



# STATEWIDE SCHOOL READINESS REPORT CARD

Introduction and summary

Fact sheet #1: Early childhood population profile

Fact sheet #2: Public program access

Fact sheet #3: Early care and education services and systems

Fact sheet #4: Early childhood educational preparation

Fact sheet #5: Health services and systems and healthy development

Fact sheet #6: Supported families

Data sources



## STATEWIDE SCHOOL READINESS REPORT CARD

# Introduction and summary

*The School Readiness Report Card* (March 2011) by Richard Chase, Andi Egbert, and Jennifer Valorse from Wilder Research documents the process used to develop the report card indicators, including reviewing literature, working with the Early Childhood Advisory Council and committees, and gathering feedback and comments from national experts and the public. The report also describes the rationale for recommending the indicators that constitute the School Readiness Report Card.

The report is available at: <http://www.wilder.org/Wilder-Research/Publications/Studies/School-Readiness-Report-Card/School-Readiness-Report-Card.pdf>.

The Report Card was developed to monitor the state's progress toward the goal that all children are ready for kindergarten by the year 2020. It consists of six fact sheets that include indicators of progress for both systems and child outcomes. Together, the six 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. The data sources for all the indicators are listed in a separate sheet.

The six fact sheets and their contents are summarized below.

### *#1: Early childhood education profile*

- Minnesota is becoming more diverse, especially our children.
- Nearly one in five children under age six lives in poverty.
- Eight in 100 children under age six live in distressed neighborhoods; most are in the Twin Cities metro area.
- The number of children under age six in single-parent households has increased.
- Most children under age six have at least one parent who is employed.



- Mothers of newborns have large educational disparities by race.
- Fewer teens are having babies.
- Minnesota's teen birth rate is falling, but more slowly than the national rate.
- All races have seen a decline in teen birth rates. Black teens have the steepest decline.
- Despite declines, birth rates for teens of color are high.

## *#2: Public program access*

- Most Minnesota children under age six are not served by public early education programs. In 2013, Early Head Start and Head Start had enough slots to enroll about 19 percent of children under age six in poverty, and the School Readiness Program served approximately 13 percent of the three, four, and pre-k five year olds in the state.
- Nearly 56,000 children under age six regularly participated in EFCE in 2012, down slightly from the past few years.
- More children under age six are receiving Early Intervention and Early Childhood Special Education services, but many more would likely benefit from these programs.
- 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.
- In 2011, as many as 15,000 (duplicated) children under age six received family public health home visits.
- WIC served nearly 150,000 children under age six, more than half of whom are children of color.
- 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.
- About 3,000 children under age six are in out-of-home care, with large disparities for American Indian and black children.

### ***#3: Early care and education services and systems***

- About a third of three-year-olds are receiving health and developmental screening.
- Early Head Start and Head Start are serving more children than ever before but cannot keep up with the growth of eligible children in poverty.
- In 2012, 33,475 children under age six received child care subsidies, 59 percent of whom were children of color.
- Eight percent of Minnesota early care and education providers and programs are formally recognized to be high quality.

### ***#4: Early childhood educational preparation and outcomes***

- Sixty percent of Minnesota's kindergartners demonstrate readiness for school.
- Children from lower-income families, Latino children, and American Indian children have the lowest rates of kindergarten readiness.
- More kindergartners are proficient in language and literacy and personal and social development than in mathematical thinking.
- About two-thirds of infants and toddlers and three-quarters of preschoolers in Early Childhood Special Education show greater than expected development.
- More than four in 10 infants and toddlers and more than five in 10 preschoolers exit Early Childhood Special Education programs with their development within age expectations.

### ***#5: Health services and systems and healthy development***

- Access to prenatal care has large disparities by race.
- Most babies are born at healthy birth weights, but some racial disparities persist.
- The percentage of children enrolled in Minnesota Health Care Programs receiving well-child health check-ups decreases with age.
- Few children under age six eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit receive any dental services.
- Eight out of 10 children have required immunizations by age three.
- Reported abuse and neglect has large disparities by race.

## #6: *Supported families*

- More than one in six children under age six lives in poverty, with large disparities by race.
- Statewide, 61 percent of children under age 6 living in poverty are children of color.
- Every year, more than 10,000 children are born and cared for in Minnesota by mothers with depression, with disparities by race.
- About 90,000 (duplicated) parents participate in ECFE, and about 11,000 parents participate in Head Start parenting education.

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.

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**Statewide School Readiness Report Card Series of Fact Sheets**

**For more information**

For more information about this report, contact Richard Chase at Wilder Research, 651-280-2706, [richard.chase@wilder.org](mailto:richard.chase@wilder.org).

OCTOBER 2013

# Early childhood population profile

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 first fact sheet provides the demographic context.

## Children under age six

About 420,000 children under age 6 live in Minnesota, including about 55 percent living in the Twin Cities 7-county region. Children under age six are the most racially and ethnically diverse and constitute the poorest segment of the Minnesota population.

### *Race, ethnicity, and country of origin*

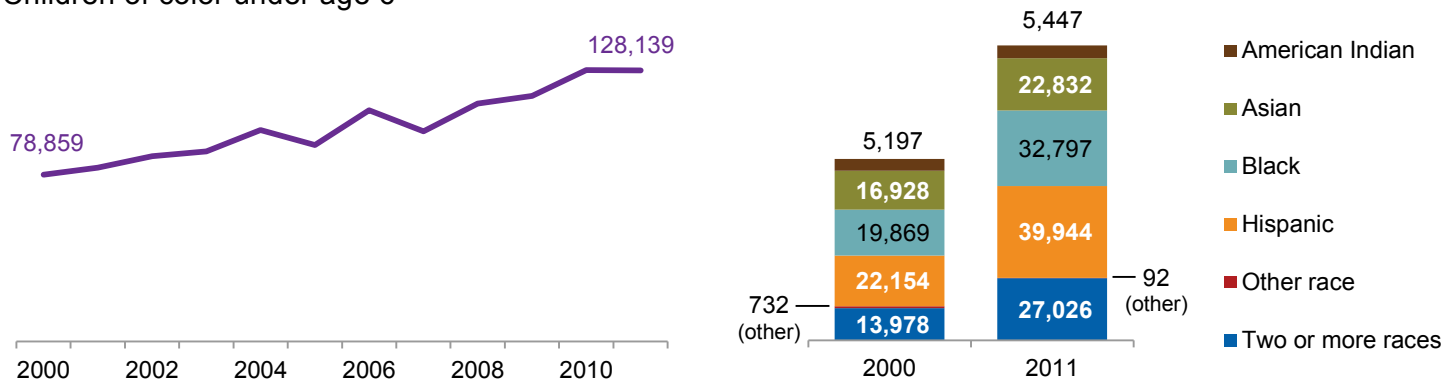
Understanding the cultural and ethnic heritage of our population of young children can help shape and target resources most equitably and effectively, and provide services in a culturally-responsive way.

### **Minnesota is becoming more diverse, especially our children.**

Children of color now make up about 30 percent of children under age six, an increase of 10 percentage points over the past decade. The Hispanic population under age six increased by 80 percent during that period to nearly 40,000 children. Blacks, including African-Americans and African immigrants, comprise the next largest group, with nearly 33,000 children. In total, Minnesota has 66,500 children of color under age six who have at least one foreign-born parent or are foreign born themselves. Of these children 16,000 are black and 21,000 are Asian. About 13,000 Asian children (regardless of nativity) identify as Southeast Asian. Of the nearly 40,000 Hispanic children under 6 (of any race), 60 percent have at least one foreign-born parent or are foreign born themselves.



## Children of color under age 6



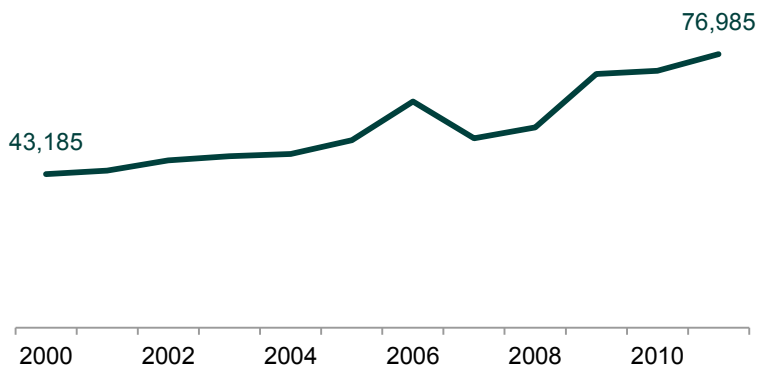
## Children under age six in poverty

Experiencing poverty, especially early in life, is associated with a host of negative academic, social, and health outcomes for children, including higher rates of chronic disease and shorter life expectancy.

### Nearly one in five children under age six lives in poverty.

Nearly 77,000 children in Minnesota (about 18 percent) live in families with incomes below the federal poverty level, up from 43,000 (11 percent) in 2000. Children of color are more than three times as likely to live in poverty as their white counterparts (36 percent and 10 percent, respectively). Statewide, 61 percent of children in poverty are of color. The 2013 federal poverty level is \$23,550 for a family of four. An additional 67,000 children live at or below 185 percent of the poverty level -- an amount commonly used to partially base income eligibility guidelines for government programs. In fact, seven out of 10 black children in Minnesota live at or below 185 percent of poverty; one in four white (non-Hispanic) children are in this group. More details on child poverty are in Fact Sheet Six.

## Children under age six living in families in poverty



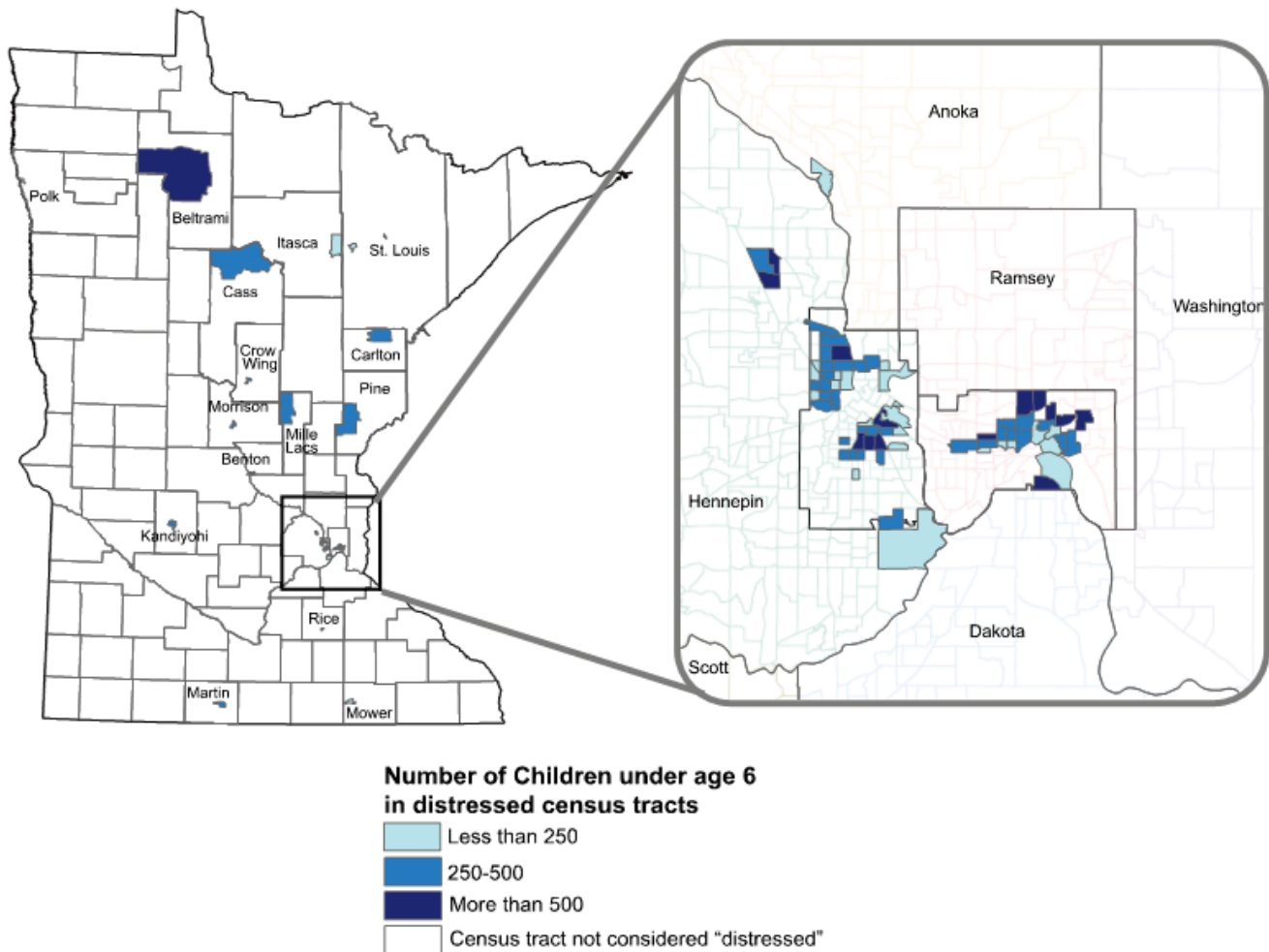
## Children living in distressed neighborhoods

Children under age six living in distressed neighborhoods – those with high poverty rates, high unemployment among males, low-education levels of residents, and high percentage of single-parent families – are especially vulnerable because they often lack access to educational opportunities and positive role models that support strong child development and stable families.

**Eight in 100 children under age six live in distressed neighborhoods; most are in the Twin Cities metro area.**

Overall 32,918 children under age six live in severely distressed neighborhoods, including 24,897 children in the Twin Cities metro area (11 out of 100) compared with 8,021 children in Greater Minnesota (4 out of 100).

Children under age six who live in “severely distressed” localities



Note: “Severely distressed” localities are defined as census tracts that have at least three of the four following characteristics: 1. High poverty rate; 2. High percentage of single-parent families; 3. High percentage of high school dropouts; and, 4. High percentage of working-age males not in the labor force. “High” is defined as more than one standard deviation above the mean.



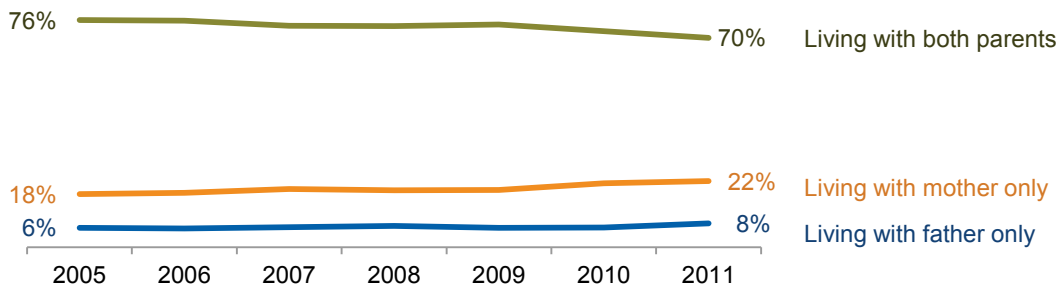
## Family household type and employment status

Young children's living situations are impacted by family income, family stress, and availability of caregivers. Employment data of the parents affects both the financial stability of the family and the potential need for child care.

### Number of children under age six in single-parent households has increased.

During the past decade in Minnesota, the percentage of children under age six in single-parent households has steadily grown to 30 percent. One contributing factor is the declining marriage rate for new mothers. About one-third of births were to unmarried women in 2010, compared with a quarter in 2000.

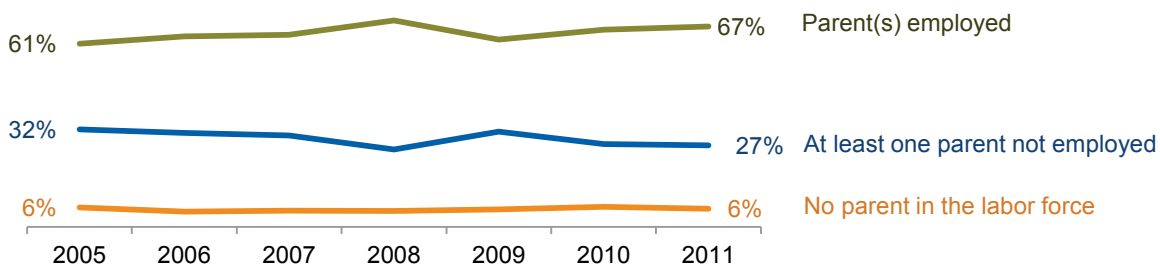
#### Household types for children under age 6



### Most children under age six have at least one parent who is employed.

For two-thirds of young children, each parent in the household is employed, up slightly since 2005. The percentage of children with no employed parent has remained steady at 6 percent.

#### Employment rate of parents with children under age six



## Profiles of mothers with children under age six

### *Education rates of new mothers*

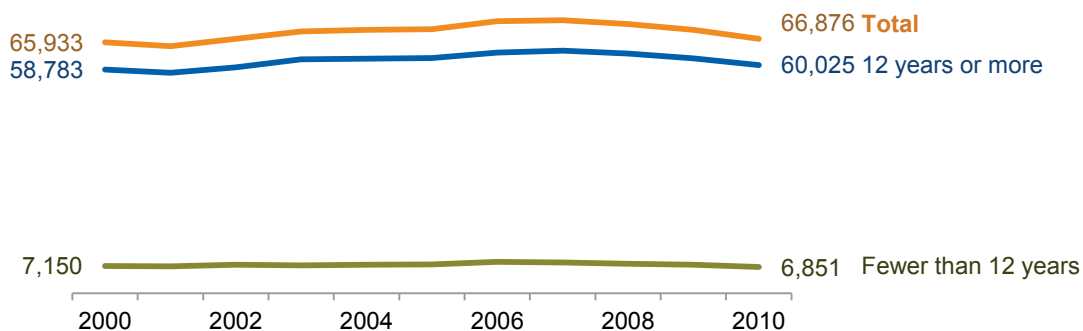
High levels of maternal education are associated with better childhood health, better school performance, and higher likelihood of high school completion. Higher education levels among parents contribute to more supportive early home learning environments and a higher likelihood of subsequent school involvement.

### **Mothers of newborns have large educational disparities by race.**

While 90 percent of babies are born to mothers who have at least 12 years of education, wide gaps remain between white mothers and mothers of color. New Hispanic mothers are the least likely to have 12 or more years' education (53 percent).

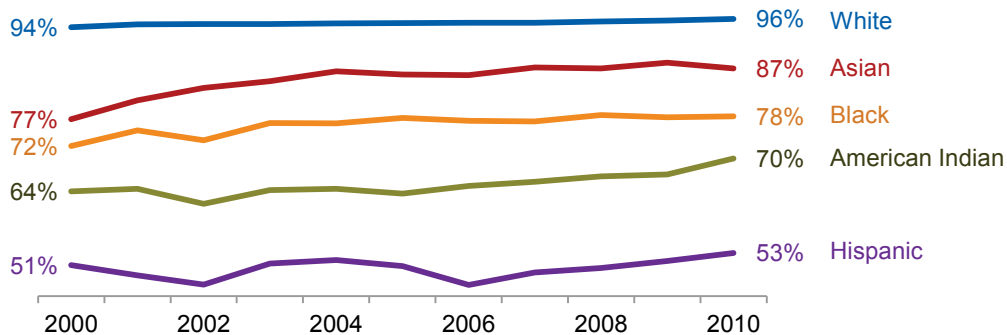
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#### Babies born to mothers with 12 years or more of education




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#### Babies born to mothers with 12 or more years of education by race/ethnicity



Note: All races shown here non-Hispanic.

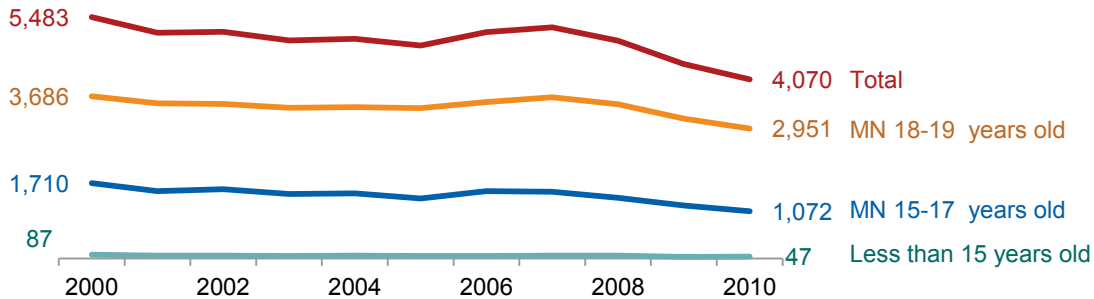
## Births to teenage mothers

Children born to teenage mothers are more likely to live in poverty, have low birth weight children, and experience poor health and behavioral problems, compared to children born to adult women. Teen mothers often lack financial resources, parenting skills and social support.

### Fewer teens are having babies.

Following the national trend, teen births have significantly declined in Minnesota since 2007. Between 2000 and 2010, births to Minnesota teens age 15 through 17 fell 37 percent, the largest percentage decrease; while teens age 18 and 19 fell 20 percent, but had the largest decrease in number of births, with 735 fewer children born to that age group.

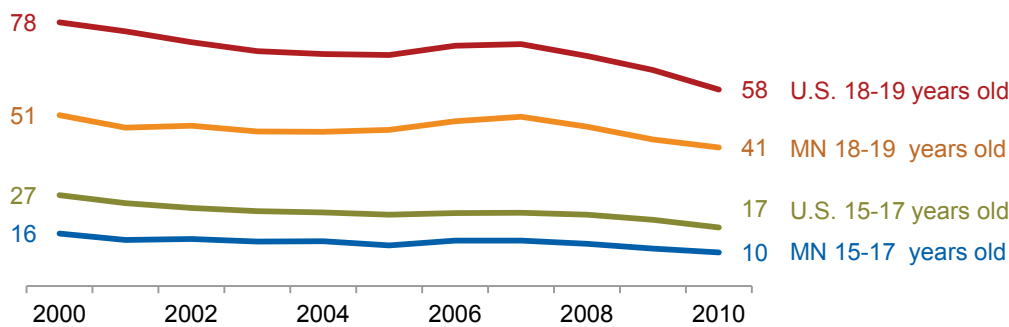
Births to Minnesota teens by age



### Minnesota's teen birth rate is falling, but more slowly than the national rate.

Historically, teens in Minnesota have had a lower teen birth rate than the U.S. as a whole, but that is changing. While Minnesota's teen birth rate has gone down, the drop has been even greater in other states, narrowing the gap between Minnesota and the nation as a whole.

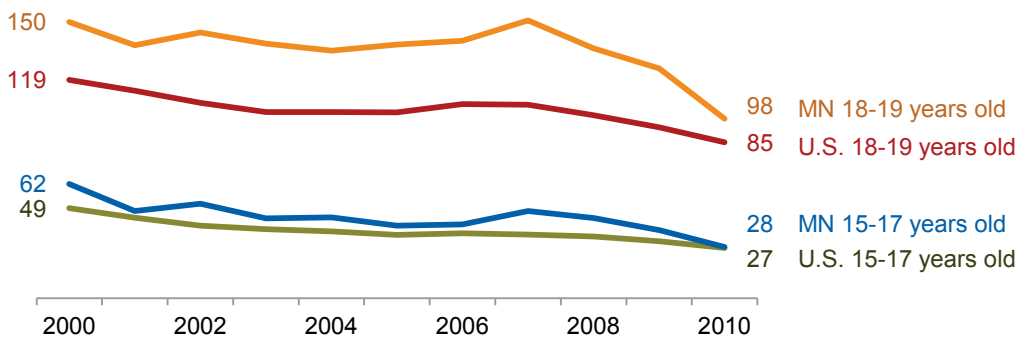
Births to Minnesota and U.S. teens (rate per 1,000)



**All races have seen a decline in teen birth rates. Black teens have the steepest decline.**

Births to teens (15 to 19 years old) declined by 25 percent from 2000 to 2010. Every racial group had lower teen birth rates during this time. Black teens in Minnesota historically have had a higher birth rate compared to Minnesota teens overall and to black teens in the U.S. However, the decline in Minnesota's black teen birth rate (-42 percent) is steeper than the decline for Minnesota teen birth rate overall (-25 percent). The steep decline in black teen births is also causing the Minnesota teen birth rate to more closely mirror the national average.

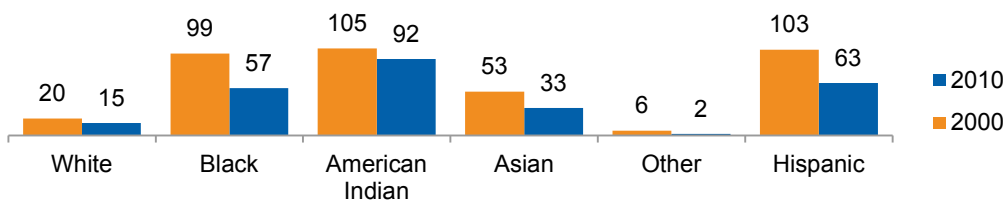
Births to black teens in Minnesota and U.S. (rate per 1,000)



**Despite declines, birth rates for teens of color are high.**

Despite these declines, birth rates for teens of color are much higher than for non-Hispanic white teens. For example, black teens have a birth rate nearly four times the rate of non-Hispanic white teens, and American Indian teens' birth rate is six times higher. In fact, while teens of color make up 22 percent of the teen population, nearly half of all teen births are to teens of color.

Births to teens 15-19 in Minnesota and U.S. (rate per 1,000), 2000 and 2010



*Note: All races shown here are non-Hispanic.*

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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

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# 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.**

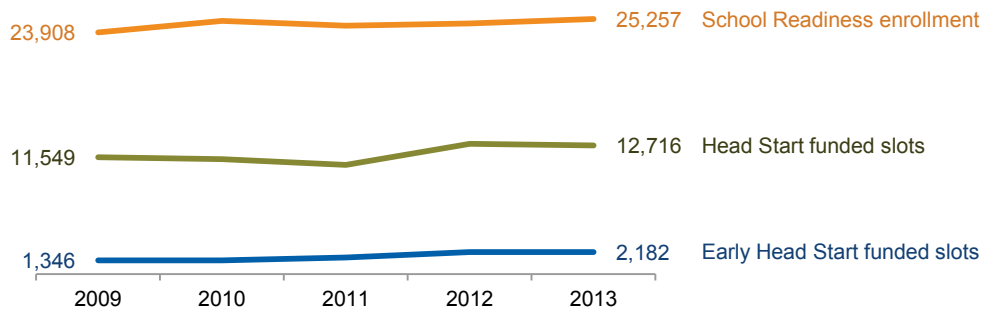
Minnesota spends state and federal dollars to fund 2,182 Early Head Start slots and 12,716 Head Start slots, which is enough to enroll about 19 percent of children under age six in poverty. Unduplicated enrollment characteristics are not available for Head Start programs from the Minnesota Department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

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Public early learning access for Minnesota children by program



***Children under age 6 participating in Early Childhood Family Education***

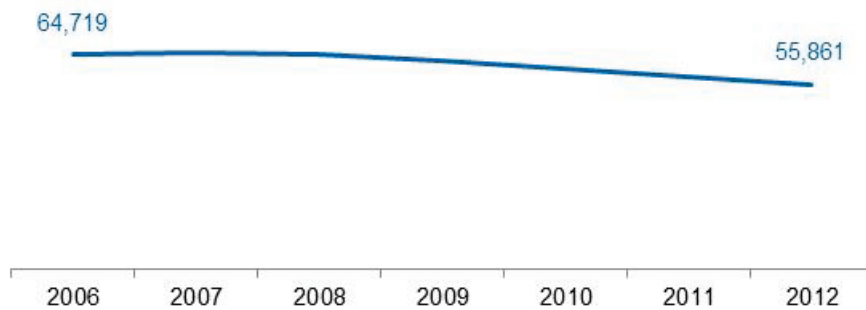
Parents and their children are provided education and support through Early Childhood Family Education (ECFE) classes. Some local ECFE programs provide home visits. ECFE provides opportunities for parental learning on how children develop, positive parent-child interaction, and peer support. It also 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.

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## 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.**

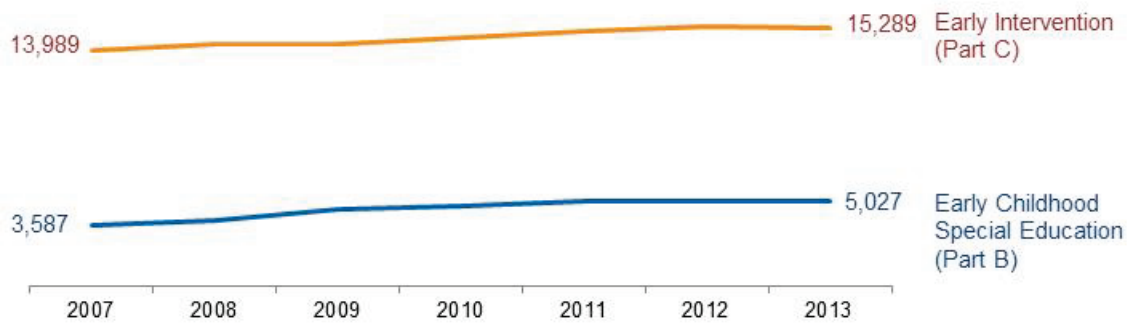
Both Parts C and B have seen increased enrollment in the past several years, and have served more than 20,000 children under age six in the past year. Increasingly, children served by these programs are of color, from 23 percent in 2007 to nearly 30 percent in 2013, which is proportionate to the percentage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



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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.

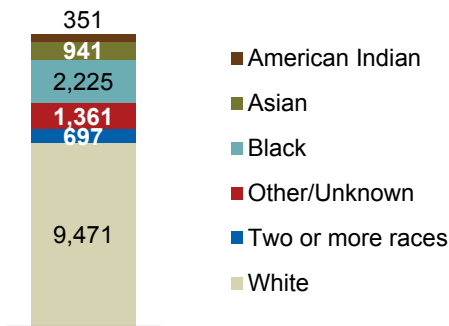
**In 2011, as many as 15,000 (duplicated) children under age six received family public health home visits.**

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.

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



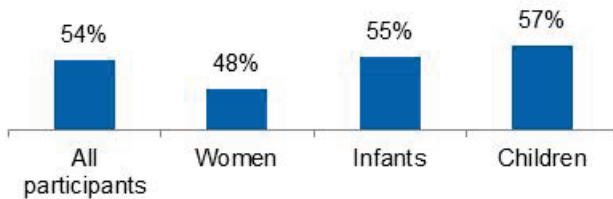
## Women, Infant, and Children (WIC) Program

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.

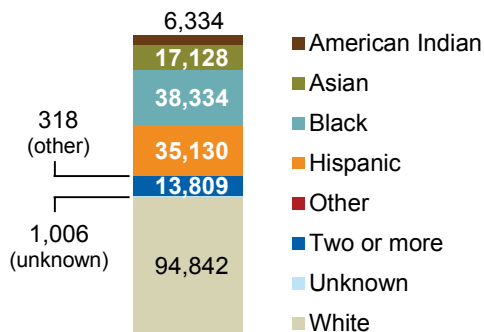
### WIC served nearly 150,000 children under age six, more than half of whom are children are color.

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.

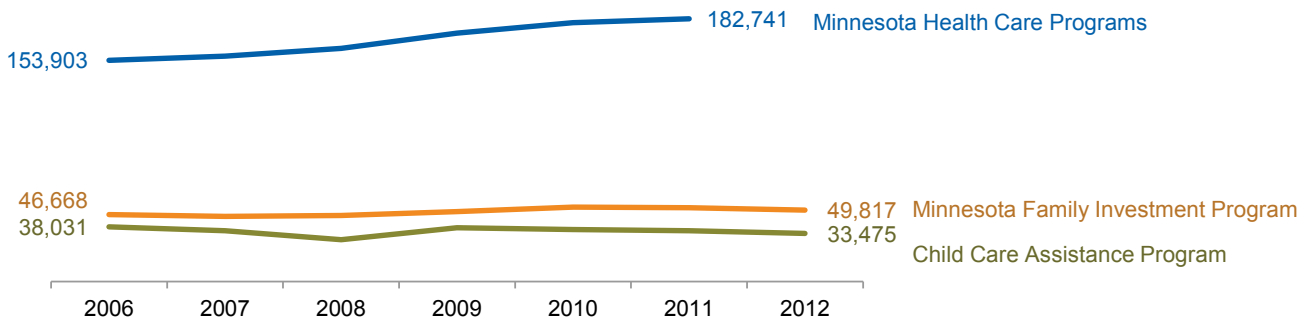
#### **Enrollment in MHCP is growing; while MFIP and CCAP have declined slightly in the past few years.**

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.

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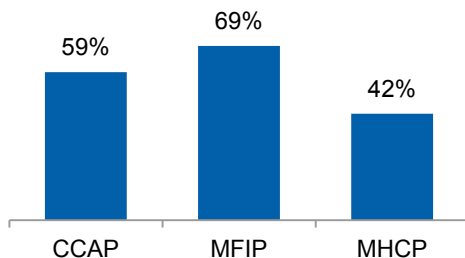
#### Number of children under age six enrolled in CCAP, MHCP, or MFIP/TANF



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.

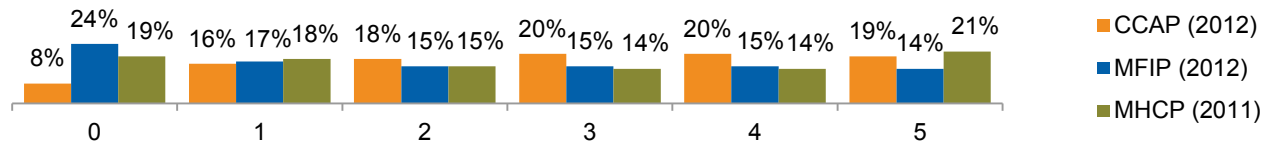
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#### Percent served in MFIP, MHCP, and CCAP who are children of color



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



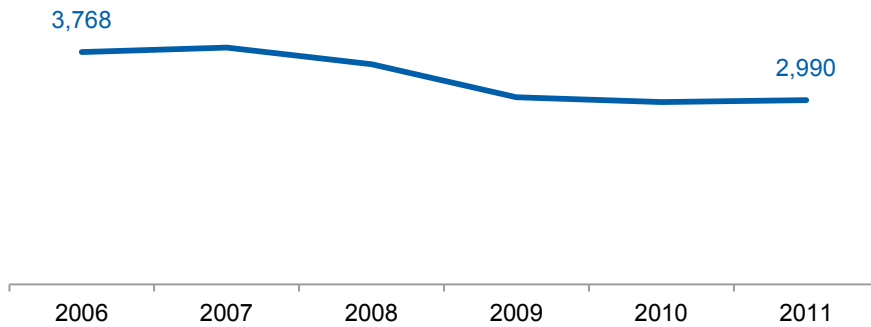
### *Children in out-of-home care*

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.

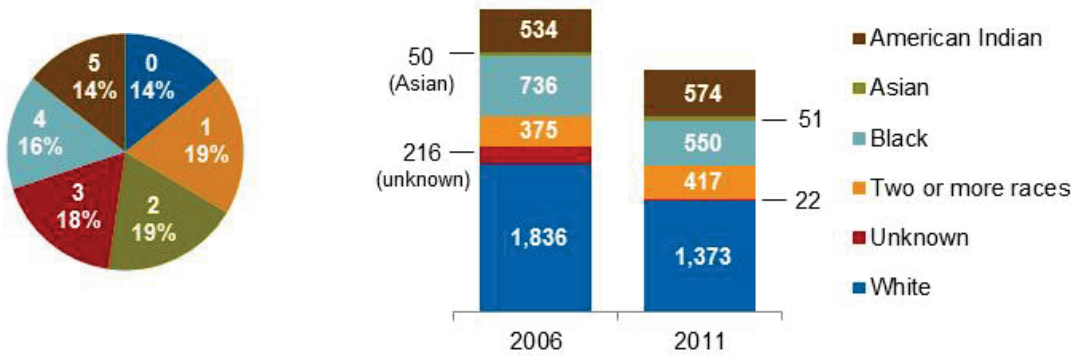
#### **About 3,000 children under age six experience out-of-home care each year, with large disparities for American Indian and black children.**

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.

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7. Sources of data

#### For more information

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# Early care and education services and systems

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## Early Childhood Screening

### *Three-year-old children who received early childhood health and developmental screening*

Early Childhood Screening is offered throughout the year by local school districts as well as by others such as Head Start, Child and Teen Checkups, and health care providers. Screening is required within 30 days of enrollment into kindergarten and recommended prior to kindergarten.

Screening a young child's hearing, vision, speech, coordination, immunizations, and development identifies problems that may interfere with learning and connects families with needed specific resources.

Screening earlier at age three provides an opportunity to intervene for better readiness at school entry.

### **About a third of three-year-olds are receiving health and developmental screening.**

The proportion of all three-year-olds receiving health and developmental screening has gradually increased since 2007, from 32 percent to 34 percent.



Number and percentage of three-year-old children who received an early childhood health and development screening

Calendar years				
2006	2007	2008	2009	2010
18,240	22,705	23,156	24,087	24,796
26%	32%	33%	34%	34%

## Children under age six

### *Income-eligible children age zero to two who participate in Early Head Start and age three to five who participate in Head Start or School Readiness*

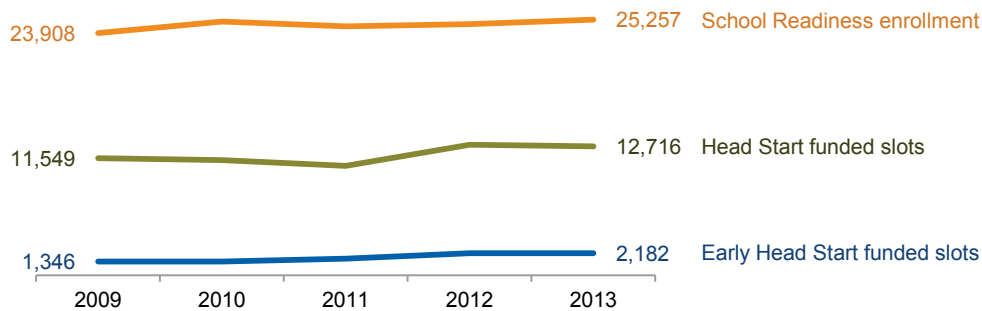
Early Head Start, Head Start, and School Readiness are Minnesota’s public early learning programs described in Fact Sheet Two.

### **Early Head Start and Head Start are serving more children than ever before but cannot keep up with the growth of eligible children in poverty.**

In 2013, Early Head Start and Head Start had funding for 2,182 and 12,716 program slots, respectively. Funded slots for these two programs together cover fewer than one in five income-eligible children under age six.

In 2013, 25,257 children participated in School Readiness programming for 30 hours or more. The program now reaches 13 percent of the target population. In 2012, as many as 28,286 children participated in a broad continuum of School Readiness programming (duplicated).

### Early Head Start and Head Start funded slots and School Readiness enrollment





## *Eligible children under age six who receive child care subsidies*

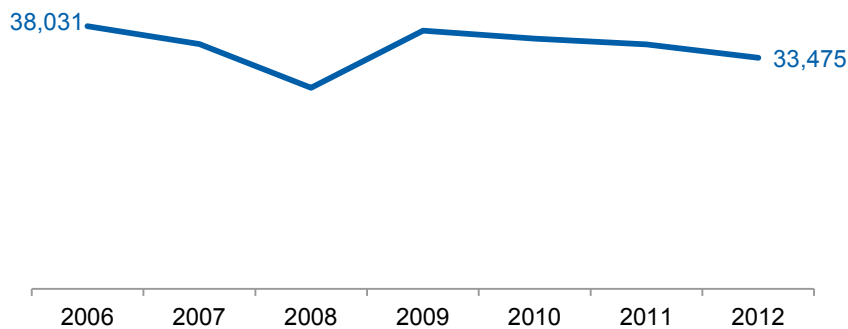
Subsidies through the Child Care Assistance Program (CCAP) help parents attain and retain employment and education. When used to pay for care that is in safe, stimulating, and developmentally appropriate homes and center-based programs, they also contribute to healthy child development. Receipt of child care subsidies and continuity of care are dependent upon parental work schedules. The continuity of child care is also disrupted for some children when parents do not comply with program requirements. In addition, in some counties, wait lists for CCAP subsidies are long.

**In 2012, 33,475 children under age six received child care subsidies, 59 percent of whom were children of color.**

As of 2010, the age distribution of children served relies on a statewide eligibility and payment system. Prior to then, age information was based on a sample.

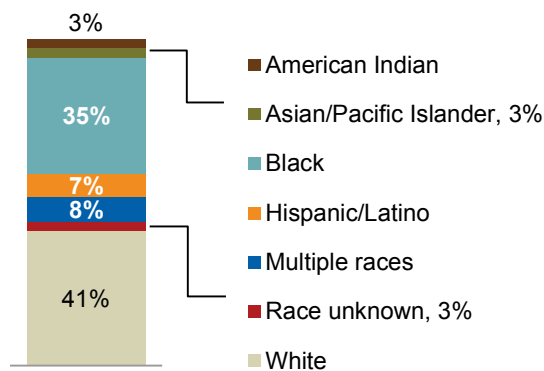
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Children under age six receiving subsidies from Child Care Assistance Program (FFY)



---

CCAP recipients under age six by race, 2012



## Early care and education providers and programs

### *Early care and education providers and programs that meet the definition of high quality*

As Minnesota devotes more attention to the importance of school readiness and access to early learning opportunities for more low-income children, an adequate supply of high-quality early care and education providers and programs is essential to meet the growing demand.

Providers and programs with the following characteristics meet the definition of high quality:

- Three or four-star rated in Parent Aware, Minnesota's voluntary Quality Rating and Improvement System, indicating they use best practices for kindergarten readiness
- Accreditation by a nationally-recognized accrediting body
- Licensed family child care providers with adequate degrees or credentials to qualify for a higher CCAP reimbursement rate

### **Eight percent of Minnesota early care and education providers and programs are formally recognized to be high quality.**

As of 12/31/2012, 994 out of about 13,000 of the early care and education providers and programs in Minnesota, including licensed child care centers, licensed family child care homes, school-based Pre-K sites, and Head Start sites, met any of the definitions of high quality.

Right now, Parent Aware ratings are available statewide for 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. Until all programs are eligible and volunteer to be rated in 2015, the total number of high-quality programs is unknown.

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# Early childhood educational preparation

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## Kindergarten readiness

When children start school demonstrating kindergarten readiness, they are less likely to require special education services and more likely to stay on track academically through 3<sup>rd</sup> grade and, ultimately, to graduate from high school.

### *Children demonstrating overall kindergarten readiness*

Minnesota's definition of school readiness is the skills, knowledge, behaviors and accomplishments that children know and can do as they enter kindergarten, in the following areas of child development: social and emotional development, approaches to learning, language and literacy development, creativity and the arts, cognition and general knowledge, and physical well-being and motor development.

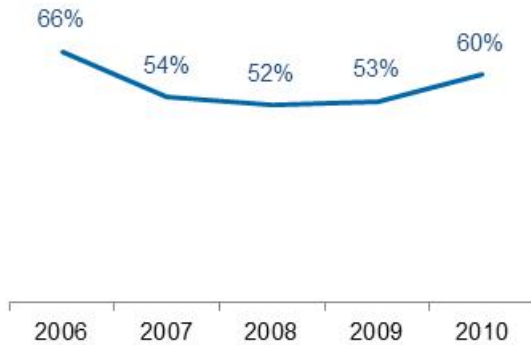
Since 2006, the Minnesota Department of Education (MDE) has assessed kindergarten readiness based on eight weeks of standards-based observation by kindergarten teachers using a modified Work Sampling System tool on a representative sample of students. To determine kindergarten readiness, MDE calculates a composite score for each child, with an overall kindergarten proficiency standard of 75 percent or more of the total points across all the observed indicators.



### Sixty percent of Minnesota's kindergartners demonstrate readiness for school.

In 2010, 60 percent of Minnesota's kindergartners reached the overall kindergarten-ready proficiency standard, receiving 75 percent or more of the total possible points across all the observed indicators. That percentage is higher than in the three prior years, when 52 to 54 percent reached overall proficiency.

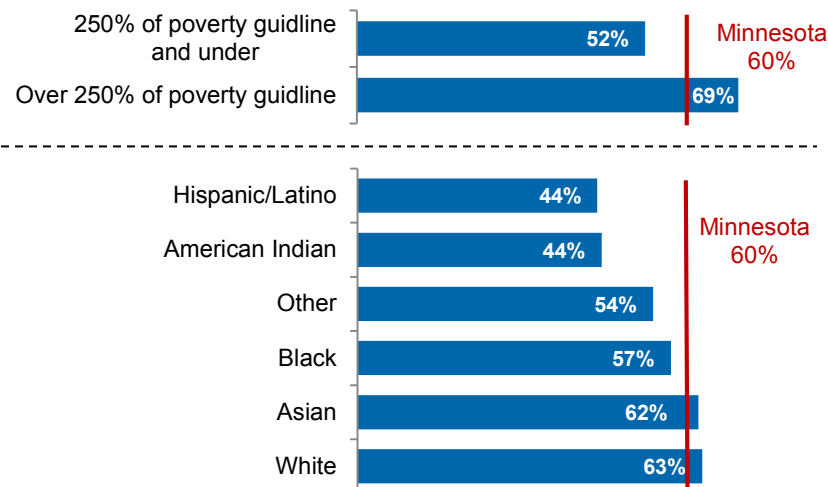
Percentage of kindergartners reaching overall proficiency standard



### Children from lower-income families, Latino children, and American Indian children have the lowest rates of kindergarten readiness.

In 2010, about half of children whose family incomes were under 250 percent of the poverty line (\$55,125 for a family of four in 2010) were ready for kindergarten compared with more than two-thirds of those from families with higher incomes. Among children of all income levels, white, Asian, and black students fare best.

Overall kindergarten proficiency rate by household poverty status and race/ethnicity, 2010



## ***Children demonstrating proficiency at kindergarten entry in three domains -- language and literacy, mathematical thinking, and personal and social development***

Language and literacy proficiency is critical to children's ability to learn and interact appropriately with teachers and other children and is a key predictor of reading proficiency in 3rd grade. Mathematical thinking, which measures emerging abilities in number, quantity, spatial relations, and geometry, correlates to 3rd grade math proficiency. Personal and social skills help children build relationships with peers and teachers in the classroom. Children lacking personal and social skills will likely struggle to follow directions, interact inappropriately with peers and adults, show little curiosity, and may lack problem-solving skills.

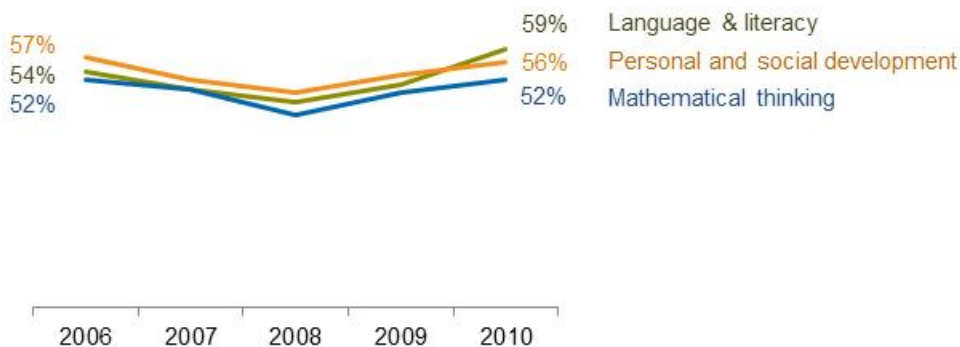
Proficiency within each of these domains is defined as the average percent rated proficient across indicators within each domain.

### **More kindergarteners are proficient in language and literacy and personal and social development than in mathematical thinking.**

As noted in the 2010 *Minnesota School Readiness Study*, while the percentage of children demonstrating proficiency in these domains has been trending up since 2008, the increases are not statistically significant.

---

Proficiency at kindergarten entry in selected indicators, 2006-2010



## Early Intervention and Early Childhood Special Education outcomes

The next indicators of early childhood educational preparation pertain to outcomes for children birth through age two receiving Early Intervention services (Part C) and children age three to five in Early Childhood Special Education (Part B). The programs are described in Fact Sheet Two.

Children served under Part C typically have a diagnosed condition with a high probability of resulting in developmental delay or disability, such as hearing impairment, cerebral palsy, Down syndrome, and vision impairment.

Children served under Part B include children formerly served under Part C but also include children identified after age three with delays in development, including children with delays in speech or other aspects of communication.

### *Children in Early Childhood Special Education showing greater than expected growth*

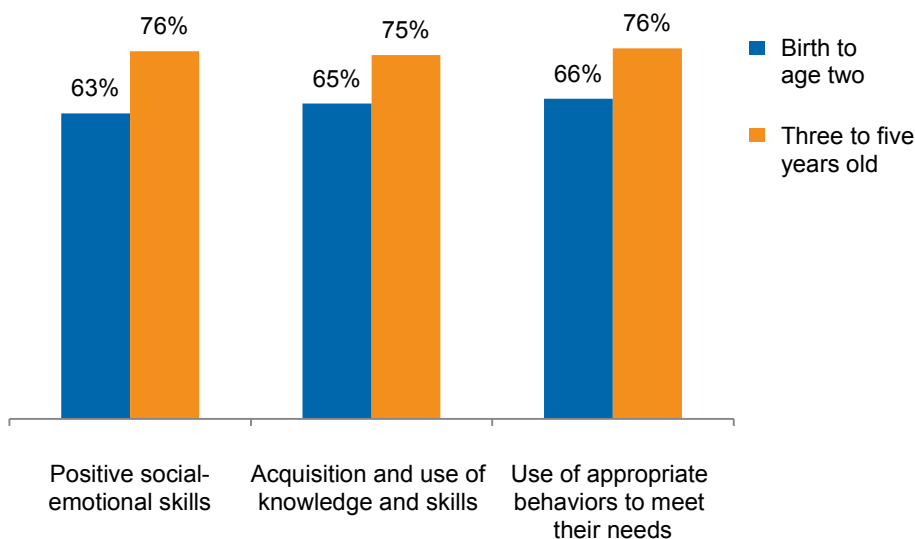
Children who have been enrolled in Parts C and B programs for six months or longer are assessed for their progress on three broad outcomes -- social relationships, acquiring and using knowledge and skills, and taking appropriate action to meet needs.

### **About two-thirds of infants and toddlers and three-quarters of preschoolers show greater than expected development.**

Recent data (2010) show that about two-thirds of children age two and younger and about three-quarters of children ages three to five who receive services through special education programs show greater than expected developmental progress.

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Percentage of children in early intervention and early childhood special education showing greater than expected growth



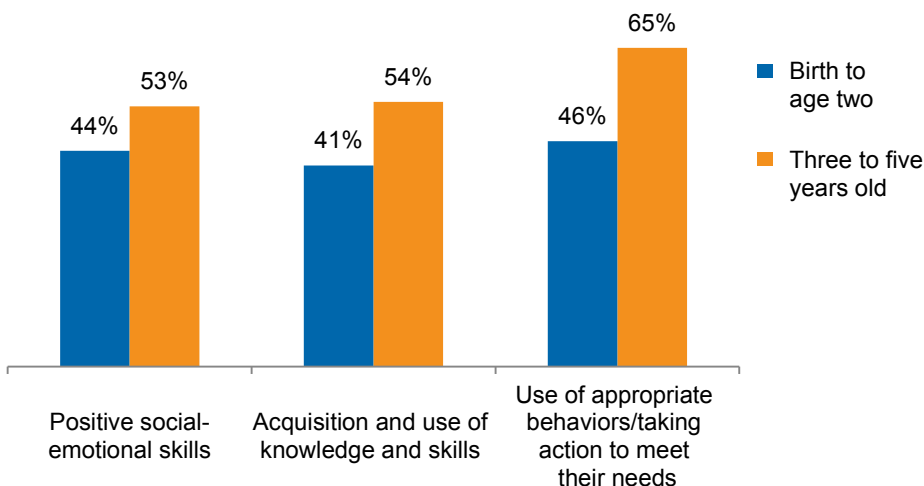
## *Children who exit early childhood special education functioning within age expectations*

Children participate in authentic assessment throughout the period of enrollment in early childhood special education. Each child's developmental status, compared to the status of typically-developing peers, is reported at entrance and exit, in these same outcome areas -- personal and social skills, acquiring knowledge and skills, and using appropriate behaviors to meet needs.

**More than four in 10 infants and toddlers and more than five in 10 preschoolers exit programs with their development within age expectations.**

Recent data (2010) show that 41 to 46 percent of children age two and younger and 53 to 65 percent of children ages three to five are exiting special education programs functioning within age expectations on reported indicators. The percentages may be higher for exiting preschoolers because they are more likely than exiting infants and toddlers to have speech/language problems as their primary disability (33 percent compared with 13 percent).

Percentage of children exiting early intervention and early childhood special education functioning within age expectations



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# Health services and systems and healthy development

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## Prenatal care and births

### *Births where mother received adequate or better prenatal care*

Prenatal care is important because potential problems can be discovered, or problems prevented prior to the baby's birth. Prenatal care is rated "adequate or better" if checkups occur at recommended times and start in the first trimester. Adequacy of prenatal care is related to birth outcomes, such as birth weight, which in turn affect subsequent healthy development.

### **Access to prenatal care has large disparities by race.**

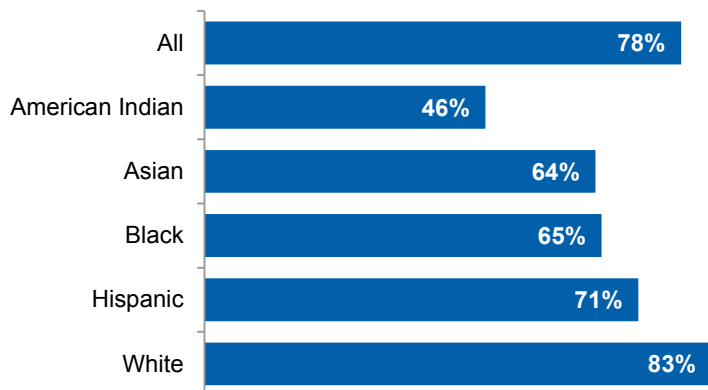
In 2011, 78 percent of births were to mothers who received adequate or better prenatal care. However, the share of mothers of color with adequate or better prenatal care is 12 to 37 percentage points lower than white mothers, with American Indians having the lowest percentage, 46 percent. These rates have held fairly steady since 2006.





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## Adequate or better prenatal care by race of mother for births in Minnesota, 2011



Note: All races shown here are non-Hispanic.

### ***Babies born at healthy birth weight***

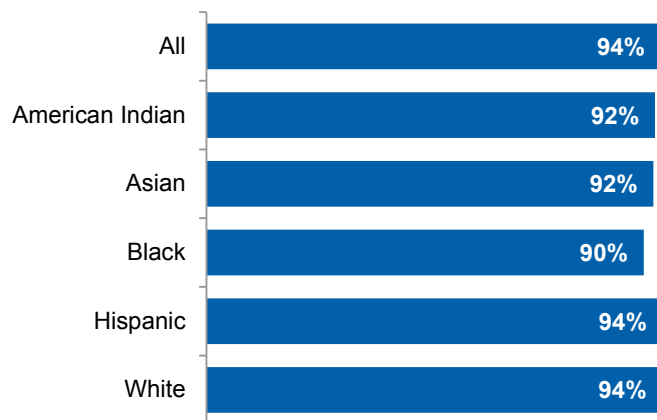
Low birth weight (less than 5.5 pounds) is associated with an increased likelihood of physical, cognitive, and emotional problems that can persist into adulthood. Serious physical disabilities, grade repetition, and learning disabilities are more prevalent among children who were born with low birth weights. Low birth weight is also a key risk factor for infant mortality.

### **Most babies are born at healthy birth weights, but some racial disparities persist.**

For the last five years, 94 percent of babies have been born with healthy birth weights. However, American Indian, Asian, and black babies are less likely to be born with healthy birth weights than are Hispanic and non-Hispanic white babies. For example, in 2011, 10 percent of black babies were born underweight.

---

## Babies born at healthy birth weight by race of mother in Minnesota, 2011



Note: All races shown here are non-Hispanic.

## Children under age six

### ***Children under age six enrolled in Minnesota Health Care Programs receiving preventive health and dental check-ups***

At well-child visits, health care providers monitor children's physical and behavioral health and development, make referrals to needed interventions, and provide guidance to parents on child development. Oral health or dental care for young children is important because untreated tooth decay not only causes pain, but can lead to infections that can result in eating, speaking and learning problems.

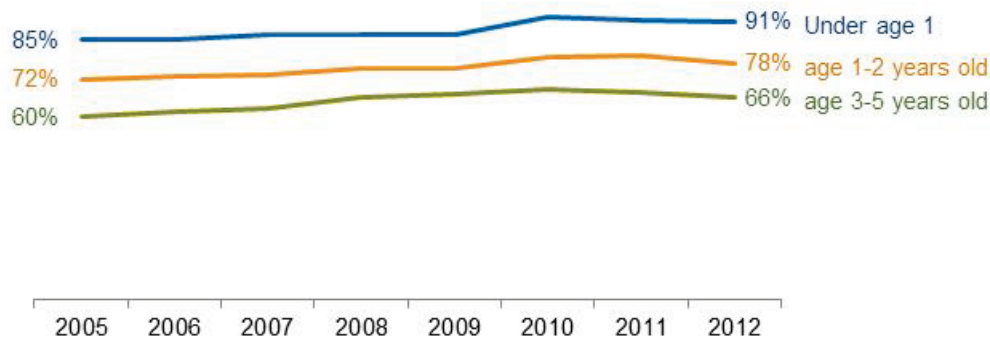
Data in this section are available only for children enrolled in Minnesota Health Care Programs and eligible for the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

#### **The percentage of children receiving well-child health check-ups decreases with age.**

While more than 90 percent of children under age one receive at least one initial or periodic screen, the percentage drops to 66 percent for children ages three to five.

---

Percentage of children under age 6 in Minnesota Health Care Programs who received at least one initial or periodic health screen



#### **Few children under age 6 eligible for EPSDT receive any dental services.**

About 10 percent of children ages one and two eligible for EPSDT received any dental services in 2012. For children ages three to five, 34 percent received any dental services, down from 43 to 45 percent the previous four years.

### ***Children who are up to date on immunizations by age three***

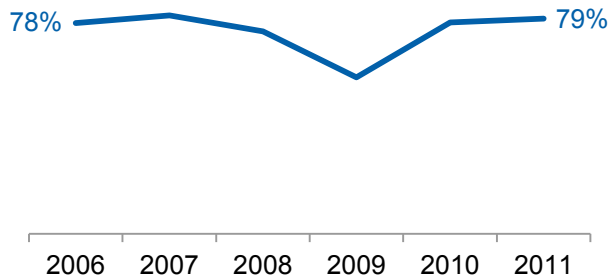
In Minnesota, children are required to be up-to-date on certain immunizations before enrolling in child care and kindergarten. Children who are not immunized according to the schedule recommended by the Centers for Disease Control and Prevention are at higher risk for acquiring a vaccine-preventable disease and transmitting it to others.

#### **8 out of 10 children have required immunizations by age three.**

In 2011, the National Immunization Survey estimated that 79 percent of 19-35 month olds living in Minnesota were up to date on six recommended immunizations (DTaP, Polio, MMR, Hepatitis B, Hib, and Varicella).

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Minnesota children who are up to date on immunizations by age three



Please note that there was a shortage of *Haemophilus influenzae* (Hib) vaccine in 2009 which caused a drop in vaccination rates.

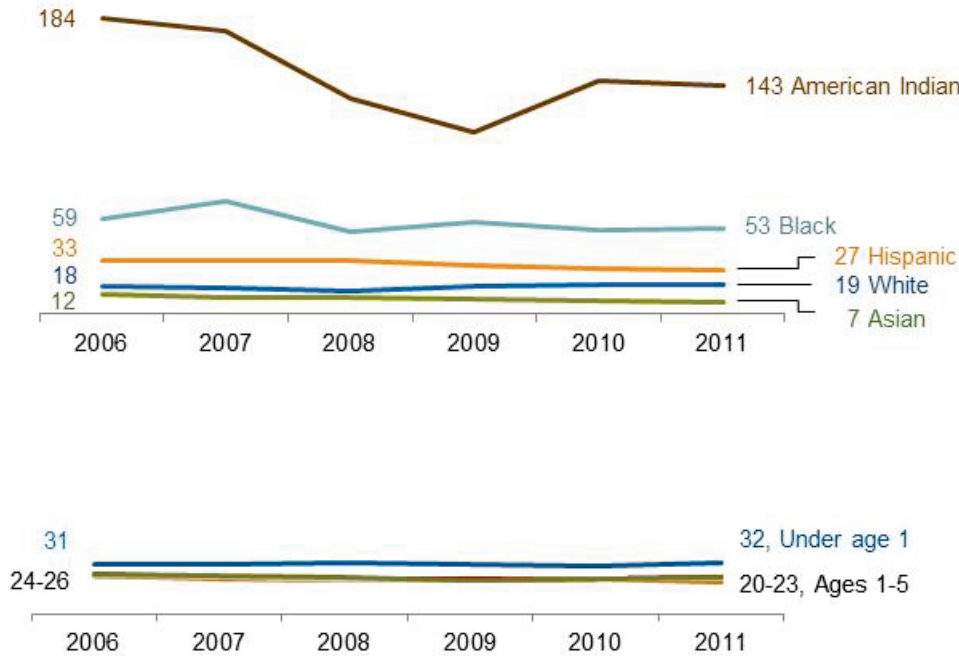
### ***Reported abuse and neglect among children under age six***

Children who have been abused or neglected are more likely to have cognitive and emotional problems that may result in poor school performance and grade retention. Neglect is also a sign of family stress, risk and disorganization, which negatively impact school readiness. These data are children reported for alleged abuse or neglect, not determined victims. This better reflects the numbers of children who are served by the child protection system.

**Reported abuse and neglect has large disparities by race.**

Reported abuse and neglect is highest among American Indian children, followed by black children. Rates are higher for children under age one than for children ages one through five.

Reported abuse and neglect among children under age 6 by race and age (number of reported cases or rate per 1,000 children)



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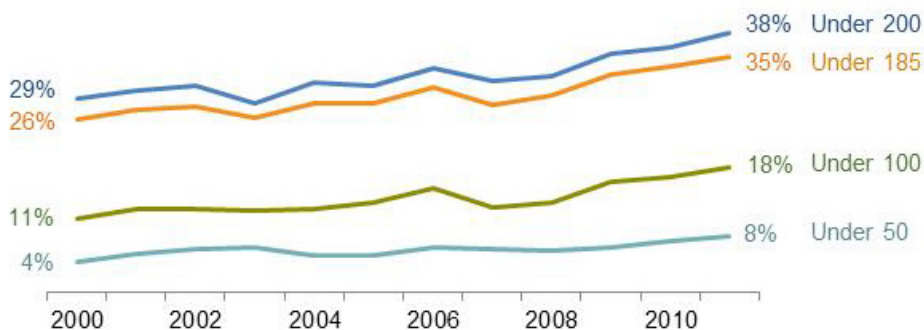
## Children under age six in poverty

Experiencing poverty, especially early in life, is associated with a host of negative academic, social, and health outcomes for children, including higher rates of chronic disease and shorter life expectancy.

### More than one in six children under age six lives in poverty, with large disparities by race.

Over the past decade, more and more children are growing up in poverty, especially children of color. Nearly 77,000 or 18 percent of children under age six in Minnesota lives below the federal poverty level (\$23,550 for a family of four in 2013). An additional 67,000 children live at or below 185 percent of the poverty level— a threshold often used to base income eligibility guidelines for government programs.

Children under age 6 living in families at various poverty intervals, Minnesota, 2000-2011

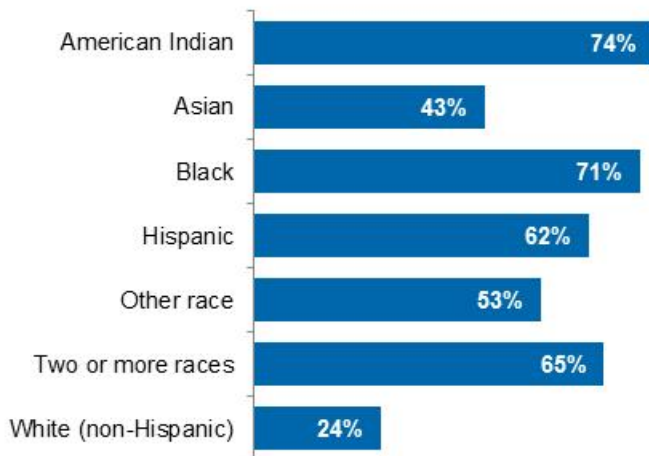


**Statewide, 61 percent of children under age six living in poverty are children of color.**

Children of color are more than three times as likely to live in poverty (at or below 100 percent of the federal poverty guidelines) as their white counterparts (36 percent and 10 percent, respectively). This disparity is seen at all poverty intervals, as shown below with the percentages of children under age six in Minnesota living at or below 185 percent of poverty by racial or ethnic group.

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Children under age six living in families at 185 percent of poverty and below by race/ethnicity, Minnesota, 2009-11



## New mothers with symptoms of depression

A mother’s mental health can impact her baby’s brain development and the healthy attachment between parent and child. These early development and attachment problems may affect the child’s ability to learn as well as the child’s later physical and mental health.

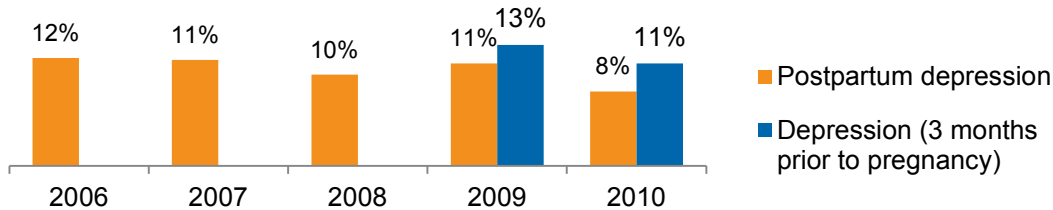
**Every year, more than 10,000 children are born and cared for in Minnesota by mothers with depression, with disparities by race.**

According to Minnesota PRAMS (Pregnancy Risk Assessment Monitoring System) about 10-12 percent of babies have mothers with a history of depression and/or postpartum depression.

Based on Minnesota PRAMS 2009-2010, African American (15 percent) and American Indian (18 percent) mothers had significantly higher rates of postpartum depression as compared to the overall rate (10 percent). Among mothers who reported depression prior to pregnancy, African-Americans (18 percent) and American Indians (28 percent) had significantly higher rates as compared to the overall rate (12 percent).

Twenty percent of mothers with incomes at or below the poverty level report depression prior to pregnancy, significantly higher than the overall rate of 12 percent.

Self-reported depression among Minnesota mothers, prior to pregnancy and postpartum



Note: In 2009, how postpartum depression is measured changed, so data for 2008 and before are not comparable to 2009 and after.

## Parents who participate regularly in Early Childhood Family Education or Head Start parenting education

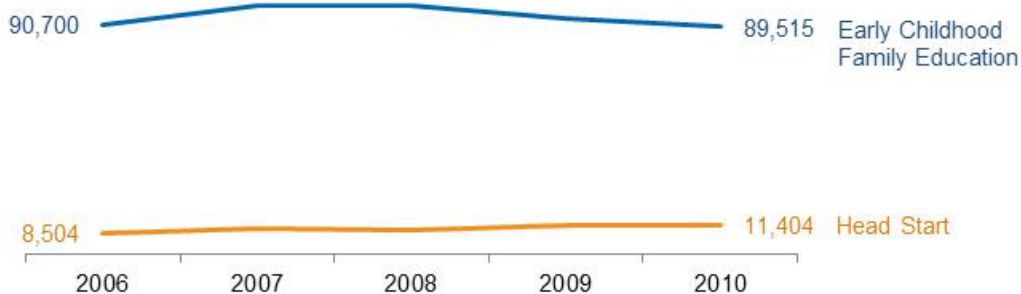
Family engagement and positive parent involvement are critical for a child’s social development and well-being. Early Childhood Family Education (ECFE) and Head Start are two programs that provide parenting education and resources parents may need as they raise their children.

Early Childhood Family Education (ECFE) provides opportunities for parental learning on how children develop, positive parent-child interaction, and peer support. Classes include time for the parent and child to work together on activities and time for a discussion group led by a licensed parent educator.

Head Start engages parents in family well-being and positive parent-child relationships. Head Start provides services for children and parents with poverty-level incomes or those who meet other risk criteria such as homelessness, a parent with a disability or a child with special needs, and foster children with high-risk factors.

**About 90,000 (duplicated) parents participate in ECFE, and about 11,000 parents participate in Head Start parenting education.**

Parents who participate in ECFE or Head Start parenting education



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# Data sources

### Fact sheet #1: Early childhood education profile

Children under age six: U.S. Census Bureau's Intercensal Estimates of the Resident Population by Single Year of Age and Sex for Minnesota. <http://www.census.gov/popest/data/intercensal/state/state2010.html>

Children under age six by race/ethnicity and nativity: Compiled from: Integrated Public Use Microdata Series, American Community Survey (Steven Ruggles, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek. *Integrated Public Use Microdata Series: Version 5.0* [Machine-readable database]. Minneapolis: University of Minnesota, 2010.) and U.S. Census Bureau's Intercensal Estimates of the Resident Population by Single Year of Age and Sex for Minnesota. <http://www.census.gov/popest/data/intercensal/state/state2010.html>

Children under age six in poverty: Compiled from: Integrated Public Use Microdata Series, American Community Survey (Steven Ruggles, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek. *Integrated Public Use Microdata Series: Version 5.0* [Machine-readable database]. Minneapolis: University of Minnesota, 2010.) and U.S. Census Bureau American Community Survey.

Children under age six who live in "severely distressed" localities: U.S. Census Bureau, American Community Survey five-year estimates. "Severely distressed" localities are defined as census tracts that have at least three of the four following characteristics: 1. High poverty rate; 2. High percentage of single-parent families; 3. High percentage of high school dropouts; and, 4. High percentage of working-age males not in labor force. "High" is defined as more than one standard deviation above the mean.

Children under age six by family/household types: Compiled from: Integrated Public Use Microdata Series from the U.S. Census Bureau, American Community Survey.

Number of females (for birth rate calculations): U.S. Census Bureau's Intercensal Estimates of the Resident Population by Single Year of Age and Sex for Minnesota. <http://www.census.gov/popest/data/intercensal/state/state2010.html>

Babies born to mothers by various educational levels: Minnesota Department of Health, MN Vital Statistics Interactive Queries – I.Q. <https://pqc.health.state.mn.us/mhsq/frontPage.jsp>

Births to teens by age: Minnesota Department of Health, MN Vital Statistics Interactive Queries - I.Q. <https://pqc.health.state.mn.us/mhsq/frontPage.jsp>



## Fact sheet #2: Public program access

Children under six receiving services from Early Head Start: Minnesota Department of Education

Children under six receiving services from Head Start: Minnesota Department of Education

Children under six receiving services from School Readiness: Minnesota Department of Education

Children under six receiving services from Early Childhood Family Education (ECFE): Minnesota Department of Education

Children under six receiving services from Early Intervention (Part C): Minnesota Department of Education, Data reports and Analytics. <http://w20.education.state.mn.us/MDEAnalytics/Data.jsp>

Children under six receiving services from Early Childhood Special Education (Part B): Minnesota Department of Education, Data reports and Analytics. <http://w20.education.state.mn.us/MDEAnalytics/Data.jsp>

Marks, K. (2013). National inequities in early intervention services. *Pediatric News, digital network*.

Percentage of three-and four- year olds in early care and education providers and programs with documented evidence as effective – i.e., receiving a three or four star high quality rating in Parent Aware or accredited: Minnesota Department of Human Services

Children under six receiving services from Home Visiting: Minnesota Department of Health

Children under six receiving services from WIC (Women, Infants, and Children): Minnesota Department of Health

Children under six receiving services from Minnesota Health Care Programs: Minnesota Department of Human Services

Children under six receiving services from Minnesota Family Investment Plan: Minnesota Department of Human Services

Children under six receiving services from Child Care Assistance Program: Minnesota Department of Human Services. These are Federal Fiscal Year figures.

Children under six receiving out-of-home services from Foster Care: Minnesota Department of Human Services

### **Fact sheet #3: Early care and education services and systems**

Three-year-old children who received an early childhood health and development screening: Minnesota Department of Education, Data reports and Analytics. Population estimates from US Census Bureau's Intercensal Estimates of the Resident Population by Single Year of Age and Sex for Minnesota.

<http://w20.education.state.mn.us/MDEAnalytics/Data.jsp>

<http://www.census.gov/popest/data/intercensal/state/state2010.html>

Income-eligible children who participate in Early Head Start, Head Start, or School Readiness: Minnesota Department of Education and Integrated Public Use Microdata Series, American Community Survey (Steven Ruggles, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek. *Integrated Public Use Microdata Series: Version 5.0* [Machine-readable database]. Minneapolis: University of Minnesota, 2010.)

Children under six receiving services from Child Care Assistance Program: Minnesota Department of Human Services.

Early care and education providers and programs with documented evidence as high quality – defined as receiving a three or four star high quality rating in Parent Aware or accredited or a licensed family child care provider with adequate degrees or credentials to qualify for a higher CCAP reimbursement rate: Minnesota Department of Human Services

### **Fact sheet #4: Early childhood educational preparation and outcomes**

Children demonstrating readiness at kindergarten entrance (new overall 75 percent proficiency standard): Minnesota Department of Education (2011). Minnesota School Readiness Study: Developmental Assessment at Kindergarten Entrance

Children demonstrating proficiency at kindergarten entrance in these three domains: language and literacy, mathematical thinking, and personal and social development: Minnesota Department of Education (2011). Minnesota School Readiness Study: Developmental Assessment at Kindergarten Entrance

Children birth to age two (Part C) who show greater than expected growth: U.S. Department of Education <http://www2.ed.gov/fund/data/report/idea/partcspap/allyears.html#mn>;

Children ages three to five (Part B) who show greater than expected growth for each outcome area: U.S. Department of Education <http://www2.ed.gov/fund/data/report/idea/partbspap/allyears.html#mn>

Children birth to age two who exit the program functioning at age expectations for knowledge, skills, and social relationships: U.S. Department of Education <http://www2.ed.gov/fund/data/report/idea/partbspap/allyears.html#mn>

Children ages three to five exit the program within age expectations for knowledge, skills, and taking action to meet needs: U.S. Department of Education <http://www2.ed.gov/fund/data/report/idea/partbspap/allyears.html#mn>

## Fact sheet #5: Health services and systems and healthy development

Births where mother received adequate or better prenatal care: GINDEX, Minnesota Department of Health

Babies born at healthy birth weight (all births): Minnesota Department of Health, Center for Health Statistics, MN Vital Statistics Interactive Queries <https://pqc.health.state.mn.us/mhsq/frontPage.jsp>

Children birth to age five, by age, who received preventive health and dental check-ups: Minnesota Department of Human Services

Minnesota children who are up to date on immunization: Estimated vaccination coverage with individual vaccines and selected vaccination series among children 19-35 months of age by state and local area. National Immunization Survey 4:3:1:3:3:1 series. <http://www.cdc.gov/vaccines/stats-surv/imz-coverage.htm>. This series includes 4 or more doses of DTaP, three or more doses of poliovirus vaccine, one or more doses of any MMR, primary series of Hib ( $\geq 2$  or  $\geq 3$  doses of Haemophilus influenzae type b vaccine depending on product type received), 3 or more doses of HepB, and 1 or more doses of varicella.

Reported abuse and neglect among children birth to age five, by age: Minnesota Department of Health, MN Vital Statistics Interactive Queries - I.Q. <https://pqc.health.state.mn.us/mhsq/frontPage.jsp>

## Fact sheet #6: Supported families

Children under age six living in families at various poverty intervals: Integrated Public Use Microdata Series, American Community Survey (Compiled from: Integrated Public Use Microdata Series, American Community Survey (Steven Ruggles, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek. *Integrated Public Use Microdata Series: Version 5.0* [Machine-readable database]. Minneapolis: University of Minnesota, 2010.)

New mothers who report frequent postpartum depressive symptoms: Minnesota Pregnancy Risk Assessment Monitoring System (PRAMS), Minnesota Department of Health, Division of Community and Family Health, Maternal and Child Health. Data was made possible by grant number IU01DP003117-01 from the Centers for Disease Control and Prevention.

Parents who participate regularly in ECFE or Head Start parenting education: Minnesota Department of Education

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451 Lexington Parkway North  
Saint Paul, Minnesota 55104  
651-280-2700  
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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](mailto:richard.chase@wilder.org).

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