

Hub State Spotlight: Wisconsin

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The NCIT Newsletter offers *Spotlights*, a regular monthly feature that provides an ongoing opportunity to share the work happening at the state or community level, and foster connections among grantees. This document highlights the work of the Wisconsin coalition.

Wisconsin Prenatal-to-Three Goals

Goal 1: Focus on infants and toddlers from families with low incomes throughout the state. We want to look at families of low incomes with a focus on optimal health and well-being. This includes ensuring that our workforce has access to mental health consultation and that families have health and well-being resources.

Goal 2: Ensure that all kids have access to healthy, high-quality programming. We do a lot of work on Wisconsin Shares, our child care subsidy program, to ensure that families with low incomes have access to care if they need it.

Goal 3: Ensure that workforce wages are commensurate with experience and that the workforce has the training it needs as well as support that enables workforce members' ability to work.

Wisconsin Infant/ Toddler Policy Project Policy Agenda



Every infant and toddler from a family with a low income will have equitable access to affordable, high-quality, culturally and linguistically responsive early care and education that meets their family and family's employment needs and supports optimal child development and well-being. The early childhood education workforce will have the skills, training, and support to deliver high-quality care and education and will be compensated commensurately.

GOAL 1: All families of low income with young children, and everyone who touches the lives of infants and very young children, have equitable access to the information and supports they need to promote optimal early childhood development and well-being.

- A. Develop a statewide system that gives people who touch the lives of infants and very young children access to high-quality infant and early childhood mental health consultation to promote healthy social and emotional development.
- B. Expand existing evidence-based programs that ensure parents have the supports they need to promote optimal health and development.
- C. Develop a statewide system of information and referral for families and family-supporting programs that includes connections to services and programs that support optimal health, development, and care.

GOAL 2: Every family of low income with an infant and/or toddler will have equitable access to a range of affordable, high-quality, culturally and linguistically responsive child care options that meet their family and employment needs.

Ensure families with low incomes can access the high-quality, affordable child care they want and need.

- D. Strengthen Wisconsin Shares by ensuring currently eligible families with low incomes can access it. Eliminate parent copays and expand eligibility up to 200% of the federal poverty level.
- E. Develop and implement for families a refundable tax credit package.

Ensure child care businesses/providers have the supports they need to provide culturally and linguistically responsive, high-quality, affordable child care to families with low incomes.

- F. Provide supports to help family child care providers enter into the regulated system and build quality while also developing sustainable businesses that serve priority populations. Research and implement ways to finance high-quality infant/toddler care more accurately, using differential subsidy reimbursement rates, cost-modeling, and contract methods.

GOAL 3: The early childhood workforce will have the skills, training, and support to deliver high-quality care while receiving commensurate compensation.

- H. Develop and fund recruitment and retention activities, including a robust compensation strategy, for the early childhood workforce.
- I. Develop and expand professional development supports to improve the quality of child care, particularly for priority populations and communities.

The following deliverables will be added to the agenda:

- Expand funding for birth to three, including maximizing the use of Medicaid for screening and services.

- Expand access to doulas for women of color to support their pregnancy during their perinatal period to reduce infant mortality for babies of color.

WECA and Wisconsin DCF

The collaboration among WECA, the state of Wisconsin, and DCF related to the Pritzker Initiative, is not just unique; it moves the work forward. It aligns with our state goal to be hyper-focused on ensuring families have equitable access to affordable, high-quality care. The inside/outside government approach and advocacy collaboration allows us to build on the strengths of both of our organizations and roles. In Wisconsin, our initiatives, goals, and vision for this work are intentionally aligned with our preschool development grant funding.

Challenges to Achieving Our Goals

WECA is an advocacy organization, so the approach to our goals is very different than the state's because the state can't do advocacy. We often have to think about our communications and how we approach our legislators. This means that we need to be sensitive about language when it comes to equity issues.

Wisconsin is home to different populations. We have many rural communities, such as in Milwaukee and Madison. And there are also large populations of African Americans and Hispanic/Latinos. It's a challenge to find the balance between these different audiences as well as legislators with their own ideas about what should and shouldn't be passed. We must be strategic about what kind of budget we have, the policy levers that we're interested in moving, and how we position all that. It is a work in progress.

The COVID Challenge

A recent challenge, not unique to Wisconsin, is COVID and just what that's done to the system. The early childhood system was already fragile. It's a little bit less centralized than maybe some other systems are. COVID has exacerbated the stressors on the system, both at the state and local levels. We know that staffing child care and other early learning programs, like Head Start and pre-K, is very difficult -- even more so than before. There's confusion sometimes about increased costs related to meeting public health guidelines or suggestions. Sometimes there is tension between local public health and the programs as well.

Our Stakeholders

Wisconsin leaders have had to think outside of the norms. We are working with an organization called Spring Impact, funded through Pritzker, to help us think creatively about how to engage parents. We are trying to figure out what some of the barriers are to getting parents involved, and how to ensure that there is a place for them at the table when it comes to decision-making. We are figuring out what goals we need to keep top of mind and what some of the trends are. One thing we heard from legislators last year is that they didn't hear from business leaders or parents. We need to figure out how to crack that nut to ensure that the parent voice is loud and proud when we're focusing on advocacy efforts.

The Leadership Council on Early Years (LCEY) is a cross-agency collaborative group composed of high-level leadership across state agencies that prioritizes systems work. It drives our birth-to-five strategic plans and decision making and ensures that agencies across the state are aligned with the work and moving forward.

We are at the point now of figuring out how we want to fine-tune our governance, but it is exciting that we do have people in place. We have a new Department of Public Instruction superintendent who has expressed interest in early learning and making the early learning office more robust.

Many of these pieces are coming together in a way that will help move us forward.

Supporting Families of Infants and Toddlers and Pregnant Women Who Face Significant Barriers to Supports and Services

The Equity Council is a deliverable in our Wisconsin infant/toddler policy goals. Currently, DCF is leading the charge, specifically regarding creating equity supports to ensure that we are hearing from different communities about their needs. We have had some support from Dr. Sherri Killins Stewart, from the BUILD Initiative. Her main motive is to ensure that we are hearing from all of our communities of color, supporting families, and making sure that there is a place for them at the table when it comes to decision making. She also has helped provide context to DCF actions as the lead.

DCF brought in Kids Forward, an outside advocacy organization. Michele Mackey, its CEO, is an amazing leader throughout the state of Wisconsin when it comes to equity. She is also helping to lead the conversation, decide on the communities, and figure out how we're going to implement a feedback loop to ensure that what we are hearing from families of color and those in rural communities and that our policies are reflective of that the need to hear from them. We must think and communicate strategically to ensure everybody feels they're being listened to.

We've added a new goal to the Wisconsin Infant/Toddler Policy Project – supporting doulas and ensuring that women of color have access to them. There is some strong work happening in Wisconsin on doula support. It's just a matter of figuring out how to move the needle on advocating for it.

We also are working with the Hmong Institute and the Milwaukee National Black Child Development Institute to help inform their PN3 agendas, as well as their work moving forward. Also, we applied for Child Care NEXT, a 10-year grant focused on supporting communities with lived experiences and ensuring that they're helping to change policy.

We have an amazing team when it comes to our equity work. The team, which is also part of the Equity Council, includes parents and the voices of rural, Latinx, Hmong, and African American populations. We have everyone at the table who is ready to help us move the work forward. Now we are trying to string it all together in a way that is effective and feels respectful to all involved.

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