided.

This goal recognizes that:

- We face challenges in creating a system for sharing results and aggregated data from any increased screening not done by United Way funded programs. This type of system does not currently exist across Dane County, and data sharing has limitations.
- Our baseline numbers to set this goal are small and we do not yet have a means to predict how much growth we can expect to see.
- We will set a meaningful goal in 2015 with additional data.
- We need to turn the community conversation to understand that developmental readiness includes both social emotional development and pre-literacy skills, and that being at age expected development will prepare children for kindergarten.
- This is a 6 year target we will revisit after the first year of implementation after accumulating additional data to set a baseline.

Goal/Strategy	Time Frame – Beginning in 2014	Anticipated Results & Measures
<p>Parents are engaged and informed in how to be their child’s first teacher to help their children be developmentally ready for school.</p>	<ul style="list-style-type: none"> • Ongoing work with Play and Learn, Early Childhood Zones <p><u>Year 1 (2014)</u></p> <ul style="list-style-type: none"> • Expansion to 2 additional Early Childhood Zones • Play and Learns to scale for 13 identified neighborhoods 	<p>Evaluation of Program</p> <p>ASQ – # screened developmentally age appropriate by 4K</p> <p>Parent surveys showing increased knowledge of development and their engagement in the strategy.</p> <p>Define a measure of effective cultural competence in this strategy.</p>
<p>Holistic family supports are focused on 13 specific neighborhoods/geographic areas.</p>	<p>2014 further community asset mapping</p>	<p>Community Asset mapping results and direction (resource and gap assessment by identified area)</p>
<p>Children are screened for developmental delays and families are provided appropriate supports for children who show potential delays.</p>	<p>Year 1 (2014):</p> <ul style="list-style-type: none"> • Define Baselines per identified area by identifying the number of children currently being screened in each area and/or zone to determine percentage increase target goal. • Set specific goals for growth and impact based on these baselines. <p>Year 2-5 (2014 – 2020): Continued implementation of strategies responding to evaluation and results in year one.</p>	<p>Systems are in place by 2020 to screen 10% of all children in Dane County per year with reportable aggregated outcomes. (Approximately 3,000 children/year and 600 4 year olds).</p> <p>Work to establish ASQ as county-wide tool; % developmentally appropriate by age 4/5</p> <p>Convene Dane County Superintendents to discuss a county-wide kindergarten readiness tool/measure. (contribute to Statewide ongoing continuing process of review of and selection of assessment tools)</p> <p>Work to “connect systems” between schools, healthcare and non-profits to aggregate data.</p> <p>Position United Way 2-1-1 as key point of contact to access referral services, if developmental delays are discovered (as well as traditional methods of referral). Partnering with neighborhood agencies and other service providers who are also providing resources to parents and/or create a list of 4-5 places and how to access the information and resources through each.</p>

Goal/Strategy	Time Frame – Beginning in 2014	Anticipated Results & Measures
A community of practice is created for practitioners, case managers, resource center for those serving families with children under 5.	2014-2015	<p>Create a coordinated, structured support system for the practitioners.</p> <p>Support for Early Childhood Practitioners. modeling the work done by Housing First, create a “Community of Practice” for housing case managers, to support and provide professional development for home visitors and child care providers.</p>
Healthcare professionals are knowledgeable of community supports and can easily link parents to such supports.		<p># Early Childhood Referrals to/through 2-1-1</p> <p># referrals sent to healthcare providers from ASQ developmental screening</p>
Early Childhood Zones	<p>2Q. 2014 <u>Play and Learn:</u> Expand Play and Learn site to Verona located at Sugar Creek Elementary School</p> <p>3 Q 2014: <u>Parent-Child Home Program:</u> Convene partners to launch Parent-Child Home Program component of the Early Childhood Zones in Sun Prairie and Verona</p>	<p>Increased stability for families with young children and children’s readiness for school.</p> <p># opportunities to engage healthcare providers on the recommendations</p>
Community Awareness Plan	<p>2014-2015 Plan for distribution of baby bags with books and resource lists for every baby born in Dane County</p> <p>1Q 2014: Delegation launch event, press plan, speakers bureau circuit</p>	<p>Utilize Dane Track Survey results, which measure on a rating scale from 1-5, to track “families with young children” as an indicator.</p> <p>Dane Track is completed in the Spring and Fall.</p>

Progress on the 2007 Born Learning Mobilization Plan



Goal

By 2013, 75% of Dane County children entering kindergarten will have the necessary skills to be successful in school, as measured by a community assessment tool. (approved in 2007)

Background

In March of 2007 United Way of Dane County convened the Born Learning Delegation, a group of community leaders, co-chaired by Art Rainwater, former MMSD Superintendent and Ave Bie, Managing Partner at Quarles & Brady, to investigate within the field of early childhood ways in which we can improve kindergarten readiness to minimize the academic achievement gap through parent education and support. The purpose of the Born Learning Delegation was to:

- Determine a county wide measure/indicator of school readiness.
- Inventory what is available in the community and identify gaps
- Identify what works from parents' perspectives related to easy and timely access to information about child development
- Determine strategies for sustainable parent education on child development and pre-literacy skills
- Create the public will to support all children being cared for and having fun while being prepared for kindergarten with the appropriate skills to be ready to learn

Four key strategies emerged from the work of the Born Learning Delegation which were shared with the community in a public launch in November of 2007:

- 1) All children are screened for developmental delays through medical providers, professionals or community-based programs.
- 2) All children have access to high quality early childhood experiences that encourage positive development.
- 3) All caregivers have access to resources that help them become successful as their children's first teachers.
- 4) The Dane County community is aware of the link between high quality early childhood experiences and school readiness.

I. Progress on Strategies

Strategy 1 - All children are screened for developmental delays through medical providers, professionals or community-based programs.

- We determined that in order to effectively address kindergarten readiness we needed to screen children earlier than kindergarten.
- We are using Ages & Stages as our screening instrument. This developmental screener is endorsed by the American Academy of Pediatrics and training is offered in Wisconsin by the Waisman Center. It is a tool that is completed by parents, scored by providers/physicians and provides information on where a child is developmentally in five areas: communication, gross motor, fine motor, problem solving and personal social skills at a minimum at ages 12, 24, 36 and 48 months. Parents are provided with an accompanying activities sheet that lists things they can do with their child that is appropriate for their age. The tool not only screens for appropriate developmental progress but educates parents at the same time.
- We are working with physicians, Children's Hospital – Community Services and the Waisman Center to make this tool universal in Dane County for developmental screening.

- We have licensed fourteen nonprofit providers and two school districts (Verona and Oregon) for this screener. These school districts are using the ASQ as a kindergarten screener.
- Group Health Cooperative has integrated the Ages and Stages screener into their well child visits as well as pediatricians at the Dean and UW Health Clinics.

Strategy 2 - All children have access to high quality early childhood experiences that encourage positive development.

- One of the strategies recommended by the Born Learning Delegation for this goal is Play & Learn as a model for reaching children and their caregivers. Children from low-wage earning families are less likely to be in licensed daycare facilities and more likely cared for by parents and other extended family members, friends, neighbors and other unrelated adults.
- Born Learning Play & Learn, sponsored by United Way of Dane County and supported for the first three years by the Caritas Foundation focuses on the children *and* the Caregiver, with an overarching goal of providing skill building, support networks and role modeling for the Caregiver so the child has an environment rich in literacy, math and social emotional development activities.
- The idea of Play and Learn is simple: instead of children going to pre-school, the Play and Learn Program goes to them. A teacher and aide team travel to pre-selected, high-need community locations with a brightly decorated truck (donated by Two Men and a Truck) retrofitted with mats, tables, and age-appropriate learning materials. The environments are transformed into learning centers where Caregivers connect with each other and develop positive ways of interacting with children. At the same time, the Caregivers learn about other resources in their communities that meet their needs or interests. With the support of a Play and Learn Early Childhood expert knowledgeable in how children grow and how to nourish children, the Caregivers gain information about the health, protection, and developmental needs of the children.
- Play and Learn reduces the social isolation of Caregivers and provides access for the children they care for to high quality early childhood development programs, thereby increasing the likelihood that these children will have a healthy and positive beginning. Play and Learn increases Caregivers' skills and confidence, thereby strengthening the relationships between Caregivers and children. Additionally Play and Learn increases Caregivers' skills in setting up and engaging in appropriate play and learning activities with their child.
 - For 2012-2013, our Born Learning Mobile Play and Learn is operational at twelve locations providing 18 Play and Learn sessions in the County through Children's Hospital – Community Services of Wisconsin and Center for Families: Stoughton (2 groups), Sun Prairie (4 groups), Middleton (1 group), Verona (2 groups), Cross Plains(1 group), Oregon (1 group), Marshall (1 group) and 4 locations in Madison (5 groups).
- In 2012 these sites were host to 980 children and 964 caregivers. (Does not include MMSD)
- The Madison Metropolitan School District has two smaller trucks in the Mobile Play and Learn "fleet" and provide programming at 11 sites (23 groups) in Madison. Their trucks have the same "outer wrap" as our 26 foot truck so we are creating a common visual for the Dane County community.
- We also invest in the development of child care providers, certified and non-certified through Community Coordinated Child Care (4C). A strong collaboration of early childhood experts, providers and others develop a conference every year that occurs over three Saturdays – one in January, February and March that provides national experts, best practice workshops and peer consultation for 350 – 400 providers every year with a focus on developing curriculum in reading and math in their programs.

Strategy 3 - All caregivers have access to resources that help them become successful as their children's first teachers.

Since 2007 we have focused on expanding and enhancing home visitation programs including Welcome Baby, Parent-Child Home Program and KinderReady, and collaborated with other home visiting programs such as Public Health (Prenatal Care Coordination and Nurse-Family Partnership), Early Head Start and Dane County's Early Childhood Initiative. These home visitation programs have varying criteria and services they offer a family. The handout on home visiting agencies describes the differences between the programs. The programs have all had success in increasing the caregiver's knowledge of child development and helped them bond with their child as well as addressing, in some programs, mental health of the caregiver, education and employment issues .

Strategy 4 - The Dane County community is aware of the link between high quality early childhood experiences and school readiness.

Through the generosity of many businesses we installed Born Learning Trails throughout Dane County in local parks and schoolyards. The *Born Learning Trail* is designed to help parents, caregivers and communities support early learning. The *Trail* is an important community strategy to help boost children's language and literacy skills – and encourage families to get active. The *Born Learning Trail* captures 10 fun outdoor games on engaging signs to help parents and caregivers create learning opportunities for a young child. Our trails in Madison were vandalized and had to be removed this year. We are working on a plan to reuse the signs in safer locations. Trails in Cross Plains, Sun Prairie, Verona, Stoughton, Oregon and Waunakee are still standing.

2012 was the Year of the Young Child for United Way of Dane County. All of our major events, annual meeting, Community Volunteer Awards, Day of Caring, Campaign Celebration, Key Club Shareholders meeting have had early childhood as their focus.

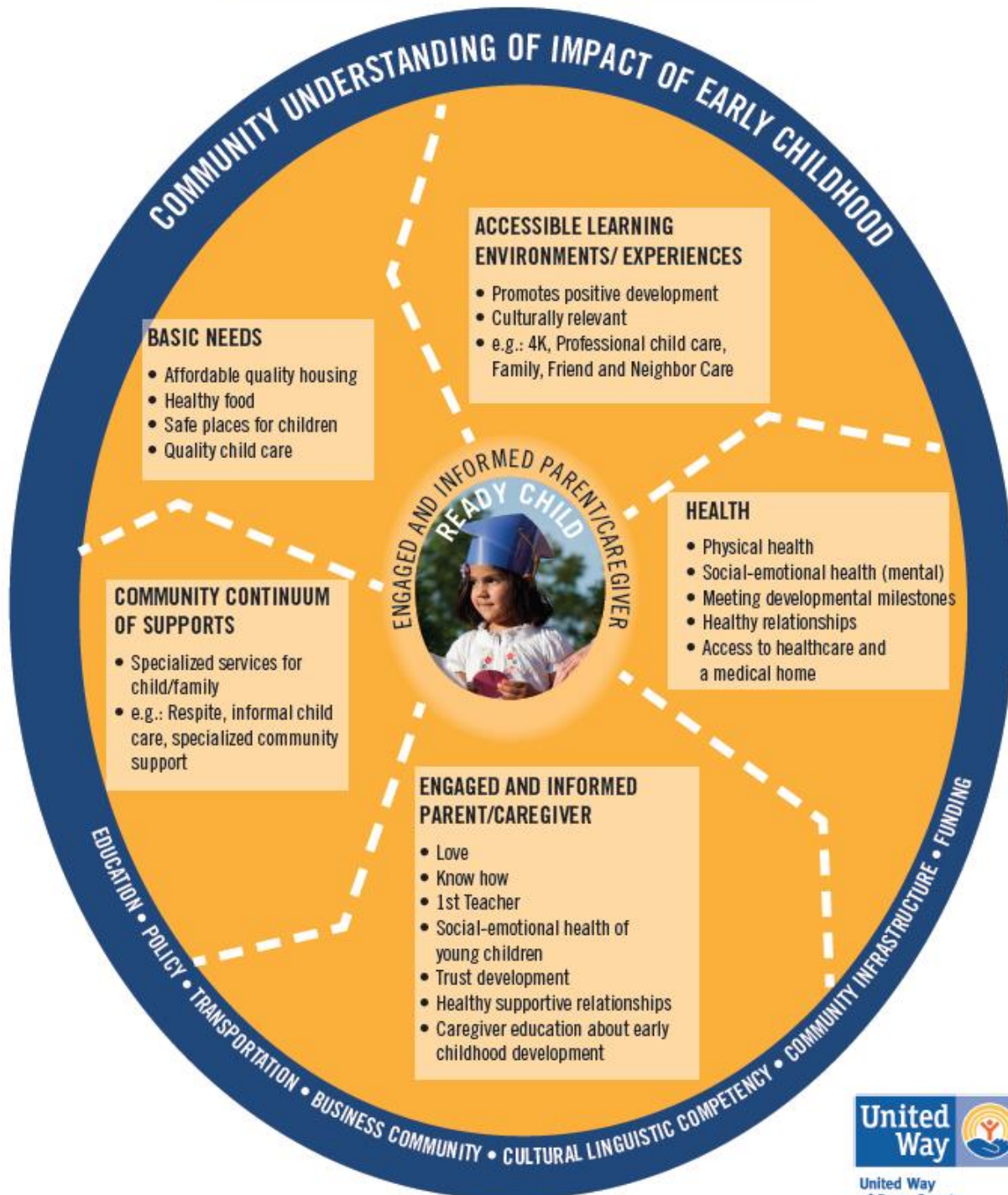
**Born Learning Delegation 2013
Roster**



Name	Affiliation/Association
Co-Chair Joe Parisi	Dane County Executive
Co-Chair Michael Morgan	United Way of Dane County Board Member Vice Chair, United Way of Dane County Growing Up Getting Ready Community Solution Team Attorney
Jody Bartnick	Executive Director, Community Coordinated Child Care
Nan Brien	Community Member
Sheila Briggs	WI Dept of Public Instruction Assistant State Superintendent – Division for Academic Excellence
Allison Cooley	United Way of Dane County Growing Up Getting Ready Community Solution Team American Family Insurance
Denise DeMarb	Aldерperson, District 16, Madison Common Council
Mary Driscoll	Outreach Librarian, Dane County Library Service
Steve Goldberg	Executive Director, CUNA Mutual Foundation
Dean Gorrell	Superintendent, Verona Area School District
Beth Graue, PhD	Sorenson Professor, Wisconsin Center for Education Research, School of Education, UW-Madison
Lynn Green	Director, Dane County Department of Human Services
Deirdre Hargrove- Krieghoff	Vice President of Workforce Development, Urban League of Greater Madison
Janel Heinrich	Director, Public Health Madison & Dane County
Armando Hernandez	Psychologist, Group Health Cooperative
Sayra Jayo	Bilingual Administrative Assistant for Hewlett Packard, State of WI Disability Determination Bureau
Richard Jones	Attorney
Sharyl Kato	Executive Director, Rainbow Project
Mike Kenitz	Executive Director, Center for Families
Alyssa Kenney	Executive Director, Kennedy Heights Community Center
Barbara Klawikoski	Coordinator – Early and Extended Learning, MMSD
Sarah Lawton	Branch Supervising Librarian, City of Madison, Public Library
Jim Leonhart	President, Celebrate Children Foundation
Dave Long	Researcher, Applied Population Lab, University of Wisconsin
José Madera	Board of Madison Children’s Museum Assistant Dean & Assistant Director, Academic Advancement, UW-Madison
Jennie Mauer	Project Launch State Coordinator Department Health Services, Department. Children and Families
Gunna Middleton	Senior Director of Operations, YMCA of Dane County, Inc.
Pete Miller, PhD	Professor, Educational Leadership & Policy Analysis School of Education, UW-Madison,

Name	Affiliation/Association
Dipesh Navsaria, M.D.	Pediatrician and Librarian American Family Children's Hospital & Access Community Health Services
Beth Neary, M.D.	Pediatrician and Community Leader
Donna Olson	Mayor of Stoughton
Art Rainwater	Professor, School of Education, UW-Madison,
Jim Ring	President and CEO Park Towne Development Corp
Jim Riordan	Retired CEO, WPS Insurance
Ruth Schmidt	Executive Director, Wisconsin Early Childhood Association
Arlene Silveira	MMSD Board of Education Director Marketing and Sales, Custom and OEM Services, Promega Corp.
Terri Strong	City of Madison, Community Services
Alice Tillett	President, Pacific Cycle
Mai Zong Vue	United Way of Dane County Healthy For Life Community Solutions Team CST Program Coordinator, Division of MH and Substance Abuse Service: Bureau of Prevention, Treatment and Recovery
Dennis Winters	Chief of the Office of Economic Advisors, Wisconsin Department of Workforce Development
Scott Zimmerman	MMSD – Director of Early and Extended Learning
STAFF	
Deedra Atkinson	Senior Vice President, Community Impact, United Way of Dane County
Sandy Erickson	Director, Community Impact, United Way of Dane County
Kathy Hubbard	Director, Community Impact, United Way of Dane County
Sarah Listug	Assistant Director of Community Engagement, United Way of Dane County
Lauren Martin	Assistant Director, Strategic Collaborations, United Way of Dane County
Kathy Martinson	Senior Director, Community Engagement
Renee Moe	Vice President, Resource Development & Marketing, United Way of Dane County
Elizabeth Sexton	Prevention Supervisor, Children's Hospital of Wisconsin – Community Services
Teri Weiland	Program Director, Center for Families

BORN LEARNING COMMUNITY VISION FOR DANE COUNTY



Kindergarten Transition Checklist



Social and Emotional Skills
<ul style="list-style-type: none"> • Follows one- and two-step directions • Stays on task for ten minutes • Listens to a story without interruption • Completes self-care tasks independently (bathroom and hand-washing, tissue needs, zips, and buttons) • Shares and takes turns • Uses words to express feelings and needs • Follows rules and routines • Asks for help when needed • Accepts responsibility for own actions • Engages in self-directed play when given choice of activities • Separates easily from parents / caregivers
Gross Motor Skills (Skills Using Large Muscle Groups)
<ul style="list-style-type: none"> • Runs, jumps, skips • Catches a large ball • Walks backward
Fine Motor Skills (Skills Using Small Muscles)
<ul style="list-style-type: none"> • Grasps objects correctly (pencil / crayon grasp; manipulates small objects with pinching grasp) • Holds and manipulates scissors to cut straight lines and simple shapes • Copies vertical and horizontal lines to form letters, numbers, and shapes
Oral Language
<ul style="list-style-type: none"> • Speaks in complete sentences • Participates / engages in peer story discussion • Uses appropriate words to describe an object, event, or experience • Identifies characters and recalls basic story details
Literacy
<ul style="list-style-type: none"> • Identifies most letters of the alphabet (both upper and lower case letters) • Recognizes his / her written name • Distinguishes between first, middle, and last names when seen in writing • Writes first name beginning with a capital letter and followed by lower case letters • Identifies some beginning letter sounds • Recognizes when words start with the same sound • Recognizes when words do and do not rhyme • Looks at books independently • Opens and holds a book correctly • Can grasp and turn pages of a book • Reads from left to right
Math
<ul style="list-style-type: none"> • Counts aloud to 20 or higher • Counts 10 or more objects • Identifies written numbers 0 to 10 • Sorts objects by attributes (color, shape, size) • Identifies basic colors (red, orange, yellow, green, blue, purple, black, white, brown) • Recognizes basic shapes (circle, square, triangle, rectangle, oval, diamond / rhombus) • Recognizes and continues basic patterns

**Virginia Beach City Public Schools using the terminology "rhombus" for the diamond shape.*

Early Childhood Home Visitation Programs *in Dane County*

Overviews

<i>Early Childhood Initiative (ECI)</i>	Ensure that our youngest children achieve age appropriate developmental outcomes and live in families that are nurturing and self-sufficient, with income from sustainable employment. In the long term, these children will arrive at school ready to learn and live in families that have the stability and resources necessary to support their path to successful adulthood.	Allied Office: (608) 273-6600 Russett Office: (608) 273-6625	Sun Prairie Office: (608) 825-2165 Leopold Office: 608-273-6955
<i>Welcome Baby</i>	Children who are emotionally and physically healthy, safe, and ready for school and continued learning attachment. Focus on first time parents referred from hospitals, Dane County, & mental health clinics due to a risk assessment	Center for Families, Teri Weiland (608) 729-1162	
<i>Prenatal Care Coordination</i>	The goal is to help high risk pregnant women have a healthy birth. Nurse home visitors provide: Health-nutrition education, information related to pregnancy and parenting, support for positive behavior changes, referrals to community resources, follow families until the infant is 2 months old.	Public Health: (608) 266-4821	
<i>Nurse-Family Partnership</i>	The goal is to improve pregnancy outcomes, child health/development and the economic self-sufficiency of the family. Nurses provide counseling, teaching, health assessment, guidance, support and case management. First time pregnant women only, enrolled before 28 weeks gestation and low income. Continues until child is 2 years old.	Public Health: (608) 266-4821	
<i>Early HeadStart</i>	Healthy birth, healthy development, empower parents, school readiness, family literacy, Hope House (IMH/pediatric nutritionist on staff)	Dane County Parent Council (608) 275-6740	
<i>KinderReady/ Parents as Teachers</i>	Stimulating the positive parent-child interaction that develops critical language and pre-literacy skills. Modeling and teaching impoverished, uneducated parents, together with their children, ways in which they may interact with their child to develop the child's language and literacy skills	Children's Hospital of WI-Community Services, Brenda Hunter (608) 442-4170	
<i>Parent-Child Home</i>	A non-directive, non-didactic approach, modeling behaviors for parents that enhance children's development rather than teaching behaviors. Home Visitors help parents realize their role as their children's first and most important teacher, generating enthusiasm for learning and verbal interaction through the use of engaging books and stimulating toys	Center for Families, Liz Kober (608) 729-1165	
<i>Birth to 3</i>	The first three years are the most important building blocks of your child's future. The Birth to 3 Program is a federally-mandated program to support families of children with delays or disabilities under the age of three.	Within MMSD: 608-204-6247 (Imagine a Child's Capacity) Outside of MMSD: 608-273-3232 (United Cerebral Palsy)	
<i>Parents and Children Together (PACT)</i>	This parent-focused program is aimed at helping parents with cognitive limitations nurture children who are safe, healthy, happy and ready to learn. We believe that parents know their children best, so PACT builds on the unique strengths of each family to provide customized support and services that help them address the challenges of family life.	Center for Families, Teri Weiland (608) 729-1162	

Early Childhood Home Visitation Programs *in Dane County*

Program Comparisons

Program	Starting Age	End Age	Area Served	Other Eligibility	Frequency of visits
<i>Early Childhood Initiative</i>	Prenatal- 12 months	3 years	<ul style="list-style-type: none"> The Allied Drive area The Russett Road area Sun Prairie school district Leopold 	<ul style="list-style-type: none"> Primary Caregiver 	Biweekly-weekly; may do monthly during pregnancy
<i>Welcome Baby</i>	Prenatal- 2 years	3 years	Dane County	<ul style="list-style-type: none"> Risk assessment First time parent 	Weekly- monthly depending on need
<i>Prenatal Care Coordination</i>	Prenatal	2 months	Dane County	<ul style="list-style-type: none"> Risk assessment 	Monthly during pregnancy until infant is 2 months old
<i>Nurse-Family Partnership</i>	<=28 weeks pregnant	2 years	Dane County	<ul style="list-style-type: none"> First time parent Low-income 	Weekly/every other week
<i>Early HeadStart</i>	Prenatal- 12 months	3 years or enrollment in Head Start	Primarily Madison & Stoughton	<ul style="list-style-type: none"> Poverty 	Weekly
<i>KinderReady/ Parents as Teachers</i>	Birth- 4/5 years	4-5 years	Dane County	<ul style="list-style-type: none"> Risk assessment Madison school district 	1-2 times per month
<i>Parent-Child Home</i>	2-4 years (2 year commitment)	4 years (depends on entrance into 4k)	Dane County	<ul style="list-style-type: none"> Poverty Low parent education 	2x/week for 23 weeks for 2 years (follows academic calendar)
<i>Birth to 3</i>	0-3	Until child transitions to school or delay is no longer present	MMSD and Dane County	<ul style="list-style-type: none"> Children with a diagnosis that carries a high probability of later delays, a delay of 25% in one or more areas 	Varies
<i>Parents and Children Together (PACT)</i>	0-5	18	Dane County	<ul style="list-style-type: none"> Family must be headed by parent with documented disability 	Varies

Neighborhoods/Communities identified by the Born Learning Delegation in priority order

Priority	Identified Area	Elementary School(s)
1	Leopold	Leopold (MMSD)
2	Sun Prairie	Westside (SPASD)
3	Verona	Sugar Creek (serves Allied as well)
4	Northside	Mendota (MMSD)
		Gompers (MMSD)
		Lindberg (MMSD)
		Emerson (MMSD)
5	Hammersley/Theresa Terrace	Falk (MMSD)
6	South & Southeast Madison (includes Owl Creek)	Midvale/Lincoln/Allis/Glendale (MMSD)
7	Allied	Leopold (MMSD)
		Orchard Ridge (MMSD)
		Falk (MMSD)
		Sugar Creek Elementary (VASD)
8	Balsam/Russett	Orchard Ridge (MMSD)
9	Darbo	Hawthorne (MMSD)
10	Southwest	Falk (MMSD)
		Olson (MMSD)
11	Middleton Cross Plains	Sauk Trail (MCPASD)
12	Stoughton	Kegonsa
13	Marshall	Early Learning Center