

Public program access

This fact sheet is one in a series of six that make up Minnesota's Statewide School Readiness Report Card. The report card is developed to monitor the state's progress toward the goal that all children are ready for kindergarten by the year 2020. The report card includes indicators of progress for both systems and child outcomes. Together, the fact sheets provide a comprehensive picture of Minnesota children under age six. Trends are examined in the early childhood population, early care and education, health and development, and family support. Data are reported for the most recent year available. Disparities based on race/ethnicity are noted when data are available. This second fact sheet provides information on public program access, including definitions of programs included in the series.

Education programs

Children under age six receiving Early Head Start, Head Start, or School Readiness

Early Head Start, Head Start, and School Readiness are Minnesota's public early learning programs.

Early Head Start and Head Start are comprehensive child development, health, and social service programs for children and families with poverty-level incomes and children with special needs. Early Head Start offers home-based services beginning prenatally to nurture child development and parenting skills. For children ages six weeks to five years, options include home visits and full-day, half-day, therapeutic, and inclusion center-based classrooms.

School Readiness is a public program designed to support preschoolers enter school with the skills and behaviors necessary to be successful life-long learners. It is available to Minnesota children age three years to kindergarten enrollment, with special attention to English language learners, children with special needs who have an Individualized Education Plan, and children identified through Early Childhood Screening. Programs must have a sliding-fee schedule based on a family's income and must waive the fee for participants unable to pay.



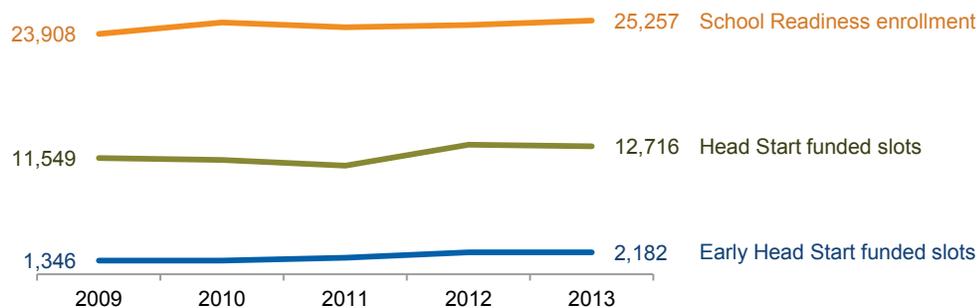
Most Minnesota children under age six are not served by public early education programs.

Minnesota spends state and federal dollars to fund 2,182 Early Head Start slots and 12,716 Head Start slots, which is enough to enroll about 19 percent of children under age six in poverty. Unduplicated enrollment characteristics are not available for Head Start programs from the Minnesota Department of Education.

In 2013, 25,257 children received at least 30 hours of School Readiness programming, approximately 13 percent of the three, four, and pre-k five year olds in the state.

School readiness enrollment characteristics differ across the state. Statewide, 34 percent of participating families earn less than \$30,000 per year, and 30 percent are of color. Metro-area participants are more likely to be of color and low-income: 85 percent of participants are of color and about 78 percent had family incomes below \$30,000. More than one in four participating families in the Metro Area had incomes below \$10,000.

Public early learning access for Minnesota children by program



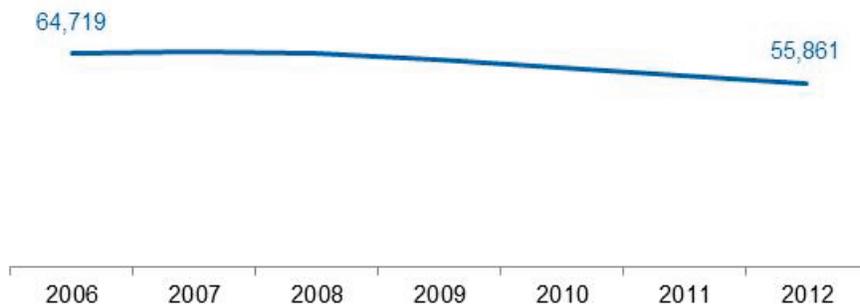
Children under age 6 participating in Early Childhood Family Education

Parents and their children are provided education and support through Early Childhood Family Education (ECFE) classes. Some local ECFE programs provide home visits. ECFE provides opportunities for parental learning on how children develop, positive parent-child interaction, and peer support. It also promotes early literacy skills. Classes include time for the parent and child to work together on activities and time for a discussion group led by a parent educator. While the parents are in discussion, children continue to participate in activities facilitated by a licensed early childhood teacher.

Nearly 56,000 children under age six regularly participated in ECFE in 2012, down slightly from the past few years.

About 14 percent of the state's children under age 6 regularly participated in ECFE in 2012. The number of children participating doubles to about 30 percent when those participating in one-time ECFE program events are included in the count. Data by race and ethnicity are not available for ECFE.

Children regularly participating in Early Childhood Family Education classes and home visits



Early Intervention (Part C) and Early Childhood Special Education (Part B) programs

Under Part C of the Individuals with Disabilities Education Act (IDEA), early intervention services and supports are available in “natural environments” for families and their children age two and younger with developmental delays or with certain diagnosed physical or mental disabilities, conditions, or disorders. These include children with low-birth weight and children with hearing or vision impairment.

Under Part B of IDEA, children with developmental delays or other disabilities and who are experiencing challenges in their learning and development from age three until they begin kindergarten can receive special education services in their home, child care setting, or school, whichever is the least restrictive environment.

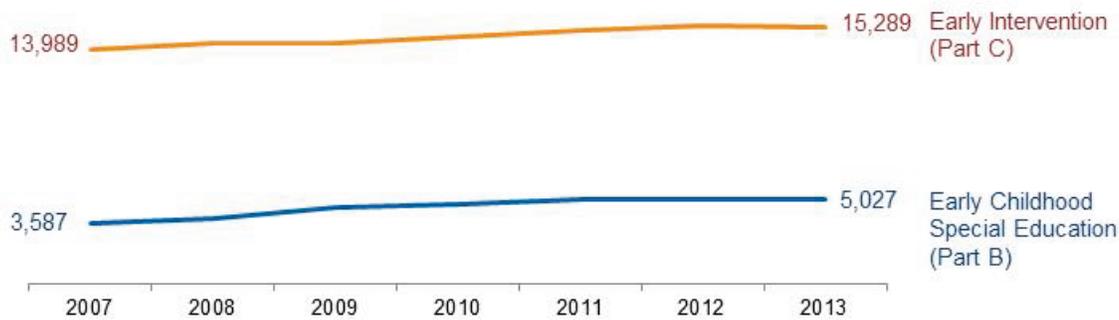
Services under Parts C and B include specialized instruction, parent training, and service coordination to help children and their families succeed.

More children under age 6 are receiving Early Intervention and Early Childhood Special Education services, but many more would likely benefit from these programs.

Both Parts C and B have seen increased enrollment in the past several years, and have served more than 20,000 children under age six in the past year. Increasingly, children served by these programs are of color, from 23 percent in 2007 to nearly 30 percent in 2013, which is proportionate to the percentage of children of color in the under age six population.

An estimated 15 to 17 percent of children under age six have developmental disabilities and could benefit from early intervention and special education. In 2013, Part C is reaching seven percent of children ages zero to two and Part B is reaching two percent of children ages three to five in Minnesota. This apparent gap may be due to lack of early screening and detection and eligibility requirements to receive the services.

Children ages 0-2 enrolled in Part C and children ages 3-5 enrolled in Part B



Percentage of three- and four-year-olds in programs formally recognized as high quality

Children benefit from early care and education programs that are high quality. Parent Aware, Minnesota’s voluntary Quality Rating and Improvement System, offers parents a rating to indicate which early care and education programs use best practices for kindergarten readiness. Programs with a three or four-star rating are recognized as high quality. Right now, Parent Aware ratings are available statewide to accredited child care, Head Start, and school-based pre-kindergarten and Early Childhood Special Education programs. Ratings are also available in a growing number of Minnesota counties for licensed family child care programs and child care centers. Parent Aware ratings will be available to all programs statewide in 2015.

As of the end of 2012, 15 percent of the state’s three- and four-year olds were known to be enrolled in programs considered high quality by Parent Aware.

More children may be enrolled in high-quality programs, but until all programs are eligible and volunteer to be rated, the total number of children in programs recognized as high quality is unknown.

Health programs

Family Home Visiting Program

Home visiting supports healthy parent-child relationships and child growth and development. Home visiting has been shown to be effective in helping families improve health status; achieve economic self-sufficiency; improve positive parenting; reduce child maltreatment; achieve goals such as child spacing, education and employment; and establish links to community resources.

This section looks only at the Family Home Visiting Program implemented at the local level by local public health departments and tribal governments and does not include family home visiting programs offered by other public and private non-profit agencies.

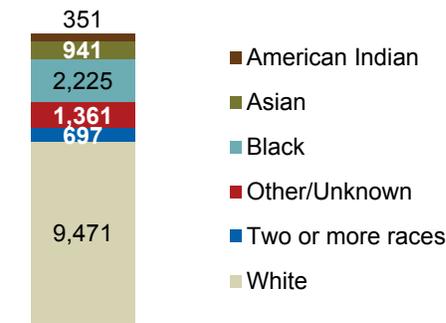
The Family Home Visiting Program works together with families at or below 200 percent of federal poverty guidelines and who are experiencing a variety of risk factors including poverty; history of alcohol or other drug use; history of violence or are at risk for child abuse or neglect; or are adolescent. The home visits begin prenatally whenever possible. The initial assessment is carried out by a public health nurse. Ongoing visits are provided by public health nurses and/or trained home visitors.

In 2011, as many as 15,000 (duplicated) children under age six received family public health home visits.

Of enrolled children, excluding the Other/Unknown category, 31 percent are of color. Enrollment by metro/non-metro is not available.

The Affordable Care Act of 2010 created the Maternal, Infant, and Early Childhood Home Visiting Program to improve health and development outcomes for at-risk children through evidence-based home visiting programs. This additional federal funding provides a statewide expansion of evidence-based home visiting programs and enhanced reporting of demographic and benchmark data beginning in 2012.

Children enrolled in Family Home Visiting Program (duplicated), 2011



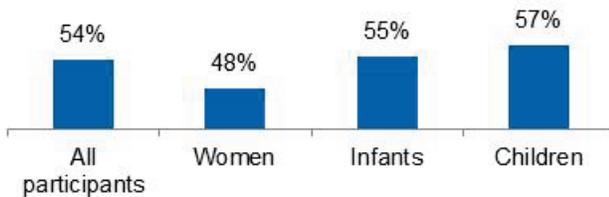
Women, Infant, and Children (WIC) Program

The Special Supplemental Nutrition Program for Women, Infant, and Children (WIC) provides one-on-one counseling about nutrition, breastfeeding and foods, nutrition assessments, healthy foods, and referrals to health and social services. The program serves low- to moderate-income pregnant, breastfeeding, and postpartum women and infants and children up to age five who are Medicaid eligible or whose incomes are at or below 185 percent of federal poverty levels.

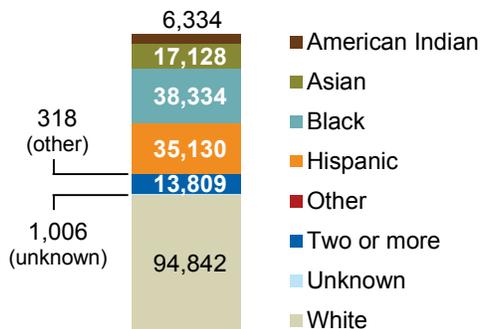
WIC served nearly 150,000 children under age six, more than half of whom are children are color.

In 2012, more than 206,000 women, infants, and children were served by WIC. In 2013, the United States Department of Agriculture ranked the Minnesota WIC Program second in the nation for program coverage for serving 75 percent of the estimated eligible population (based on 2010 enrollment). The Minnesota Department of Health transitioned to a new reporting system during calendar years 2010 and 2011, making comparisons of 2012 data with earlier data difficult.

Percent of WIC participants served who are of color



WIC participants by race



Note: All races shown here non-Hispanic.

Human service programs

Minnesota Family Investment Program, Minnesota Health Care Programs, and Child Care Assistance

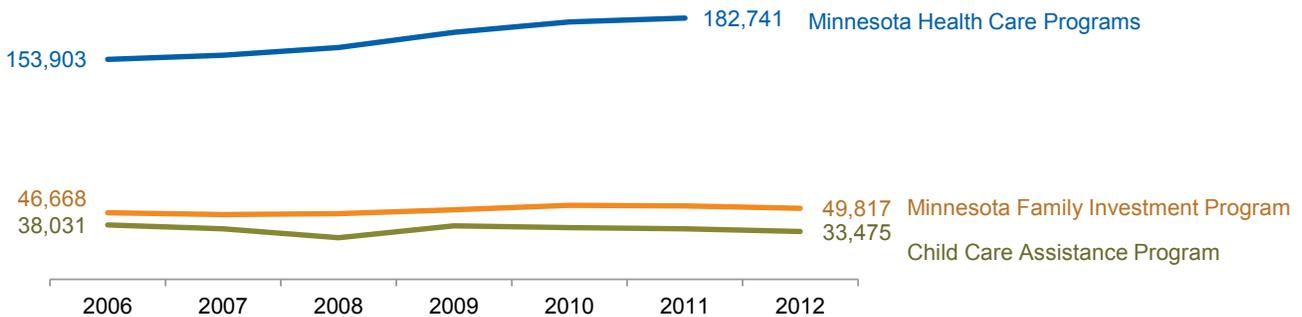
Three programs provide financial support to low-income families with young children. Minnesota Family Investment Program (MFIP) is the state's welfare reform program to help families transition to economic stability. Minnesota Health Care Programs (MHCP) help families with young children who lack health insurance pay for medical care. Minnesota's Child Care Assistance Program (CCAP) helps make child care affordable for income-eligible families.

Enrollment in MHCP is growing; while MFIP and CCAP have declined slightly in the past few years.

In 2012, CCAP served 33,475 children under age six, and MFIP served nearly 50,000 children under age six. In 2011, MHCP served nearly 183,000 children under age six.

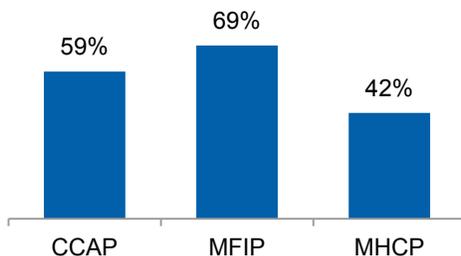
The declining birth rate likely contributes to the more recent decline in MFIP and CCAP enrollment.

Number of children under age six enrolled in CCAP, MHCP, or MFIP/TANF



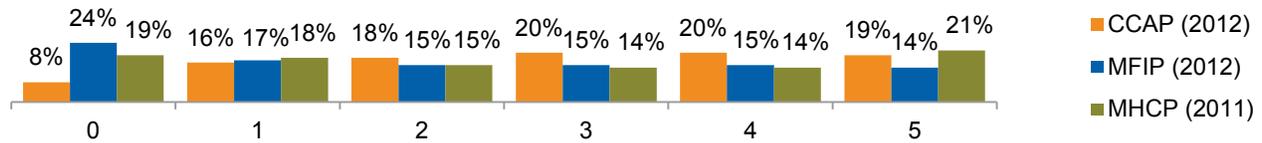
Children of color are disproportionately poor, and the share of children enrolled in MFIP, MHCP, and CCAP reflect that. Each program has a larger share of enrollees who are of color than the general under age six population. Of the three programs, MFIP has the highest proportion of children of color, about 69 percent. This percentage has remained constant since 2006.

Percent served in MFIP, MHCP, and CCAP who are children of color



Children under age one make up the smallest share of children under age six served by CCAP (8 percent) and the largest single share of children under age six in MFIP (24 percent). Children under age one (19 percent) and five year olds (21 percent) make up the largest shares of children under age six served by MHCP.

Percent of children under age 6 served, by age



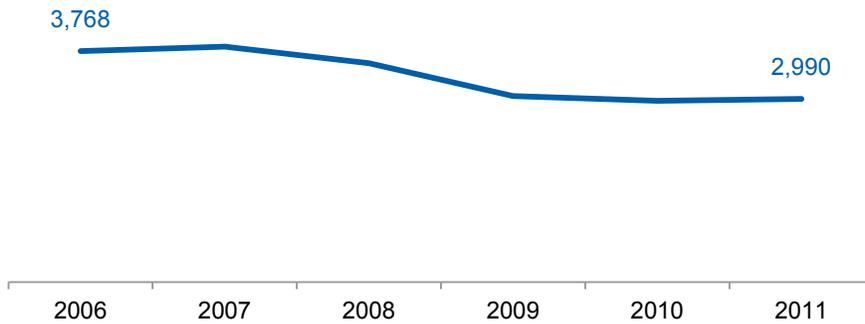
Children in out-of-home care

Out-of-home care, also called foster care, is the placement of children away from their parents, due to concern that they are at risk of significant harm or in need of temporary care due to special needs of the child or parental unavailability or needs.

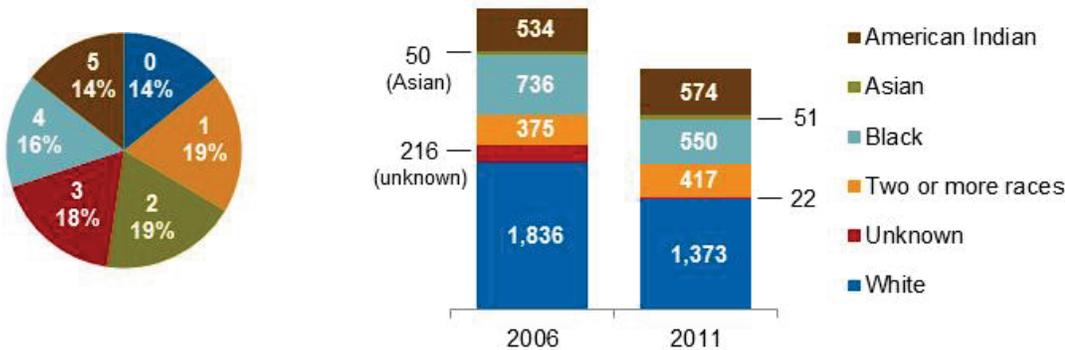
About 3,000 children under age six experience out-of-home care each year, with large disparities for American Indian and black children.

In 2011, about 3,000 children under age six experienced out-of-home care, down 21 percent since 2006 but unchanged since 2009. American Indian and black children make up a disproportionate share of children under age six in out-of-home care. American Indian children account for less than three percent of all children under age six, yet they make up nearly 20 percent of children in out-of-home care. Black children account for about eight percent of all children under age six, yet they make up 18 percent of children in out-of-home care. Black and white children have seen a 25 percent decline in out-of-home care since 2006, but the number of American Indian children in out-of-home care has increased by seven percent.

Children in out-of-home care



Children in out-of-home care by age (2011) and race (2006 and 2011)



This initiative is made possible with a grant from the Minnesota Department of Education using federal funding, CFDA 84.412A – Federal Race to the Top Early Learning Challenge Grant.

**Wilder
Research**
Information. Insight. Impact.

451 Lexington Parkway North
Saint Paul, Minnesota 55104
651-280-2700
www.wilderresearch.org



AMHERST H.
WILDER
FOUNDATION
ESTABLISHED 1906

Here for good.

Statewide School Readiness Report Card Series of Fact Sheets

1. Early childhood population profile
2. **Public program access**
3. Early care and education services and systems
4. Early childhood educational preparation
5. Health services, systems, and healthy development
6. Supported families
7. Sources of data

For more information

For more information about this report, contact Richard Chase at Wilder Research, 651-280-2706, richard.chase@wilder.org.