- Expand after-school supervised programs for youth and teens (to prevent teen pregnancy).
- Promote healthy lifestyles and behaviors for all families (to prevent childhood obesity).
- Increase support for programs available to children with special health care needs.

SYSTEM QUALITY AND ACCESS

To ensure more low-income children and families have access to high-quality early learning opportunities:

- Provide portable subsidies (e.g., scholarships or allowances) to low-income parents for children to attend quality ECE settings.
- Link child care subsidy reimbursement with high quality.
- Provide direct funding to Head Start, School Readiness programs in the public schools, and child care programs that meet quality standards.
- Expand family literacy programs.

To increase the quality of early learning experiences:

- Offer accreditation consultation to center-based providers; mentoring to licensed family child care providers; and customized supports for family, friend, and neighbor (FFN) providers.
- Increase the number of ECE teachers with certification or early childhood degrees.
- Implement a statewide quality rating and improvement system for ECE programs, which provides direct grants to providers to assist them in meeting quality standards.

To increase access to quality health and family support:

- Expand outreach services to pregnant women for prenatal care services.
- Cross-train child welfare staff, ECE staff, foster care parents, and others providing services to at-risk families regarding the Strengthening Families five protective factors.
- Encourage employers to offer paid parental leave.
- Build public awareness of living wage needed to meet a family's basic needs.
- Increase the number of qualified early childhood mental health clinicians/consultants.
- Provide health insurance for low-income children and families, and promote use of existing programs through public awareness campaigns and media outreach.
- Promote neighborhood-based clinics for well-child, primary care, and immunizations.
- Expand funding to support professional development and parent education on developmental screening instruments.

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Full report available at www.wilderresearch.org.

Early childhood Minnesota

Indicators and strategies for Minnesota's early childhood system

Uses

- Focus resources, strategies, and accountability to increase family and child well-being and children's school readiness.
- Help coordinate activities across state departments, hold government accountable, and produce system changes that will improve outcomes for children and families.
- Inform public policies about strategies that will achieve core indicators and make case for increased investments.
- Expose and eliminate disparities by income and race/ethnicity.

Strategies

CHILD AND FAMILY HEALTH AND WELL-BEING

To prevent or to detect developmental concerns early so that children develop to their full individual potential:

- Expand the use of hearing screening instruments for children from birth to age three; increase the number of infants who return for follow-up evaluation of hearing screening; and support research on vision screening instruments.
- Promote social/emotional development through strengthening parent-child relationships.
- Increase social-emotional developmental screening across ECE and health settings.
- Increase outreach staff and public/parental awareness for Early Childhood Screening at age three and four.
- Increase the use of standardized developmental screenings in primary care, and integrate behavioral health programs into primary care.
- Assess school readiness of more children at kindergarten entrance.

To ensure children are healthy and have strong families and safe homes:

- Offer early childhood parenting education to all families.
- Connect at-risk new parents with research-based home visiting programs.
- Provide Adult Basic Education and English Language Learner classes for parents.
- Provide income supports such as health insurance, food stamps, WIC, child care subsidies, and housing subsidies, as well as programs that enhance money management and asset-building, to low-income families.
- Require lead inspections, subsidize abatements for housing in low-income communities, and increase blood-lead screening and education in the state.

RESULT: FAMILIES SUPPORTED AND CHILDREN THRIVING, HEALTHY, AND READY FOR SCHOOL IN THE CONTEXT OF CULTURE AND COMMUNITY

EARLY LEARNING
Early care and education opportunities in nurturing environments to ensure children learn what they need to succeed in school and life

FAMILY SUPPORT
Economic and parenting supports to ensure children have nurturing and stable relationships with caring adults

HEALTH/ MENTAL HEALTH
Comprehensive health services that meet children's vision, hearing, nutrition, behavioral, and oral health as well as medical health needs

SPECIAL NEEDS/ EARLY INTERVENTION
Early identification, assessment and appropriate services for children with special health care needs, disabilities, or developmental delays

Child and family indicators of health and well-being

Children entering kindergarten proficient across five learning domains: **50% at most in 2007**

Families with young children with incomes greater than 200% of poverty: **208,024 (68%) in 2006**

Children in out-of-home placement: **3,768 (9 per 1,000) under age 6 in 2006***

Families with young children who have affordable housing: **194,679 (65%) in 2006**

Children referred for possible developmental problems at Early Childhood Screening: **24,063 (37.7% of ECS screened) in 2006**

Children with elevated blood-lead levels: **1,290 (1.5% of tested) in 2006***

Teen birth rates and subsequent births to teen parents: **27 and 4.5 per 1,000, respectively, in 2005***

Rates of obesity for 2-5 year olds (overweight WIC participants age 2-4): **25,496 (13%) in 2006***

Children with possible vision and hearing problems: **3,079 (4.8% of ECS screened) and 4,193 (6.6%), respectively, newly identified in 2006***

Children with disabilities who demonstrate improved knowledge and skills and demonstrate the use of appropriate behaviors: **73% and 78%, respectively, under age 3 in 2006; 80% and 85%, respectively, ages 3-5 in 2006**

Children with special health care needs with 'all needs' met for specific health care services: **84% in 2005-06**

Children with possible social-emotional problems: **1,745 (2.7% of ECS screened) newly identified in 2006***

System indicators of quality and access

Children enrolled in quality EC programs (enrolled spaces in Head Start or child care sites with an indicator of quality): **10,788 (15%) ages 0-2; 35,213 (22%) ages 3-4 in 2008**

Participation rates in ECFE and other parent education and support models: **150,955 instances of ECFE parent participation in 2006**

Children covered by health insurance: **95.2% under age 6 in 2007**

Children who receive regular well-child examinations and immunizations: **50% under age 2 and 83% ages 2-6 meeting AAP examination guidelines in 2002; 78% up-to-date for primary series immunization levels at 17 months of age in 2000-01**

Quality EC programs: 1,294 (11%) with ages 0-2 enrolled; **1,411 (11%) with ages 3-4 enrolled in 2008**

Children participating in Early Childhood Screening: **59,752 (38% age 3) in 2007**

Young children being served through publicly funded mental health services compared to estimated need: **20,759 (5.0%) under age 6 with a serious emotional disturbance (SED); 4,016 (2.6%) enrolled in Medicaid and receiving mental health services in 2006**

Businesses offering living wages and paid parental leave (% of employed parents of infants using parental leave): **7.4% in 2005-07**

Pregnant women receiving early and regular prenatal visits: **79.2% in 2006**

Children birth to 3 who are served through Part C Early Intervention: **6,770 in 2006**

Newborns identified with hearing problems and diagnosis by 3 months of age; and enrolled in early intervention by 6 months of age (percent of screened newborns not passing final screen and for whom a diagnostic evaluation was reported): **3.5% in 2006**

** Measures expected to decrease as conditions improve; measures without asterisks are expected to increase as conditions improve.*