

WISCONSIN EARLY CHILDHOOD PROFILE

State policies that promote health, education, and strong families can help the early development and school readiness of America's youngest citizens. This profile highlights Wisconsin's policy choices alongside other contextual data related to the well-being of young children.

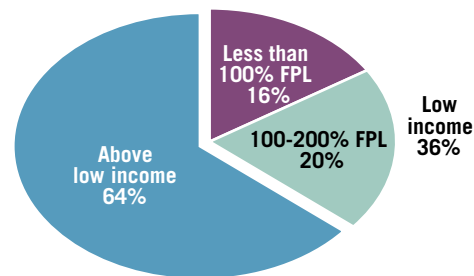
Trends¹

Wisconsin has sustained access to health insurance and child care for families with young children earning up to 185 percent of the federal poverty level. Working parents saw a dramatic increase in their eligibility to receive health insurance, from 65 percent of the poverty level in 2000, to 192 percent in 2006. Wisconsin's 4K prekindergarten program has almost tripled since the early part of the decade. In the 2006-07 school year it serves 24,063 4-year-olds at a cost of \$95 million in state funds.

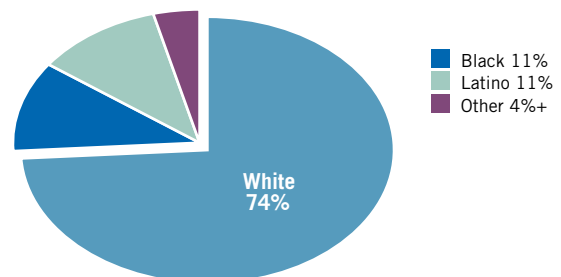
Updated: May 1, 2007

Young children (under age 6)²: 425,895
Infants and toddlers (under age 3)²: 215,879

Young children by income, 2005²

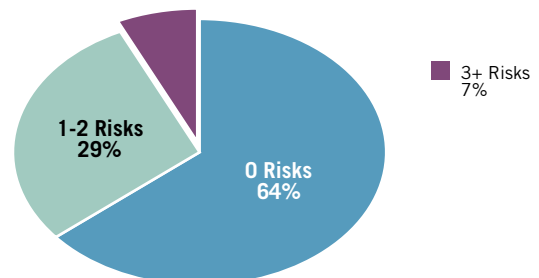


Young children by race/ethnicity, 2005²



+“Other” represents all racial/ethnic groups with very small sample sizes

Exposure to multiple risk factors*, 2005³



* Risk factors include any combination of the following: (1) single parent, (2) living in poverty, (3) parents do not speak English well, (4) parents have less than a high school education, and (5) parents have no paid employment.

HEALTH AND NUTRITION

State Choices to Promote Access

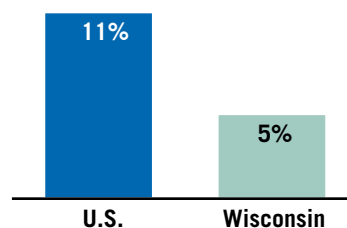
Set the income eligibility limit for public health insurance (Medicaid/SCHIP) at or above 200% of the federal poverty level (FPL). [2006]⁴

- Children <1 year
State eligibility set at 185% FPL.
- Children ages 1-5 years
State eligibility set at 185% FPL.
- Pregnant women
State eligibility set at 185% FPL.
- Working parent
State eligibility set at 192% FPL.
- Non-working parent
State eligibility set at 185% FPL.
- Include at-risk children in the definition of eligibility for IDEA Part C. [2006]⁵
- Supplement WIC funding. [2006]⁶
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2005]⁷
- Provide temporary coverage to children under Medicaid or SCHIP until eligibility can be formally determined. [2005]⁷

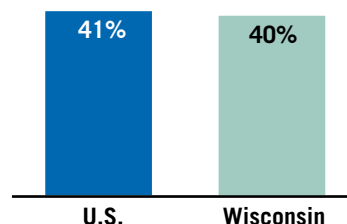
State Choices to Promote Quality

- Achieve the national benchmark that 80% of children on Medicaid receive a health screening under EPSDT*. (See bar chart.) [2005]⁸
- Require newborn screening for hearing deficiencies. [2006]⁹
Universally offered but not yet required.
- Require newborn screening for the 28 metabolic deficiencies/disorders recommended by the March Dimes. [2006]⁹
- Use DC:0-3 to diagnose mental health and developmental disorders during infancy and early childhood when seeking Medicaid reimbursement. [2006]¹⁰

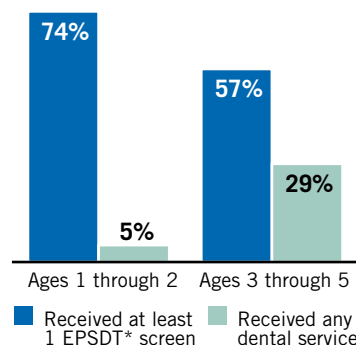
Young children who lack health insurance, 2005²



Medicaid births as a percentage of total births, 2002¹¹



Children on Medicaid receiving care in a 12-month period, by service and age, 2005⁸



Additional information, including state policy choices related to home visiting and early intervention programs, will be added to this profile in the fall of 2007.

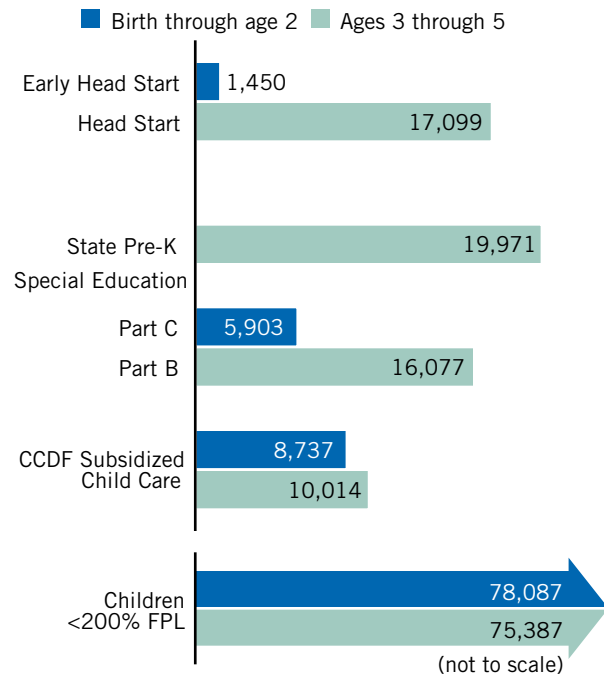
* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

EARLY CARE AND EDUCATION

State choices to promote access

- Offer a refundable state dependent care tax credit. [2005]¹²
- Set the income eligibility limit for child care subsidies at or above 200% FPL. [2006]¹³
A family of 3 was eligible up to \$30,708 or 185% FPL. This is an increase from \$27,060 in 2001.
- Increase the child care subsidy reimbursement rate within the last two years to be at or above the 75th percentile of the market rate. [2006]¹⁴
- Annually re-determine eligibility for child care subsidies, which can promote consistent caregiving relationships. [2006]¹⁵
Eligibility re-determined every six months
- Supplement Head Start with state or other federal funds. [2006]¹⁶
\$7.2 million
- Fund a state pre-kindergarten program. [2006]¹⁶
\$69.6 million or \$3,108 per child. This is an increase from \$49.9 million in 2002. Head Start supplement programs are counted as pre-k programs and included in the calculations.

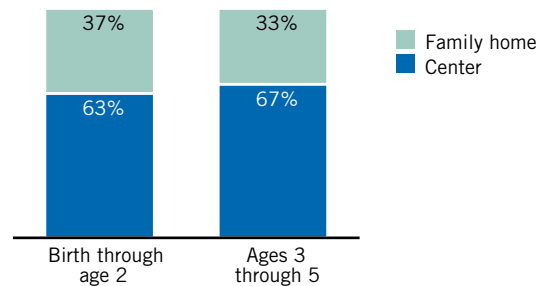
Access to early childhood development programs, by age*, 2005²²



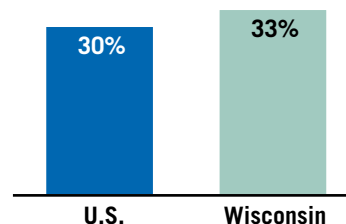
State choices to promote quality

- Require one adult for every 10 four-year-olds, and a maximum class size of 20 in child care centers. [2005]¹⁷
Child care regulations require 1 adult for every 13 children, and a maximum class size of 24.
- Require one adult for every 4 eighteen-month-olds, and a maximum class size of 8 in child care centers. [2005]¹⁷
Child care regulations require 1 adult for every 4 children and a maximum class size of 8.
- Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2006]¹⁸
- Adopt early learning standards or developmental guidelines for infants and toddlers. [2005]¹⁹
Under Development
- Create an infant/toddler credential. [2006]²⁰
- Require (through regulation) that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2005]²¹

Subsidized child care, by setting, 2004²³



Fourth grade students testing proficient or better in reading**, 2005²⁴



* Eligibility for child care programs is based on family income and other factors. Head Start supplement programs are counted in each program, so numbers cannot be added together to give a sense of scale and provide a context for the access information. Head Start numbers reflect actual enrollment, and child care subsidies funded from sources other than the Child Care and Development Fund are not included in this total.

** According to the National Assessment of Educational Progress (NAEP).

PARENTING AND ECONOMIC SUPPORTS

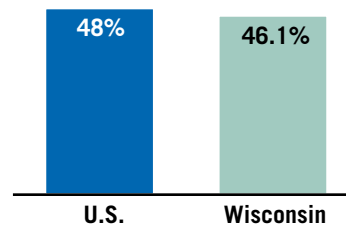
State choices to promote effective parenting

- Provide paid medical/maternity leave. [2004]²⁵
- Secure a Medicaid family planning waiver to extend coverage to low-income women to increase the interval between pregnancies. [2007]²⁶
- Exempt single parents on TANF from work requirements until the youngest child reaches age one. [2003]²⁷
Parents must return to work when child is 3 months.
- Reduce the TANF work requirement for single parents with children under age 6. [2003]²⁸
- Allow parents in school to qualify for child care subsidies. [2005]²⁹

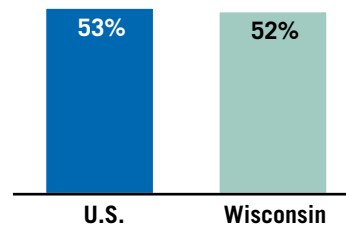
State choices to support family economic security

- Exempt a single-parent family of 3 below the poverty level from personal income tax. [2006]³⁰
Up to 126% FPL
- Offer a refundable state earned income tax credit. [2006]³¹
4-43% of the federal earned income credit
- Establish a state minimum wage that exceeds the federal minimum wage. [2007]³²
\$6.50
- Allow families on TANF to receive some or all of their child support payment without reducing TANF cash assistance. [2004]³³
State passes through all support to the family; full amount is disregarded for purposes of eligibility and benefits.
- Keep co-payments for child care subsidies at or below 10% of family income for most families. [2006]³⁴

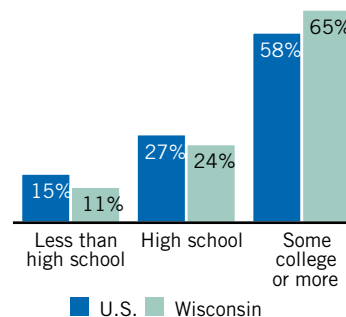
Young children who are read to every day, 2003³⁵



Low-income young children with a parent employed full-time, 2005²



Education levels of mothers with young children, 2005²



This profile is a product of NCCP’s *Improving the Odds for the Healthy Development and School Readiness of Young Children* initiative. It is funded through NCCP’s participation in The Birth to Five Policy Alliance, sponsored by the Buffett Early Childhood Fund. The information represents the most recent 50-state data sources and will be updated with the release of new data. See www.nccp.org/improvingtheodds for other state profiles.

DATA NOTES AND SOURCES

1. The following sources were consulted to write the state summary:
 Karen Schulman and Helen Blank, *Child Care Assistance Policies 2006: Gaps Remains, with New Challenges Ahead*, National Women's Law Center, September 2006
 W. Steven Barnett, Jason Hustedt, Kenneth Robin, and Karen Schulman, *The State of Preschool: 2006 State Preschool Yearbook*, National Institute for Early Education Research, 2006.
 Donna Cohen Ross, Laura Cox and Caryn Marks, *Resuming the Path to Health Coverage for Children and Parents: A 50-State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and SCHIP in 2006*, Kaiser Commission on Medicaid and the Uninsured, January 2007 <http://www.kff.org> (accessed January 30, 2007).
 National Center for Children in Poverty, *Map and Track State Initiatives for Young Children and Families*, 2000 Edition, 2000 National Conference of State Legislatures, *Child Care and Early Education Legislation Highlights 2005*, June 2006
 National Conference of State Legislatures, *Child Care and Early Education Legislation Highlights 2006*, unpublished draft
 National Governors Association, *Front and Center* education articles, 2006, <http://www.nga.org>
 ZERO TO THREE, *The Baby Monitor*, 2006 Policy and Advocacy News Archive, <http://www.zerotothree.org>
2. State data were calculated from the Annual Social and Economic Supplement (the March supplement) of the Current Population Survey from 2004, 2005, and 2006, representing information from calendar years 2003, 2004, and 2005. NCCP averaged three years of data because of small sample sizes in less populated states. The national data were calculated from the 2006 data, representing information from the previous calendar year.
3. National and state data were calculated from the 2005 American Community Survey.
4. Donna Cohen Ross, Laura Cox and Caryn Marks, *Resuming the Path to Health Coverage for Children and Parents: A 50-State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and SCHIP in 2006*, Kaiser Commission on Medicaid and the Uninsured, January 2007 <http://www.kff.org> (accessed January 30, 2007).
5. Mary Jo Schackelford, *State and Jurisdictional Eligibility Definitions for Infants and Toddlers with Disabilities*, IDEA NECTAC Notes, Issue No. 21, July, 2006. and U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB# 1820-0557: *Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C*, Table 6-2, 2005 Data updated as of July 17, 2006. <https://www.ideadata.org> (accessed September 24, 2006)
6. U.S.D.A., Food and Nutrition Services, Data Reflect State Appropriates for State Fiscal Years 2001 and 2006, personal email (received April 25, 2006).
7. National Governors Association Center for Best Practices, Health Division, Maternal and Child Health (MCH) Update 2005: *States Make Modest Expansions to Health Care Coverage*, 2006.
8. Data reflect the most recent information reported by the states: 2002 for ME, NH, and OK; 2003 for IL and WV; 2004 for AZ, CA, GA, HI, IA, MS, NV, NM, NY, and OH; 2005 for all other states.
 U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, EPSDT CMS-416 Data, FY 2005, updated on July, 20, 2006.
9. National Newborn Screening and Genetics Resource Center, *National Newborn Screening Status Report*, Updated 11/27/06 <http://genes-r-us.uthscsa.edu> (accessed December 2006).
10. Ngozi Onunaku, Zero to Three, personal email (received February 6, 2006).
11. Data from some states includes the Medicaid waiver expansion population.
 National Governors Association Center for Best Practices, Health Division, Maternal and Child Health (MCH) Update 2005: *States Make Modest Expansions to Health Care Coverage*, 2006.
12. Nancy Duff Campbell, Joan Entmacher, Amy K. Matsui, Cristina Martin Firvida, and Christie Love, *Making Care Less Taxing: Improving State Child and Dependent Care Tax Provisions*, National Women's Law Center, 2006.
13. Karen Schulman and Helen Blank, *Child Care Assistance Policies 2006: Gaps Remains, with New Challenges Ahead*, National Women's Law Center, September 2006
14. State reimbursement rates are compared to the 75th percentile of market rates (the rate that allows parents access to 75 percent of providers in their community) because federal regulations recommend that rates be set at this level. A state is considered to have rates that were based on current market prices if the market survey used to set its rates was conducted no more than two years earlier (so, for example, rates used in 2005 were considered current if set at the 75th percentile of 2003 or more recent market rates). The data in these tables reflect states' basic rates. Some states may have higher rates for particular types of care such as higher quality care or care for children with special needs.
 Karen Schulman and Helen Blank, *Child Care Assistance Policies 2006: Gaps Remains, with New Challenges Ahead*, National Women's Law Center, September 2006
15. U.S. Department of Health and Human Services, Administration for Children and Families, *Report of State and Territory Plans, FY 2006-2007*, 2006.
16. W. Steven Barnett, Jason Hustedt, Kenneth Robin, and Karen Schulman, *The State of Preschool: 2006 State Preschool Yearbook*, National Institute for Early Education Research, 2006.
17. National Child Care Information Center, "Child Care Center Licensing Regulations", November 2005 <http://nccic.acf.hhs.gov> (accessed June 10, 2006).
18. National Infant and Toddler Child Care Initiative, "Keys to High Quality Child Care for Babies and Toddlers: Infant/Toddler Specialists" April, 2006, <http://nccic.org> (accessed June 15, 2006).
19. Council of Chief State School Officers, *Early Childhood State Collaborative on Student Standards and Assessments*, 2006, <http://www.ccsso.org> (accessed July 10, 2006). and National Infant and Toddler Child Care Initiative, "Keys to High Quality Child Care for Babies and Toddlers: Infant/Toddler Specialists" April, 2006, <http://nccic.org> (accessed June 15, 2006).
20. National Infant and Toddler Child Care Initiative, *Keys to High Quality Child Care for Babies and Toddlers: Infant Toddler Child Care Credentials*" April, 2006. <http://www.nccic.org> (accessed March 1, 2007)
21. Regulations specify that infants and toddlers will have the same caregivers everyday except in when a caregiver is absent.
 National Association for Regulatory Administration and the National Child Care Information and Technical Assistance Center, *The 2005 Child Care Licensing Study: Final Report* , December 2006, page 94. Available at: <http://www.nara-licensing.org>.
22. **Number of children (2005):** State data were calculated from the Annual Social and Economic Supplement (the March supplement) of the Current Population Survey from 2004, 2005, and 2006, representing information from calendar years 2003, 2004, and 2005. NCCP averaged three years of data because of small sample sizes in less populated states. The national data were calculated from the 2006 data, representing information from the previous calendar year.
Early Head Start and Head Start Actual Enrollment (PY 2005): U.S. Department of Health and Human Services, Administration for

Children and Families, *Head Start Program Information Report, 2004-2005*, 2005.

State Pre-K enrollment (PY 2005): W. Steven Barnett, Jason Hustedt, Kenneth Robin, and Karen Schulman, *The State of Preschool*, National Institute for Early Education Research, 2005.

Birth to 2 Special Education, Part C (2005): U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB# 1820-0557: *Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C*, Table 6-2, 2005 Data updated as of July 17, 2006. <https://www.ideadata.org> (accessed September 24, 2006)

Ages 3 to 5 Special Education, Part B (2005): U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB# 1820-0043 *Children with Disabilities Receiving Special Education Under Part B of the Individuals with Disabilities Education Act 2005*. Table 1-2. Data updated as of July 17, 2006. <https://www.ideadata.org> (accessed September 24, 2006).

Subsidized Child Care (2005): United States Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Child Care Bureau. Preliminary Child Care and Development Fund Administrative Data as reported on the ACF-801 for FFY 2005, updated on June 20, 2006.

23. Data represent the sum of children served in the specified location, regardless if the provider is licensed/regulated or legally operating without a license. Family home includes children served in group home care.
United States Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Child Care Bureau. CHILD CARE AND DEVELOPMENT FUND ADMINISTRATIVE DATA, FEDERAL FISCAL YEAR 2004 [Computer file]. ICPSR04379-v1. Rockville, MD: Anteon Corporation, Child Care Automation Resource Center [producer], 2006. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2006.
24. U.S. Department of Education, Institute of Education Sciences, National Center for Educational Statistics, National Assessment of Educational Progress (NAEP), 2005 Reading Assessment.
25. Paid medical/maternity leave means women receive partial or complete income replacement when they take time off to to recover from child birth. Typically, wage replacement comes from a short-term or temporary disability insurance policy.
National Partnership for Women and Families, *Expecting Better: A State by State Analysis of Parental Leave Programs*, 2005. <http://paysickdays.nationalpartnership.org>
26. State Medicaid Family Planning Eligibility Expansions, State Policies in Brief, as of April 1, 2007, Guttmacher Institute. Available at: <http://www.guttmacher.org> (accessed through <http://www.statehealthfacts.org> on April 12, 2007)
27. This table refers to single custodial parents over 21 years old. A sanction cannot be imposed for a child who has not attained 6 years of age if childcare is unavailable.
Gretchen Rowe with Jeffrey Versteeg, *The Welfare Rules Databook: State Policies as of July 2003*, Assessing the New Federalism, The Urban Institute, 2005, Table III.B.1.
28. Gretchen Rowe with Jeffrey Versteeg, *The Welfare Rules Databook: State Policies as of July 2003*, Assessing the New Federalism, The Urban Institute, 2005, Table III.B.2, footnote 2.
29. Karen Schulman and Helen Blank, *Child Care Assistance Policies 2005: States Fail to Make up Lost Ground, Families Continue to Lack Critical Supports*, National Women's Law Center, September 2005
30. Calculations include income tax credits that are available to all low-income families in the state, such as state earned income tax credits.
Jason A. Levitis, *The Impact of State Income Taxes on Low-income Families in 2006*, Table 1A. Available at: <http://www.cbpp.org> (accessed on April 16, 2007)
31. Community Resources Information, Inc., *TaxCreditResources.org*, <http://taxcreditresources.org> (accessed March 20, 2007).
32. This is the minimum wage rate that applies to non-supervisory, non-farm, private sector employment.
U.S. Department of Labor, Employment Standards Administration, *Minimum Wage Laws in the States*, 2007, <http://www.dol.gov> (accessed February 21, 2007); and Economic Policy Institute, "Minimum Wage Issue Guide, Table 5," 2006 (accessed February 21, 2007). and U.S. Department of Agriculture, Food and Nutrition Service, "Food Stamp Program Data," <http://www.fns.usda.gov> (accessed March 19, 2007).
33. A child support pass-through is the amount of collected child support that the state gives to families on whose behalf the child support was collected. A child support disregard is the amount of child support that the family can keep without lowering their TANF benefits.
Paula Roberts and Michelle Vinson, "State Policy Regarding Pass-Through and Disregard of Current Month's Child Support Collected for Families Receiving TANF-Funded Cash Assistance," Center for Law and Social Policy, 2004, <http://www.clasp.org> (accessed May 24, 2005).
34. U.S. Department of Health and Human Services, Child Care Bureau, *Child Care and Development Fund Report of State and Territory Plans FY 2006-2007*, p 158. <http://nccic.acf.hhs.gov>
35. National Survey of Children's Health, Data Resource Center on Child and Adolescent Health *Child and Adolescent Health Measurement Initiative* (2005). Retrieved 08/29/06 from <http://www.nschdata.org>