



Promising Practices Supporting Early Childhood Transitions in Wisconsin: Eight Case Studies

For the Wisconsin Department of Children
and Families

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Center for Community
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Background

Early childhood, generally defined as the period from before birth to age 8, is a critical time for children's growth and development as the experiences of early childhood have a pivotal impact on how they learn, build relationships, and prepare for future experiences (American Academy of Pediatrics, 2023; Wisconsin Department of Children and Families, 2023; Wisconsin Department of Public Instruction, 2023b). Early childhood *transitions* are the events, activities, and processes associated with key changes in lived environments (e.g., school, home, and neighborhood) during the early childhood years (Head Start Early Childhood Learning and Knowledge Center, 2022). It is well understood that the transitions children experience early on are influential and that the transition in particular from early care to formal schooling can be difficult for some children (Jiang et al., 2021; Rimm-Kaufman & Pianta, 2000; Rimm-Kaufman et al., 2000; Vogler et al., 2008). Challenges incorporate aspects of academic functioning, social functioning, and behavioral functioning, and are often more difficult for boys or those with disabilities (Jiang et al., 2021; Rimm-Kaufman et al., 2000). The organizations and professionals involved in these transitions also experience challenges, such as barriers to communication and collaboration among educators, administrative issues, and varied policies related to enrollment practices and school choice (Early et al., 2001; Purtell et al., 2020).

According to the PDG 2022 Needs Assessment, Wisconsin has a history of successful collaborations that build a foundation for supporting transitions for children moving from the early care and education (ECE) system to the school system (Rahn et al., 2022). This strong foundation includes statewide standards and agreements between ECE providers and school districts. It also includes the 4K Community Approach (4KCA), which provides universal 4-year-old kindergarten (4K) through community-school partnerships that have a common goal of education and care for children. This allows children to remain in the same center for child care and 4-year-old kindergarten (4K), supporting children during the transition from ECE to 4K. However, there are still many challenges in Wisconsin related to the ECE-school transition. In addition to a lack of program alignment between the ECE system and the school system, the PDG Needs Assessment cites a lack of knowledge of child development among ECE professionals, teachers, and families; a lack of sharing of information and data across programs; and poor communication between ECE providers and school systems. In addition, children and families often struggle with issues such as basic needs, language and cultural barriers, and the need for greater special education resources, all of which impact children's school transitions, learning, development, and overall well-being.

Beyond transitions to formal schooling, there are many other transitions that young children and families go through, both daily (e.g. home-to-child care setting) and as thresholds or events that happen at particular time periods (e.g. the move to formal schooling) (Vogler et al., 2008). These can include transitions such as geographic moves, new family additions or changes in family make-up, alterations in income, changes in health care, or other significant shifts, all of which may influence the health and development of young children. Beyond ECE to kindergarten, the majority of these transitions have not been examined in Wisconsin. There is a need for a greater understanding of them, including what challenges successful transitions and what supports them.

In the fall of 2022, the Wisconsin Department of Children and Families (DCF) contracted with the Co-Create team of the University of Wisconsin-Madison Center for Community and Nonprofit Studies (the CommNS) on the Early Childhood Transitions Project. The project seeks to understand how communities can better support families as they navigate various transitions in the early years (prenatal through age 8) by learning from promising practices and well-aligned systems for transitions in Wisconsin. The project was funded by the Preschool Development Grant (PDG), a federal grant that supports Wisconsin in improving early childhood outcomes in a comprehensive, equity-focused manner for the state's most vulnerable, underserved, and rural populations.

The CommNS & Co-Create

The Center for Community and Nonprofit Studies (The CommNS) is a hub for faculty, students, and community partners to collaborate on research, practice, and evaluation that examines the well-being of communities and the civic and nonprofit sectors. Co-Create is an initiative within the CommNS in which staff and student researchers design and carry out applied research and evaluation projects to advance the missions of nonprofit organizations, community groups, government agencies, and other social actors. With an orientation to partnership and applying results to inform important and timely issues, the following key assumptions inform all Co-Create projects:

- ❖ A ***participatory process*** that engages key stakeholders is valuable for ensuring the quality of information and the utility of results.
- ❖ ***Those who are closest to the problem*** – for example, community members with lived experience and service providers – ***hold essential information*** about problems and solutions and, thus, are key stakeholders to be engaged.
- ❖ Applied interests can be best met through the ***integration of formalized sources of information*** (e.g., administrative records) ***and non-formalized sources*** (e.g., generative conversations).
- ❖ Utilizing and ***building from the existing assets of a group*** – including the people, processes, practices, and resources already in place – ensures an approach that is highly valuable, engaging, and practical.

- ❖ An *iterative process* that identifies and answers questions in incremental cycles of inquiry and application enhances the quality, utility, and timeliness of results.
- ❖ And, the *interweaving of a critical lens* supports the identification and addressing of considerations of power and justice as they influence each project and the contexts in which it sits.

What We Know About Early Childhood Transitions

From Early Care to School

Over recent decades much emphasis has been placed on the importance of the transition from early care to kindergarten (Boyle et al., 2018; Vogler et al., 2008). As such, schools have made efforts to understand and implement successful transition programs, activities, and initiatives including making early connections with families, providing informational meetings, or implementing collaborative programs that include connections between ECE and school educators (Boyle et al., 2018; Early et al., 2001; Little et al., 2016; Purtell et al., 2020). The Wisconsin Department of Public Instruction (DPI) describes the optimal kindergarten transition as “a comprehensive process that engages families, community members and schools to ensure a continuum of educational supports/services are provided to children and families” (Wisconsin Department of Public Instruction, 2023a).

DPI uses Developmentally Appropriate Practices (DAP) to guide the creation of the optimal transition process for children in early care transitioning into the school system. This framework was put forward by the National Association for the Education of Young Children (NAEYC) and seeks to build a foundation for equitable opportunities for children and families. DAP takes into account a number of ecological considerations that affect children’s well-being (National Association for the Education of Young Children, 2021), including:

1. *Commonality* — Current research and understandings of processes of child development and learning that apply to all children, including the understanding that all development and learning occur within specific social, cultural, linguistic, and historical contexts.
2. *Individuality* — The characteristics and experiences unique to each child, within the context of their family and community, that have implications for how best to support their development and learning.
3. *Context* — Everything discernible about the social and cultural contexts for each child, each educator, and the program as a whole.

While the DAP framework works well as a foundation for kindergarten transitions, it also highlights the importance of the social, cultural, and societal environments that surround children and families. It suggests an ecological approach to the concept of early childhood transitions, which understands that there are multiple levels of influence on children’s well-being and transition experiences, including relationships with family members, interactions within their community, and societal and environmental influences (Boyle et al., 2018; Rimm-Kaufman & Pianta, 2000). Figure 1 illustrates this ecological model as related to the transition to school.

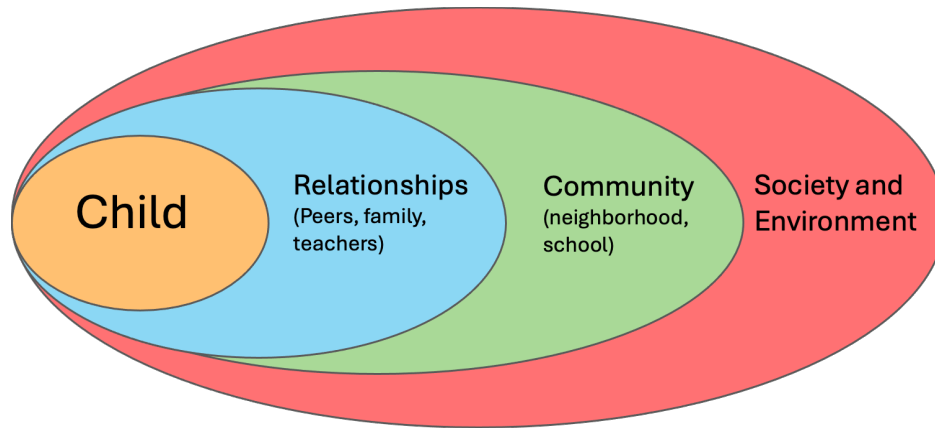


Figure 1.

First 10 is one ECE-to-school program and service model that takes an ecological approach. In First 10 initiatives, school districts, elementary schools, ECE programs, and community agencies work together to build collaborative systems of support for young children and their families (Jacobsen, 2019). They do this through elementary schools that serve as neighborhood hubs, along with school district and community partnerships. While the initiative is not yet in Wisconsin, First 10 has more than 60 community partnerships in multiple states (Swartz, 2023). First 10 approaches include families as partners in their process and also maintain a focus on comprehensive health and social services for children. We discuss First 10 initiatives more in the *What it Means* section.

From Hospital to Home

In addition to ECE to kindergarten transitions, other transition-related initiatives have been studied. Hospital to home transitions include the prenatal period through birth, when new babies are born. This time is an important and often stressful transition time for families as they navigate bringing a new addition into the household. Welcome Baby programs are home visiting programs designed to support families with newborns through first hospital and then home visits. In some cases, these have been found to have positive impacts including more positive parenting practices, higher levels of breastfeeding, improved maternal mood, better infant development, and safer sleep environments (Benzies et al., 2021; Hunter et al., 2020).

Support for Children with Disabilities

Children with disabilities and their families often experience greater need for support in early childhood transitions. First, the process of identifying and coming to understand the particular needs of their child presents a transition experience that other families do not go through. This may include interaction with various medical and other professionals for tests, diagnoses, and treatments, as well as navigating the needs of parents for informational, logistical, emotional and peer support. Additionally, as children receive different programs, services, and treatments, children and families experience transitions through them as children grow and needs change.

For example, many children with disabilities participate in publicly-funded early intervention programs, Birth to Three programs, for young children with developmental delays or long-term disabilities. These early intervention programs have shown positive outcomes for children and their families, including parents feeling better able to care for their children, advocate for services, and gain access to resources (Bailey et al., 2005; Ziviani et al., 2010). Birth to Three programs include targeted efforts to transition children and their families to receiving services from the local public school district when children turn age 3.

Support for Immigrant and Refugee Families

Immigrant and refugee populations often face unique challenges and needs when transitioning to life in a new country. These families, sometimes called “newcomers” in educational settings, may be welcomed through newcomer programs in school districts, as well as through targeted programming through Head Start and Early Head Start (Park & McHugh, 2014). Although these programs are not homogeneous in their practices, newcomer programs are generally intended to meet the linguistic, social, cultural, emotional, physical, and academic needs of these students and families (U.S. Department of Education, Office of English Language Acquisition, 2023; WETA, 2016).

In transitioning to a new country, and between early childhood services and school, immigrant and refugee families have been shown to benefit from social networks as well as meaningful relationships with service providers, including effective communication (Beasley et al., 2022; Brown et al., 2020). However, despite federal guidelines requiring that Head Start and Early Head Start programming be culturally relevant to the communities and families served locally, program budgets and low accountability often limit the ways in which programs are actually tailored to these populations. In elementary schools, newcomer programs do not always exist and can vary in terms of the scope of services, with many school administrators arguing they are limited by funding and lack of professional training (Umansky et al., 2020).

Broad Support and Service Navigation

In addition to services that target specific transitions like those above, other efforts are designed to provide broad and flexible support for families, such as home visiting programs and service navigator programs. Home visiting programs are well-established in many communities and can serve many types of families with young children, but often target underserved families or those having their first child. The programs connect expectant parents or parents of young children with trained specialists (e.g. nurses, social workers) who offer support in child development, learning, and parenting skills. There is evidence that home visiting programs are effective, having positive effects on parenting behavior, attitudes, and other maternal and child physical and psychosocial health outcomes (Molloy, et al., 2021; Sweet and Appelbaum, 2004).

Health navigators and community navigators, where available, can also offer support to families, helping them to traverse and understand their health care options, community resources, or social services.

Navigator programs often include a focus on serving specific linguistic or cultural communities, including immigrant and refugee communities. Health navigators have been found to be of particular use to underserved populations by reducing inequities associated with language or cultural barriers (Natale-Pereira, 2011).

What We Do Not Know

There are a number of transitions that families experience in early childhood that have not received much examination. These include geographic moves, additions of new children to the family or other changes in family make-up, increases or decreases in family income, changes in childcare hours or providers, changes in health care services or providers, adjustments related to unexpected personal crises, or other shifts. There is little research or understanding of what these kinds of transitions entail, how families experience them, or what kinds of efforts would support families through these transitions.

There are also some existing efforts that would seem to support families experiencing transitions but have not been examined as such. For example, co-located social services are a model for providing health and human services to families and individuals all under one roof. There is some evidence that co-locating welfare services in health care settings has benefits for service recipients, but little is known about how co-located services support families, especially through times of transition (Reece et al., 2022; Vinokur-Kaplan & McBeath, 2014).

Approach

Given these various gaps in knowledge related to early childhood transitions and how to support families through them, the CommNS Co-Create team planned a two-phase process of discovery to uncover notable efforts here in Wisconsin and their lessons. The design for these two phases drew upon key assumptions of the CommNS Co-Create approach, such as the value of learning from those closest to the issue, and incorporated intentional points for review and collaboration with DCF partners and an advisory group to refine our approach. The first phase focused on understanding the transitions experiences of families, including perceived challenges and valued support. The second phase then built from the first phase to identify and then examine in-depth eight case studies of Wisconsin organizations and groups that support families well through early childhood transitions.

Guiding Questions

The CommNS Co-Create team specified the following questions to answer through this process:

- *What are the transition experiences of families in early childhood?*
 - *What challenges do families face when navigating transitions?*
 - *What supports are helpful to families when navigating transitions?*
- *What kinds of initiatives (efforts or programs of organizations and groups) exist in Wisconsin to support families in early childhood transitions?*
 - *What challenges do transition initiatives face when supporting families?*

- *What helps or strengthens transition initiatives when supporting families?*
- *What are the promising practices across these initiatives for helping families navigate transitions?*
 - *How were these initiatives developed and sustained?*
 - *What are the most important features or key activities of these promising practices?*

Institutional Review Board Approval

The CommNS Co-Create team submitted the project protocol to the UW-Madison Education and Social Behavioral Science Institutional Review Board. The Institutional Review Board recognized this process to be most aligned with an evaluation project, as we sought to identify lessons from existing initiatives that support transitions. As such, the team completed the Quality Improvement and Program Evaluation self-certification. Throughout the project, the team followed guidelines for protecting human subjects and gained oral consent from participants before each interview or focus group.

What We Did

Phase 1: Understanding Families' Experiences of Transitions

In the first phase we sought to understand the experiences of families in early childhood transitions, characterizing the kinds of transitions they experienced as well as challenges and valued support. To do this, we gathered information from three different groups: parents/caregivers of young children, regional service providers working in fields related to early childhood, and members of state-level agencies or organizations focused on children and families.

Parent/Caregiver Equity Advisory Cabinet Interviews

Early in the process, we collaborated with DCF to gather information from members of their Parent/Caregiver Equity Advisory Cabinet (PCEAC) about their direct experiences of early childhood transitions. The PCEAC is a lived experience group convened by DCF to ensure that the state's early childhood programs, policies, and services address the daily challenges facing families with children ages 0-5 and their caregivers. The CommNS Co-Create team developed interview questions and seven PCEAC members were interviewed by members of our team or DCF coaches. (See Appendix 1 for the interview questions.) In these interviews, PCEAC members described the range of transitions they experienced in the early childhood years and their experiences when navigating these transitions, including challenges they encountered and support they received. Based on these accounts, we developed an initial list of the kinds of early childhood transitions experienced and associated challenges and support. Over the course of the project, we returned to and refined this list as we gathered additional accounts from service providers and families connected to the case studies.

Direct Service Providers Meeting

To complement the information gathered from the PCEAC members, we next convened a statewide meeting of Wisconsin direct service providers and other professionals engaged with young children and their families. The meeting was held January 31, 2023 and 73 individuals participated, representing organizations and agencies in rural, urban, and suburban communities across the state. Participants were offered compensation in the form of \$25 e-gift cards. In the meeting we had a goal of learning professionals' perspectives of (1) what families need as they navigate transitions from the prenatal period through their child's 3rd grade year, (2) how programs can better support families during these transitions, and (3) promising practices for supporting transitions that they recognized in their communities. We gathered additional insights through an online form from direct service providers who could not attend the meeting. We used this information to further develop our understanding of the transitions experiences of families with young children and to craft our initial list of possible promising practices for supporting families in early childhood transitions.

Project Advisory Workgroup

To further guide our work in this phase as well as in the second phase, we convened a project advisory workgroup of fourteen advisors. We invited eleven members from early childhood-related organizations who had attended the Direct Service Providers meeting. In a feedback form at the meeting these individuals had indicated interest in continuing their involvement and provided select information that helped us to recruit participants reflecting a range of professional and lived experiences and diversity in backgrounds. Additionally, we invited three representatives of state-level organizations and departments including the Department of Public Instruction, the Child Abuse and Neglect Prevention Board, and the United Way of Wisconsin that were recommended by DCF partners. We offered compensation for workgroup members in the form of \$100 e-gift cards for each meeting. (For the full membership list see Appendix 2.)

We convened the workgroup three times over the course of the project to reflect and offer feedback at key stages of our work, including:

- Supporting ongoing revision of the list of promising practices
- Reviewing and refining our data collection methods for the case studies
- Suggesting potential case studies and reviewing the final set
- Developing actionable lessons for programs, organizations, and community initiatives to better support early childhood transitions
- Proposing next steps based on what was learned for DCF and other stakeholders

Transition-related Challenges that Families Experience

During our conversations with the Parent/Caregiver Equity Advisory Cabinet, direct service providers, and the project advisory workgroup, we gathered information on the challenges families may experience in connection with early childhood transitions.

The different perspectives present in these groups allowed us to compile an extensive list, which we then refined into broader themes. The most salient challenges we identified were the following:

- Barriers to access, such as eligibility requirements or lack of transportation
- Knowing what services are available, including the challenge of identifying information sources
- Care for children with disabilities or other needs, such as finding screening and diagnostic providers
- Linguistic and cultural barriers, including the lack of interpreters and translated materials
- Lack of trust in providers and services
- Additional stress and stressors, including basic needs, substance use, and mental health concerns

Initial List of Early Childhood Transitions Promising Practices

From this iterative process in the first phase that included interviews with PCEAC members, information gathered from professionals in the Direct Service Providers Meeting, and engagement with the Project Advisory Workgroup, we prepared an initial list of 11 promising practices for supporting early childhood transitions. This initial list informed our identification and selection of case studies that would enable us to further examine how varied initiatives support families' transitions.

Initial List of Early Childhood Transitions Promising Practices (see Appendix 3 for definitions)

1. Coalitions, networks, and formalized collaborations
2. Formal efforts of key institutions (e.g., schools) to support transitions
3. Co-located services
4. Community navigator programs and positions
5. Culturally specific organizations and programs
6. Hubs for information and/or collaboration
7. “Warm,” “walking with,” or other focused referral efforts
8. Staff with lived experiences, peer support
9. Informal relationships – across organizations, with families
10. Consistent funding – for families or organizations
11. Accessible information and education for families

Phase 2: Case Studies

In the second phase, we conducted a series of case studies to uncover and better understand promising practices for transitions among initiatives in Wisconsin. Guided by our learning in the first phase, we maintained a broad view of transitions, not only including school- and childcare-related transitions, but also health care transitions, geographic transitions, adjusting to changes in the family, and other changes that families with young children experience.

We selected case studies based on the initial list of promising practices and information gathered at the Direct Service Providers Meeting and from the Project Advisory Workgroup about initiatives doing work related to transitions around the state. Our selection process included two potential case studies that could not be completed as representatives declined participation due to limited capacity to participate.

We completed eight final case studies, as listed in Table 1. In the following sections, we introduce each case study briefly and then examine and discuss the lessons that the case studies provide as a group. For detailed descriptions of each case study see Appendix 10.

Table 1: *Case study sites.*

	Case Study	Wisconsin Location
1	First 5 Fox Valley	Outagamie, Calumet and Winnebago Counties
2	Collaboration to support families with housing insecurity in Dane County	Dane County
3	Family Resource Center St. Croix Valley	Pierce, Polk and St. Croix Counties
4	Milwaukee Community Schools Partnership	City of Milwaukee
5	Oshkosh ESOL Services for Students with Refugee Backgrounds	City of Oshkosh
6	Waadookodaading Ojibwe Language Institute	Lac Courte Oreilles Reservation, Sawyer County
7	Wausau Community Partners Campus	City of Wausau
8	Progressive Beginnings Therapy Clinic	City of Sheboygan, surrounding areas in Sheboygan County

Case Study Data Collection

To craft a comprehensive and revealing examination, case studies incorporate multiple sources of complementary data (Yin, 2017). For these case studies, we incorporated data from interviews, focus groups, surveys, and document review. For each case study, we conducted one or more interviews with leaders of the initiative such as organization directors, program leads, or founding members. Additionally, we conducted one or more focus groups with staff, board members, advisory group members, or other key stakeholders who were involved in the effort. (See Appendices 4 and 5 for interview and focus group questions.) We sought further information on each initiative through a review of documents or data provided by initiative leads. Interviews and focus groups took place through Zoom or in person and were 45-60 minutes in length. We conducted a total of 34 interviews and 7 focus groups over the course of the project. We offered participants compensation of \$25 e-gift cards.

To provide context for each case study, we then identified and conducted interviews with several key informants in each county or surrounding location of the initiative (see Appendix 6 for key informant interview questions). We asked these key informants to speak to the pressing issues families were experiencing in their communities as well as their observations related to early childhood transitions. Key informants included representatives of county public health agencies, Extension county offices, healthcare providers, school district staff, librarians, and home visiting professionals. In addition, members of the CommNS Co-Create team made on-site visits to five case study communities for observation opportunities and in-person interviews.

Finally, for some case studies, we also collected information directly from families through an online survey (see Appendix 7 for survey questions). This survey asked families about their transition experiences, including challenges and supports, and sought to offer opportunity to further refine and ground our understanding of families' direct experiences.

Case Study Analysis

After completing the interviews and focus groups and preparing transcripts from their audio-recordings, the CommNS Co-Create team met over a period of two months to analyze case study results. We began with thematic coding, looking for common themes within case studies. From our initial codes and review of our guiding questions, we developed a codebook for further deductive analysis. Each team member analyzed a set of assigned case studies using these codes with intentional overlap so that all case studies were analyzed by at least three team members. We discussed our coding as we proceeded and sought to come to consensus when team members viewed cases differently. We then shifted our analytic approach to reincorporate inductive coding for any additional themes. This process yielded a final set of themes, presented below.

As with all qualitative inquiry, we want to note two important considerations:

1. Qualitative inquiry is conducted by people and each team member brings their own ideas, experience, and subjectivity to the project. While the systematic practices of qualitative data collection and analysis and a thoughtfully recruited and engaged research team with varied experiences enhance the validity of the inquiry and its results, this report presents our best understanding, not objective "truth."
2. Coding and the presentation of themes involve a portrayed simplification of lived experience. As such, it is important to recognize that interviewees and the initiatives they are involved in are more complicated than what is presented here. No family can represent the entirety of transition experiences nor can any one initiative speak to the entirety of efforts that support transitions.

Case Studies

We discuss eight case studies in this report:

First 5 Fox Valley

With services and support primarily located in Outagamie, Calumet, and Winnebago Counties, First 5 Fox Valley implements the national Help Me Grow model to connect children and caregivers to the services they need in their community through health care navigators, developmental screenings, and a resource directory. First 5 Fox Valley supports this ongoing work by developing relationships with providers in the community and using ongoing data collection to evaluate for gaps and improvements.

Collaboration to support families with housing insecurity in Dane County

We focused on five partners among an informal coalition of organizations who work with families experiencing homelessness in Madison and Dane County, including Reach Dane, the Madison Metropolitan School District (MMSD) Transition Education Program, The Road Home, YWCA Third Street program, and JustDane. These groups support families in multiple ways, including providing housing and referrals, offering support that helps students stay in school, providing child care, and offering medical care to those who are giving birth. All the organizations have a common orientation toward respecting and caring for families with dignity.

Family Resource Center St. Croix Valley

Serving Pierce, Polk, and St. Croix counties, this family resource center provides home visiting services and a Welcome Baby program at five rural hospitals. The center's programs and staff support families by responding to their various needs and priorities, removing barriers that keep them from accessing services, and offering information and education.

Milwaukee Community Schools Partnership

The Milwaukee Community Schools Partnership is a formal collaboration between the United Way of Greater Milwaukee and Waukesha County, Milwaukee Public Schools, and the Milwaukee Teachers Education Association. The partnership uses a school transformation model that involves shared leadership, equity, and cultural relevance to support families, school staff, and community partners. These groups work together toward student success in sixteen Milwaukee schools.

Oshkosh ESOL Services for Students with Refugee Backgrounds

The Oshkosh ESOL (English for Speakers of Other Languages) program supports students with refugee backgrounds by providing language classes and targeted mentorship to students. The program builds community through outreach to refugee families as they arrive in the Oshkosh area, along with summer programming and other engagement activities.

Waadookodaading Ojibwe Language Institute

Located in Sawyer County on the Lac Courte Oreilles reservation, the Waadookodaading Ojibwe Language Institute is a kindergarten-through-Grade 9 Ojibwe language immersion school that is designed to support the whole child and by extension, their families and community. They offer an all-Ojibwe curriculum to develop proficient speakers of the language. The school has a goal of supporting tribal sovereignty by incorporating cultural, spiritual, and other activities into the day-to-day programming of the school.

Community Partners Campus

The Community Partners Campus in Wausau removes barriers for families by co-locating needed services under one roof. They focus on addressing basic needs and offering medical and mental health care in one location. The campus not only allows families to more easily access care, but encourages organizations to collaborate on referrals and forms of informal support. Co-location also offers organizations cost savings that enable them to focus more on providing direct services.

Progressive Beginnings Therapy Clinic

Progressive Beginnings smooths the transition from Birth-to-Three early intervention services to school services for children with disabilities, with a specific emphasis on developmental changes that children go through. Their services offer an alternative or supplement to school-based services, providing another place that parents can come to for assistance. Staff also assist families in finding and accessing other local services that may benefit them.

What We Found

Promising Practices: How Initiatives Support Transitions

Through Phase 1 and 2 of this project, we learned of the transition-related needs and challenges that families experience in early childhood. We also learned of the ways in which organizations or initiatives respond to those needs. Our analysis of the case studies examined this relationship: the needs or challenges that families experience as they associate with the responses or promising practices of initiatives that support transitions. Table 2 summarizes the results and lists case study examples that exemplify each promising practice. It is important to note that all the case studies demonstrated multiple promising practices, often working together.

Table 2: *Transition needs as they relate to promising practices.*

<i>Transition need or challenge</i>	<i>Promising practice</i>	<i>Case study example</i>
Barriers to access	(1) Make things easier by removing barriers (2) Leverage institutional roles	(1) Family Resource Center St. Croix Valley (2) Milwaukee Community Schools Partnership

<i>Transition need or challenge</i>	<i>Promising practice</i>	<i>Case study example</i>
Knowing what services are available	(3) Make seamless connections between services	(3) First 5 Fox Valley
Care for children with disabilities or other needs	(4) Meet the health and learning needs of the child	(4) Progressive Beginnings Therapy Clinic
Linguistic and cultural barriers	(5) Make programs and services linguistically and culturally responsive	(5) Waadookodaading Ojibwe Language Institute
Lack of trust	(6) Affirm families' dignity, agency, and choice (7) Build community among families	(6) Collaboration to support families with housing insecurity in Dane County (7) Oshkosh ESOL Services for Students with Refugee Backgrounds
Additional stress and stressors	(8) Address basic needs and support families with substance use, mental health, or other concerns	(8) Community Partners Campus

In analyzing our case studies we identified eight promising practices of initiatives that positively support families' transitions:

1) Make things easier by removing barriers. Families experience many barriers to accessing services and removing those barriers is an important way that initiatives can make it easier to receive support. Participants noted barriers including lack of transportation or child care, not meeting eligibility requirements, lack of money, housing insecurity, rural isolation, and lack of internet access. Families in rural areas and those of low socioeconomic status or those receiving social services were more likely to experience these barriers. We found that organizations and initiatives that support transitions address barriers like these in multiple ways. For example, many programs and services offered by the initiatives are free, which addresses the barrier of cost. They may create hubs for information, for example through online resource lists or through knowledgeable navigators who can offer help with accessing information.

This may include offering multiple ways to access information. For example, Family Resource Center (FRC) St. Croix Valley provides home visiting services in a three-county area. FRC's home visitors are flexible with scheduling and willing to meet with families in the home or in public spaces where they feel more comfortable, often driving many miles to meet with rural parents. They also have a Welcome Baby program in five hospitals and provide parenting classes and family engagement events in various locations. Together, these efforts offer multiple opportunities for families to access information or support.

I would say any of us have anywhere from five to seven home visits a week...there's the travel, on average if you were just to go to a home visit and back, it's about a half hour drive time one way. And then we also offer group connections...Monday through Friday, we have five hospitals, we're split amongst the staff to contact and if there's anybody that has delivered a baby since we were last there, we go and visit them and present our information. – FRC St. Croix Valley home visitor

Another example of a way to increase access is through co-located services, where multiple nonprofit organizations are housed at one location. The Community Partners Campus in Wausau, exemplifies this with a food pantry, diaper bank, medical care, and other human services organizations all located in one building. To increase accessibility, the building is on a bus line. The co-location arrangement not only provides greater access for families, but also facilitates greater collaboration and communication between organizations.

2) Leverage institutional roles. Another way to help remove barriers is for initiatives to leverage the roles of institutions that already interact with young children and families. For example, schools, hospitals, and clinics all see children and families on a regular basis, as do other organizations such as ECE providers and Head Start. These existing interactions and relationships provide a strong opportunity for creating or enhancing transition-related initiatives.

The Milwaukee Community Schools Partnership exemplifies this kind of effort. As a formal collaboration between Milwaukee Public Schools, United Way of Greater Milwaukee and Waukesha County, and the Milwaukee Teachers Education Association, the partnership has implemented a strategy to transform a school into a place where educators, community members, families, and students work together to create conditions where students will thrive. The partnership works with sixteen different schools, offering varied services at each school including health screenings, family engagement, and academic supports. In addition, through a U.S. Department of Education grant, the partnership hired a coordinator in three schools who works with local ECE centers to provide targeted information and support in the transition from child care to school. Committees in each school bring together Head Start, ECE, and kindergarten teachers on a regular basis to support a smoother transition for neighborhood children starting kindergarten.

We have been able to add Bridges committees to our schools, where those three schools have committees of Head Start, kindergarten, 3k, and 4k. Five teachers meet on a regular basis and provide information to our Bridges coordinator. She has a monthly newsletter that she provides to daycare centers that has information on the particular school that's the closest to their daycare center. She also has been able to host tables at the schools' open houses. So when there's open house time for potential students, she promotes those daycare centers and has a table to provide resources and information to families as well. – Milwaukee Community Schools Partnership staff member

Another example of leveraging institutional roles are Welcome Baby programs, which connect home visitors with parents of newborns when they are still at the hospital. Welcome Baby efforts are voluntary programs for families who are expecting or have just given birth. Home visitors work with families to support them during pregnancy and the postpartum period and to build parenting skills and parent-child relationships. Both First 5 Fox Valley and FRC St. Croix Valley meet new families at the hospital to offer Welcome Baby programs and to introduce new parents to home visiting services.

3) Make seamless connections between services. Participating families often reported challenges knowing what services were available and how to connect with them. This burden can be eased when initiatives help families understand what services are available and assist in making connections. First 5 Fox Valley does this through implementation of the Help Me Grow model, in which family resource navigators embedded in local organizations meet with families, offer developmental screenings, and help connect families to other services. Family resource navigators have access to an up-to-date resource directory and a referral database and can follow-up with families. The program is open to all children and navigators work to meet families wherever they are engaged, whether at schools, early intervention (Birth to Three) programs, or other organizations.

The Milwaukee Community Schools Partnership is another example of making seamless connections, in this case the school brings in organizations to offer services to students and families directly. Each of the 16 schools in the partnership has a community schools coordinator, employed by a partnering community organization, to provide their resources or services to the school and to seek out and secure other organizational offerings. For example, a local health clinic hired three community schools coordinators to add a community health clinic to one of the schools. At another school a doctor and registered nurse come in to perform physicals for students.

4) Meet the health and learning needs of the child. Families often need support services for children with disabilities or those needing specialized medical care. Initiatives that support transitions well do not assume that children and families are the same but rather look for and respond to the unique needs of the child and family. Progressive Beginnings Therapy Clinic is one such organization. The clinic was created as a response to the gap between early intervention (Birth to Three) services and school services for children with disabilities or chronic health conditions and specializes in physical and occupational therapy services for children.

Progressive Beginnings smooths the transition to school-based services for children and places specific emphasis on developmental transitions. They support families in their understanding of their children's developmental needs and in identifying and navigating useful community resources. They regularly make referrals to Birth to Three services, medical clinics, and school-based services. The clinic offers in-person developmental screenings as well as online developmental checklists for parents. In this way Progressive Beginnings strives to educate and meet the needs of families who may not be ready to bring their children in for services, but who recognize the need to better understand their child's development.

We do offer developmental screenings that are held in our clinic twice a month that are free to the surrounding communities...and again, seeing the need [of the parents] that you don't know what you don't know, and just being able to fill that void with some kind of knowledge and resource is really important. – Progressive Beginnings staff member

5) Make programs and services linguistically and culturally responsive. Families experiencing transitions may face barriers related to linguistic and cultural differences. Families may not understand what is available to them if it is not in a language they speak or read and they may not be able to communicate their needs or information. They may not feel comfortable when interacting with providers, being in environments that do not reflect their own culture, or when receiving services that are not culturally appropriate. Providing services and environments that are linguistically and culturally responsive to families' needs can happen multiple ways, like providing translation services or making sure that those with lived experience are on the staff of organizations.

Waadookodaading Ojibwe Language Institute is a tribal immersion school in northwestern Wisconsin that exemplifies the mission of providing a culturally and linguistically responsive environment for children and their families. Offering kindergarten through Grade 9, all teachers and staff speak Ojibwe and students participate in activities designed to help preserve language and culture. In addition to providing culturally- and linguistically-relevant programs and services, the institute builds community with families alongside a strong sense of cultural identity. Waadookodaading also includes parents and community members in school decision-making and events. The institute operates with a board of educators, parents, and community members who are elected by their peers to oversee and take part in school administration.

We're not the only indigenous nation in the country that's dealing with language loss, which means cultural identity loss. So we felt that the best way to do it based on our research of promising practices was language immersion education, to start with young children. We started as a K through 3, we were a charter school, sponsored by the district. And all of our teachers and students are from the Lac Courte Oreilles. – Waadookodaading staff member

Oshkosh ESOL Services for Students with Refugee Backgrounds is another initiative that works to provide linguistically- and culturally-relevant services for children and families. Part of the Oshkosh school district's ESOL (English to Speakers of Other Languages) program, the initiative is focused on working with recently arrived families of refugee backgrounds. They work to make sure students have a smooth transition to school, including support in registration, meeting teachers, and orientation activities. Families work one-on-one with the program's outreach navigator, who supports them in learning about the school, finding community resources, and building connections with other families.

6) Affirm families' dignity, agency, and choice. In our study, participants mentioned lack of trust as another barrier families experience. Lack of trust may stem from a sense of not being respected, listened to, or able to make choices when accessing services. Some ways that these initiatives increased trust among families was by affirming their dignity, agency, and choice.

Among the partners supporting families with housing insecurity in Dane County, the organizational orientation toward families and children was to treat them with respect and offer support that affirmed their dignity. For example, the Head Start agency Reach Dane centers parent voice through a parent advisory council that uplifts the concerns and opinions of families. The Madison Metropolitan School District's Transition Education Program provides support designed to help students and families maintain a sense of dignity, such as providing basic necessities and laundry facilities at school. The Third Street program of YWCA Madison offers safe housing for single mothers and encourages a sense of community and agency as parents. Together, this orientation increases trust and connection with families.

I like it [3rd Street] because it's geared towards women and it's in a community that's small enough to where I don't feel like people are falling through the cracks.

– Third Street tenant

7) Build community among families. Another way that initiatives create trust is by building community and strengthening bonds among families. Building relationships between families and creating a sense of belonging in the community-at-large helps families to build trusting relationships with each other and with local institutions. Community also facilitates greater access to resources and information, as knowledge of offerings and how to access them are often shared informally from parent-to-parent.

The Oshkosh ESOL Services for Students with Refugee Backgrounds program includes a focus on building community among families and more widely. The work of the program coordinator includes efforts to help new families orient to and integrate into the Oshkosh community. The summer program gives students time with their peers and encourages students to share their cultures with one another, such as music from their home countries. The summer program also provides transportation, which gives staff the opportunity to meet other family members. Additionally, the mentorship program supports students in building connections with adults in the broader community who they would likely not meet otherwise.

I feel really trusted by some of our families. They will invite you when they want to share their meal with you or something they made... Usually the child recognizes you, and then they know you're safe. You're somebody that they can rely on... I think they value us and we value them. So I think it's a mutual relationship between us.

– Oshkosh ESOL staff member

8) Address basic needs and support families with substance use, mental health, or other concerns. Beyond the challenges above, families often face various stressors that can make it harder to navigate transitions. These stressors may include lack of income or lack of support from friends and family. Families may struggle to have their basic needs met including food, medical care, housing, clothing, household supplies, and more. Family members may also struggle with substance use or mental health issues, which add further burdens. Services that help meet these needs make it easier for families to successfully make transitions.

As mentioned above, the Community Partners Campus serves basic needs, medical needs, and mental health needs under one roof. Programs and services include a food pantry, a diaper bank, low-income medical care, and the offerings of a healthcare organization that focuses on mental health care and substance abuse treatment. The availability of these services can reduce critical stressors that negatively impact children’s wellbeing and families’ capacity to navigate early childhood transitions.

Whether they’re there for the market to receive food or for the Babies’ Place to receive diapers, [the staff member] is able to help get them squared away, learn about what their needs are, and get them connected to potentially other organizations on campus. I often act as a first stop for people coming in as well, to help them find what they need. Oftentimes I think people come in and have a one track path, they're thinking, “Oh, I just need this,” but then realize that there's a lot else on campus that can be a benefit to them, too. – Community Partners Campus staff member

Employing Promising Practices Together

While we have highlighted each promising practice singly, one key result of our findings is that all of these initiatives demonstrated multiple promising practices in combination. Together, these promising practices complement one another and form a strong foundation for supporting early childhood transitions.

One example situation that illustrates this was described to us by First 5 Fox Valley. At a Kids Expo event, a parent who was new to the area met a First 5 family resource navigator who was also a Birth to Three staff member. The parent asked about speech therapy resources. The navigator followed up with her by telephone later to learn more about her families’ needs and her circumstances, including what school her child would attend. The navigator then connected her directly with the school district to receive services. In this case the navigator’s availability at the event removed barriers to access. She made a seamless connection for the parent by calling the school district directly and connecting the parent with the school. The navigator also leveraged the school’s role, knowing that the child would be going there and that the school provided the needed resources.

Another example can be seen from the Oshkosh ESOL Services to Students with Refugee Backgrounds program, which offers summer programming and provides transportation for the students. In addition to the planned activities, the program often engages the children in sharing aspects of their own culture, for example by sharing their favorite songs.

When you build a community, language almost doesn't become a barrier. I will be transporting some of these kids and we sometimes will play music. And it's really interesting because they'll take turns playing songs from their native countries and they'll all be very supportive, even though they don't really understand what's being said. It's that sharing and that component of still being able to immerse yourself in different languages. And it's just very interesting to see.

– Oshkosh ESOL staff member

In this example, the program removed barriers to participation by providing transportation for their students. They built community through a shared love of music, they were linguistically- and culturally-responsive, and they affirmed the students' dignity, agency, and choice when letting them share a part of their culture. When initiatives demonstrate multiple promising practices, the value of each increases beyond the sum of its parts.

What Sustains and Strengthens Transition Initiatives

Organizational strengths can be thought of as the “behind-the-scenes” features of transition initiatives that allow for promising practices to be implemented and sustained. Table 3 lists what sustains and strengthens initiatives doing transitions-related work.

Table 3. *What sustains and strengthens transition initiatives*

Securing funding
Staffing <ul style="list-style-type: none">- Prioritizing professional expertise, lived experience, and/or passion- Promoting teamwork and communication- Encouraging innovation and creativity- Providing mental health and other staff support
Operations <ul style="list-style-type: none">- Adapting existing models- Providing anchor programs- Leveraging data and technology- Maintaining flexibility and options
Interorganizational collaboration <ul style="list-style-type: none">- Establishing formal and informal relationships- Sharing information

Securing funding. The ability to secure funding was noted by almost all interviewees as either a strength of their initiatives or a need that, when filled, supported every aspect of the organization. Funding was of particular importance for effective staffing, including sufficient staffing, being able to hire qualified staff, offering competitive salaries and benefits, and avoiding staff burnout due to overwork.

Organizations and initiatives also spoke of the value of accessing funding without undue restrictions, burdensome grant applications, and short funding timelines. First 5 Fox Valley works to allay the challenges of grant funding by acting as a backbone organization for collaborating organizations by securing funding for them. Similarly, United Way serves as the fiscal agent for the Milwaukee Community Schools Partnership, which allows the community schools to receive the grant funding that supports their work.

Yet even the initiatives that are finding success in securing funding identify a need for more. As a First 5 Fox Valley staff member noted, “It’s hard to find sustainable funding for collective impact work. People just don’t understand –they want to give money to a program.”

Staffing. Staffing was mentioned as critical to all of our case studies. Staff members and their qualities were considered a vital support for organizations and initiatives, including their professional expertise, lived experience, and passion. For Oshkosh ESOL Services to Students with Refugee Backgrounds, it was important to have someone on staff who had experienced being a student of refugee background so they could be sensitive to the needs of the students and families. In the Waadookodaading Ojibwe Language Institute, it was vital that all staff members were indigenous in order to work with students effectively in a linguistic and cultural immersion program.

Participants in several case studies also mentioned the importance of passion in staff members, suggesting that drive and dedication helped programs to thrive and to survive during periods of difficulty. As a staff member of the Oshkosh ESOL Services to Students with Refugee Backgrounds recommended, “*find a person that has a passion for it, that it’s not just work, because anyone could just set systems and have it be in play but not have a passion for the people that they’re serving.*”

Being part of a team was also an important strength of initiatives that support transitions, including strong communication, mutual respect, and collaboration. For example, staff at Progressive Beginnings Therapy Clinic noted that their relationships with each other were important and that they often asked for advice and exchanged ideas about how to work with their clients.

I definitely think we all work together. Our communication between staff members continues to grow every day. And I think we all are really able to understand what our kids need, because a lot of them we share, like a lot of my kids, I'll have them and then they go to [staff member] or they go to [staff member], and then they come to me. And I think it's really important for everyone that we continue to stay on the same page... And that, you know, we all really work and let each other know what we're seeing and not just keep our information to ourselves. So I think that's a really good thing that we do here. – Progressive Beginnings staff member

Innovation and creativity were also mentioned as organizational strengths. Oshkosh ESOL Services to Students with Refugee Backgrounds highlighted their value in discussing a staff-created summer program for children of refugee backgrounds that offered fun activities alongside mental health education. FRC St. Croix Valley encourages staff to propose and implement new programs that they are passionate about.

*I think that the organization does a really good job at recognizing strengths, like where people excel and allow them to work in those roles, and to really foster that, so that we can all be the best we can be, and do what we love to do and what we're good at.
– FRC St. Croix Valley staff member*

Burnout is an issue for many of these initiatives, due to long hours and working with families who may be experiencing difficult circumstances. To care for staff, the FRC provides them with regular access to on-site and free mental health care. A clinical psychologist comes twice a month to facilitate a group meeting, with time for staff to meet with him one-on-one. Staff can also access the psychologist more often if needed.

Operations. Aspects of organizational operations are important strengths of these initiatives that help them sustain and strengthen their efforts. These included the adoption and adaptation of existing effective models, providing anchor programs, leveraging data and technology, and maintaining flexibility and options.

Several of these initiatives had identified and built from foundational models that had been developed and proven effective elsewhere. Models like these can create a stable base from which to plan strategies and activities and encourage shared understanding among staff and stakeholders. Sometimes, adoption of a model also provides opportunities to access associated resources or a network of support. First 5 Fox Valley is the Wisconsin affiliate for the Help Me Grow National Center, which offers the organization access to information and support as they implement and expand the reach of the services they provide in the Help Me Grow system model. The Community Partners Campus in Wausau looked across the country for other co-located service models in order to set up their initiative. Before creating the Milwaukee Community Schools Partnership, the partners studied school districts in other cities to see how they implemented the community schools transformative model, including flying to another city to meet with school officials.

In addition to models, some organizations also rely on anchor programs that offer a number of benefits. These programs often have well-established track records of outcomes, more dependable sources of funding, and strong reputations within the community, including potential clients. FRC St. Croix Valley's two main programs, Welcome Baby and home visiting, form the backbone of the organization's work. These anchors can provide a base of operations, staffing, and funding upon which newer or innovative efforts can be developed and refined. Anchor programs can also help families view an organization's other activities from a perspective of trust and encourage them to participate in these other offerings.

Data use, databases, and other technology were identified as strengths for initiatives as well. First 5 Fox Valley uses multiple databases to track, support, and share referrals and developmental assessments for children. These include a referral database to support navigators in making connections for families and a developmental screening database to share screenings with multiple partners, such as school districts or Birth to Three programs. In addition, they use data to evaluate their progress and plan strategically. FRC St. Croix Valley uses data to evaluate their programs, look at policy compliance, and to make improvements and adjustments. The 16 schools that are part of the Milwaukee Community Schools partnership regularly use data for evaluation and strategic planning, with each school collecting data that informs its future goals and activities every two years.

And from that [data], that will guide their work [the community schools], and what they will focus on over the next two years as well. And those priorities can look like safety, academic achievement, sense of belonging at schools. They're different subjects or priorities throughout each school. And from those priorities, they create action plans and use that to figure out which partners to reach out to, to bring to the building, which resources are needed. And really address the needs of the community as well. – Milwaukee Community Schools Partnership staff member

To engage with families with dignity, agency, and choice, initiatives often worked to maintain flexibility and options in their operations. Progressive Beginnings Therapy Clinic recognizes the need for flexibility with families, who often must reschedule appointments with the clinic due to pressing needs at home. This was something they assume to be necessary and they have processes in place to reschedule efficiently. As part of their typical operational processes, the FRC St. Croix Valley home visitors meet families where they feel most comfortable and schedule at times that may not be during regular working hours because they believe this allows them to serve families best.

Just being very flexible. Like today, my whole day is completely different than what I had on my schedule. And that just comes with every day. Yesterday, it was all different, so just kind of being very flexible with meeting the families where they're at – a lot of cancellations and rescheduling. – FRC St. Croix Valley staff member

The MMSD Transition Education Program is another effort that prioritizes working flexibly with families. The program supplies transportation to school for children experiencing homelessness. With housing and locations often changing, the program coordinators need to respond to changes daily to make sure children are able to go to school, as lack of transportation is one of the main reasons homeless children have poorer attendance rates.

Interorganizational collaboration. Many of the initiatives noted the importance of interorganizational collaboration. Whether through informal relationships or official partnerships, working with other entities often facilitated processes for organizations and the families they serve. For example, in Dane County, JustDane partners with the Road Home to provide families staying at their Healing House with case management services. This allows both organizations to better reach individuals in need for further resource referrals or direct assistance.

At the Community Partners Campus in Wausau, one of the main advantages organizations have noticed since moving into the shared space is the ease with which they are able to collaborate. In particular, they are able to share resources and, in some cases, staff members so that they can more easily serve families. This results in a higher quality, more efficient experience for families, as well as a reduced cost in time and resources for organizations.

All of these organizations existed prior to coming to campus, and they were all part of different coalitions and networks...so there was a collaborative piece to it, but now being on campus, it's just expanded so much...For example, we had a family that came in recently, and there was a language barrier... They initially met with one of our partners who quickly realized that language barrier, they sought out somebody who could help interpret... A different organization got involved and was able to contact their interpreter and come in. Then this family was able to receive food, health care, and housing assistance in one stop. They didn't have to go to three different places and have that same experience of that language barrier piece trying to explain themselves...And then from an organizational standpoint, all of those organizations didn't have to contact an interpreter, pay for those services, wait for that to happen.

– Community Partners Campus staff member

For First 5 Fox Valley, fostering data sharing and collaboration across organizations is considered one of their most important functions. This work includes sharing information through their developmental screening database, doing advocacy work, and writing grant applications for partner organizations.

First 5 has really become a collective voice – a place that is a trusted source of data and information. We do a State of the Child Report, Help Me Grow gives us data. And so... the partners appreciate that somebody can be a voice collectively, instead of us all having to stay in our lanes... So we're kind of giving an overall community picture about how children are thriving. And we do that from multiple data sources: community health data, Help Me Grow data, child care resource referral, home visiting... We're the trusted voice. We are a backbone organization. So we write grants, and then fund our partners to do the work. Our Help Me Grow model is a community partnership model. – First 5 Fox Valley staff member

What It Means

In looking across all the case studies, we find that the majority of the efforts have four promising practices in common:

1. They leverage institutional roles. Successful transition efforts often worked by engaging the institutions, such as hospitals or schools, that are already in contact with families and children. Leveraging their roles means using this contact to further support families by reaching them where they are already present.
2. They affirm families' dignity, agency, and choice. All of the initiatives exhibited an orientation toward families that treated them with dignity and affirmed their agency. In some initiatives, this included a formal way for parents to use their voice as part of advisory groups or other feedback mechanisms.
3. They remove barriers to programs and services. A majority of the initiatives supported families by making connections between services or removing barriers to them. Ensuring that families can access services, regardless of income, time limitations, or transportation, and without judgment, brings support to the families who may benefit most. Resource navigation and warm referrals helps ensure that families can access a fuller set of offerings to meet their needs.
4. They build community among families. Supporting families in making connections with each other and with their broader community was key in the majority of the case studies. This was done in multiple ways, including through family events, participation in school activities, parent leadership councils, and providing social time for families. A sense of community helps ensure that programs and activities are positive social experiences, something families want to return to, and creates opportunity for informal person-to-person exchanges of support.

In order to sustain and strengthen these promising practices, we also identified common organizational strengths. First, securing funding was extremely important to all the initiatives we examined. In particular, having funding to support operational costs and maintain staff was vital. Related, staffing was commonly mentioned as a strength. Initiatives valued having staff who had professional expertise and lived experience, who were passionate, and who had the ability to be flexible and innovate. The ability of an organization to recruit, retain, and support staff was directly tied to funding.

Viewing our results together, we believe a comprehensive system for early childhood transitions should feature the promising practices and organizational strengths listed above and involve key institutions that already work with families, including schools, ECE providers, hospitals, and public agencies. A comprehensive system should employ an ecological approach, in which the system works to align different key institutions' practices with the needs of children and families and the communities they are embedded in. The Developmentally Appropriate Practices (DAP) employed by DPI to guide the ECE-to-school transition may also be useful here. The ecological considerations of commonality, individuality, and context can help support an equitable process when considering a comprehensive system for early childhood transitions.

First 10 is one example of a comprehensive system for early childhood transitions that incorporates an ecological perspective, in this case focused on the ECE-to-kindergarten transition (Education Development Center, 2023). First 10 brings together school districts, ECE programs, and community agencies to create a coherent system of support for young children and their families (Jacobson, 2019). They do this using two models: First 10 School Hubs are focused on a single elementary school that works with neighborhood ECE providers and provides support to families. First 10 Community Partnerships are broader, with multiple elementary schools working with the school district, ECE programs and other partners throughout a community. Together, they work toward aligning ECE and elementary school education, along with providing targeted support to families and ECE providers. States play a vital role in supporting First 10 initiatives by providing financial support, technical assistance, networking opportunities, and a supportive policy environment. The First 10 approach also includes partnering with families in culturally responsive ways, promoting dignity and agency.

While a comprehensive system attempts to meet the needs of all children in a broader or universal way, our findings indicate that tailoring programs to the particular needs of children and families (rather than assuming one-size-fits-all) must be another important feature. Customizing programs to meet linguistic and cultural needs, mental health or addiction needs, or for those with disabilities, increases equity and supports children who may need it the most. In addition, initiatives that help children and families meet their basic needs should be considered central to a comprehensive system for early childhood transitions.

Recommendations

Based on our findings, we offer the following recommendations for DCF and others who seek to strengthen transition-related initiatives, programs, or organizations:

1. *Seek to strengthen transition-to-school efforts.* This could involve adoption of a version of the First 10 model, which supports partnerships between ECE providers, elementary schools, school districts, and other community partners. In addition, support children who are not part of formal ECE settings by seeking out other ways for schools to engage with families coming to school from home care. This could include social media campaigns related to developmental milestones, local resources for young children, or ideas for how to get ready for 4K or 5K kindergarten. Social media engagement like this can enhance the personal conversations parents have and which are an important way that families learn about schools.
2. *Recognize the need to support families beyond the ECE-to-school transition.* The transition from ECE to school is important, but not the only one. Transitions are happening at all stages of early childhood. It is important to respond to families' various transition needs in flexible ways, through efforts such as home visiting or initiatives like First 5 Fox Valley. This kind of infrastructure allows important access and flexibility that supports families beyond the transition to formal schooling.

3. *Support organizations doing work with specific populations.* The one-size-fits-all approach does not work for all families, as many families' transition needs are different. Families with different needs can include those in rural areas, families of immigrant or refugee backgrounds, families of children with disabilities, or families in native or other communities where priority is placed on maintaining cultural assets.
4. *Prioritize funding that sustains organizations and initiatives.* Funders typically prioritize program delivery over operational costs. However, if organizations or initiatives do not have the funds or have not had support to build strong, collaborative relationships, then they cannot effectively achieve their missions over the long term. Funding from the state would be valuable, including multi-year commitments that allow organizations to build sustainable systems.
5. *Provide support for broad collaboration.* Key institutions such as schools, health care organizations, and public agencies are vital for collaboration, but there is also a role for other organizations such as private clinics, county government, family resource centers, nonprofits and collaborative initiatives. These partnerships bring value to the table, but are often difficult to form because of challenges of funding, time, and staff capacity. In order to support these groups in forming collaborative efforts, they need funding and technical assistance that supports developing partnerships. As a convener, DCF can help partners connect and develop those relationships.
6. *Support high quality staff members.* In multiple case studies, interviewees mentioned that committed, passionate staff members often with high levels of expertise and lived experience were essential to supporting children and families in their initiatives. DCF may have a role in elevating the conversation about the professionals who serve families around the state, in transition initiatives and otherwise, and the needs for adequate compensation and support for their important work.

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Appendix 1: DCF Parent/Caregiver Equity Advisory Cabinet (PCEAC) Interview Questions

1. *Can you say a little bit about yourself and your family? Who you are, where you live, who is in your family, what you do for work or other activities, and anything else you'd like to share?*
2. *First, I'll ask about what kinds of transitions you've experienced for your young children, from the time they were born to grade 3. Again, we're interested in "transitions" broadly, so I may ask you to talk about some different types of services but also let you talk about other transitions you identify as important.*
 - a. *First, let's talk about transitions in who has cared for your child, from the time they were born until starting school.*
 - b. *How about your child's transitions related to early childhood education, formal and informal, and schooling?*
 - c. *What about transitions related to meeting your child's health needs?*
 - d. *What about transitions related to social services or services that support your family?*
 - e. *Did you move from one place to another during this time? If so, what transitions did your child experience related to that?*
 - f. *Are there any other early childhood and childhood transitions that come to mind that we haven't yet discussed? If so, what are they?*
3. *As you think about these different transitions you and your child have experienced, which ones do you think went well? Why?*
 - a. *As you think about the transitions you've experienced, which ones did not go well? Why?*
4. *As you and your child were moving through these transitions, what kinds of support, if any, did you experience? You can think of support in the form of people who helped you, information that was provided, referrals you received, or other things that were helpful.*
 - a. *What support didn't you get but would have been helpful? Why do you think that would have been helpful?*
5. *What have you heard from other parents and caregivers in your community about early childhood and childhood transitions? In what ways do you think their experiences have been similar? In what ways have they been different?*
 - a. *Are there families in your community who you think could benefit most from better support for transitions? What kinds of families and what kinds of support could they use?*
6. *What would you most like to see improved in your community to better support families in early childhood and childhood transitions?*
7. *Is there anything else you'd like to share about early childhood and childhood transitions?*

Appendix 2: Project Advisory Group Members

Name	Organization
Caitlin Bagshaw	Early Childhood Health Supervisor, Walworth County Health & Human Services
Diana Billstrom	Director of Family Learning & Community Engagement, Bayview Community Center
Angela Clements	Parent Peer Advocacy Specialist, Wisconsin Peer Specialists
Charisse Daniels-Johnson	Director, Today Not Tomorrow Family Resource Center
Terri Enters	Home Visiting Site Coordinator, WI Department of Children and Families
Shanita Lawrence	Reentry Resource Specialist and Rapid Rehousing Case Manager, JustDane and Case Manager, Safe Haven day shelter
Charlene Mouille	Executive Director, United Way of Wisconsin
Rebecca Murray	Executive Director, WI Child Abuse and Neglect Prevention Board
Michelle Ogorek	WI Statewide Early Childhood Special Education Coordinator, WI Department of Public Instruction
Rebecca Scherer	Manitowoc Library
Angela Schultz	Speech and Language Pathologist, Oak Creek-Franklin Joint School District
Barb Tengesdal	Executive Director, First Five Fox Valley & Help Me Grow
Mai Thao	3rd Street Coordinator, YWCA Madison
Kayla Westrich	School Psychologist, Barron Area School District
Laura White	Family Services Coordinator, Acelero Learning Wisconsin
Alaleh Wilhelm	Program Coordinator, Child Care Partnership
Oliver Zornow	Executive Director, Building for Kids Children's Museum

Appendix 3: Initial List of Early Childhood Transitions Promising Practices

Promising practices on this list are practices that support family transitions and that have been noted by the PCEAC, direct service providers meeting, and/or the Transitions advisory workgroup.

1. *Coalitions, networks, and formalized collaborations*: Alliances in which organizations, agencies, and people come together for the common purpose of supporting families experiencing transitions
2. *Formal efforts of key institutions (e.g., schools) to support transitions*: Specific programs, efforts, and collaborations designed to support families experiencing transitions
3. *Co-located services*: Service providers physically located in the same space so that families have a central place to access services
4. *Community navigator programs and positions*: Programs or job positions in which community members support others in their community through outreach, gathering community input, and providing access to resources
5. *Culturally-specific organizations and programs*: Organizations and programs that support particular cultural groups, enabling them to access resources in culturally appropriate ways and/or in languages other than English
6. *“Hubs” for information and/or collaboration*: Centralized access points for information for families (e.g. family resource centers)
7. *“Warm,” “walking with,” or other focused referral efforts*: Supported referrals where organization staff contacts services for a family rather than giving them information and recommending they contact the service directly; cross-organizational collaboration on the sending and receiving sides of a referral
8. *Staff with lived experiences, peer support*: Organization staff who have personal knowledge of what a family is going through, gained through direct, first-hand experience
9. *Informal relationships – across organizations, with families*: Relationships that do not have a formal component, but which foster support and access to information and resources, and which build strong ties between families and support organizations
10. *Consistent funding – for families or organizations*: Funding that allows organizations and/or families to experience longer-term financial stability so that ultimately families and children can thrive and grow.
11. *Accessible information and education for families*: Information about programs and services that is made easily available to families in their home languages; families know how to find additional information related to these services without having to invest significant time and energy

Appendix 4: Leader of Initiative Interview Questions

Introduction

1. *Can you describe [the effort] and why it was first started? What were the reasons and opportunities that led to it?*
2. *These next questions are about how [the effort] was developed. Again, we are most interested in the work you are doing to support children and families from prenatal to age 8 and all the kinds of transitions they experience through this time.*
 - a. *Who was involved in developing this effort?*
 - b. *How did you build this approach? Were there key ideas or a model that guided the effort?*
 - c. *(Optional) What were the first steps taken to get the effort off the ground?*
 - d. *How have you funded this effort?*
3. *What do you feel are the most important activities or features of your effort?*
4. *How do families participate in or experience [the effort]?*
 - a. *What kinds of families participate? How are they reached or how do they come to learn about it?*
 - b. *Are there families who you would like to reach with [the effort] but you haven't been able to? Why do you think that is?*
5. *Can you talk a little about how your work is sustained, including funding, staffing, and leadership?*
 - a. *Do you have an advisory committee or group?*
 - b. *[If a nonprofit organization] How is your board involved?*
 - c. *Do you have a family advisory group or other ways you get feedback and input from families?*

Strengths and Challenges

6. *What do you feel are the strengths of [the effort]?*
7. *What challenges have you experienced in [the effort]?*
 - a. *How have you been able to respond to these challenges?*
 - b. *What additional challenges or limitations are you still seeing?*

Impacts

8. *What impacts are you seeing for children and families?*
 - a. *What data or information do you draw on to help you understand the impacts you're seeing?*

Recommendations

9. *What other kinds of communities do you think would benefit from this kind of effort?*
 - a. *What would you recommend to others who are wanting to do this kind of work in their community?*
10. *If you had the opportunity or resources to make changes to [the effort], what's something you would do?*

Appendix 5: Staff Focus Group Questions

Introduction

1. *Please introduce yourself and tell us a bit about your role with [the effort].*
 - a. *What do you feel are the most important aspects of your role for others to understand?*

For the following questions, anyone can feel free to answer as they wish. As a reminder, we are most interested in the work you are doing to support children and families from prenatal to age 8 and all the kinds of transitions they experience through this time.

2. *As best you know, when did [the effort] begin? Why? Who was involved?*
3. *What do you feel are the most important key activities or features of [the effort]?*
 - a. *What does a typical day look like for [the effort]?*
4. *How do families participate in or experience [the effort]?*
 - a. *What kinds of families participate? How are they reached or how do they come to learn about it?*
 - b. *Are there families who you would like to reach with [the effort] but you haven't been able to? Why do you think that is?*
 - c. *What do you think participating families would say or tell others about [the effort]?*

Strengths

5. *Overall, what do you feel are the strengths of [the effort]?*

Challenges

6. *What challenges have you experienced in [the effort]?*
 - a. *How have you been able to respond to these challenges?*
 - b. *What additional challenges or limitations are you still seeing?*

Impacts

7. *What impacts are you seeing for children and families and their community? What difference do you think [the effort] is making and how do you know?*

Recommendations

For this last question, we'd like to go around again and hear from everyone.

8. *If you had the opportunity or resources to make changes to [your effort], what's one thing you would do?*
9. *Is there anything else you would like to add or comment on?*

Appendix 6: Key Informant Interview Questions

Introduction

1. *For this first question, can you tell me a bit about yourself, your professional role, and the perspectives you're bringing?*
 - a. *How do you feel your role connects to early childhood transitions in your community? We're considering a broad range of transitions, from childcare and school transitions, to health care transitions, changes in the family, geographic moves, etc.*
 - b. *Do you have lived experience related to early childhood transitions?*
2. *How do you, or the broader organization you work with, engage with families?*
 - a. *What kinds of families do you reach or prioritize? You may consider families' racial, ethnic, or cultural backgrounds; geographic region; economic situation; family structures, like foster or kinship care; disability experiences; or any other relevant background.*

Challenges families are experiencing in transitions

3. *From your perspective, what are the kinds of transitions in which families are most in need of better support and why? Again, we're considering a broad range of transitions, from childcare and school transitions, to health care transitions, changes in the family, geographic moves, etc.*
 - a. *Are there some families that you think face more challenges in these transitions? What kinds of families and what are these additional challenges?*

Supporting families through transitions

4. *When you think about the transitions families experience and how agencies, organizations, or communities support families, what do you think would be most helpful to families?*
 - a. *What do you think is working well in your area to support families in early childhood transitions? Who is providing this support to families?*

Knowledge about case study effort

5. *Are you familiar with [case study effort]?*
 - a. [If yes:]
 - i. *What have you heard about it? What does it look like and who does it reach?*
 - ii. *What do you see as the strengths of this effort in terms of supporting families through transitions?*
 - iii. *What do you perceive as its limitations?*

Recommendations

6. *If you had the opportunity or resources to better support transitions in your community or organization, what's one thing you would do?*

Appendix 7: Family Survey Questions

Survey instructions

Families experience many transitions and changes. These transitions may include becoming a parent, your child moving from pre-k to kindergarten, switching between healthcare or other providers, or anything else that marks an important change for your family. **As you complete this survey, please think about all the transitions that your family has experienced.**

Transition types

What types of transitions have you experienced in your family? (Select all that apply)

- Changes in family make-up – like having more children, a marriage or divorce or other change in relationship, or having grandparents or extended family join the household
- Health-related changes – like a child having a disability and seeking care or changing to a new doctor
- Changes in your income or benefits, whether increased or decreased
- Changes in childcare – like starting at a daycare or changes in who cares for the child during the day
- School-related changes – like a child starting kindergarten or switching to a new school
- Changes in employment – like starting a new job or changes in your hours
- Moving to a new neighborhood, city, or a bigger geographic move

Additional Transitions

Were there any other transitions that you and your family experienced that you've not already described?

- Yes
- No

IF YES, display:

Tell us more about these transitions you've experienced.

IF NO, skip to next question.

Challenges

What challenges have you faced during these transitions? (Select all that apply):

- Not having enough information
- Not having someone to answer my questions
- The cost of programs or services
- Not meeting eligibility requirements
- Having a hard time getting connected to the program or service
- Lack of trust with providers
- Not having information in my language
- Not being able to talk to providers in my language
- Transportation issues

Additional Challenges

Were there any other challenges you and your family experienced that you haven't already described?

- Yes
- No

IF YES, display:

Tell us more about these challenges you've experienced.

IF NO, skip to next question.

Supports

What has been helpful to you during these transitions? (Select all that apply.)

- Having information about programs and services
- Good communication with providers
- Knowing the eligibility requirements
- Having money or another way to pay for services
- Helpful referral processes
- Trust with providers
- Having information in my language
- Being able to talk to providers in my language
- Having access to transportation
- Having child care
- Help from family and/or friends

Additional Supports

Are there any other supports or things that have been helpful in these transitions that you've not already described?

- Yes
- No

IF YES, display:

Tell us more about the supports you've experienced.

IF NO, skip to end of block.

Awareness

Have you heard of {EFFORT/PROGRAM/ORG}, and, if so, have you participated or interacted with them?

- No, I have NOT heard of {EFFORT/PROGRAM/ORG}
- Yes, I have heard of {EFFORT/PROGRAM/ORG}, but have NOT participated or interacted with them
- Yes, I HAVE participated or otherwise interacted with {EFFORT/PROGRAM/ORG}

IF YES, I HAVE participated, complete the following questions.

Experience

Please describe your experience with {EFFORT/PROGRAM/ORG}.

IF NO, skip to end of block.

We are interested in learning a little more about your family.

Household size

How many people are in your family and currently live with you?

- Adults (self included): _____
- Total number of children: _____
- Children between ages 0 and 8: _____

Community Presence

How long have you and your family lived in {PIPE COMMUNITY/COUNTY NAME}?

Home Language

What language is usually spoken in your home? Select all that apply.

- Spanish
- Hmong
- English
- Chinese
- Arabic
- Other (please describe):

Additional Needs

Do any of your children have an illness, disability, or other special healthcare needs?

- Yes
- No

IF YES Additional Needs, Complete next question

Please select all of the conditions that apply to your child:

- Intellectual or developmental disability
- Emotional or mental health disorder
- Long term health condition
- Other care needs, beyond what would be expected for other children of the same age

Race

What are your racial and ethnic identities? (Select all that apply)

- American Indian or Alaska Native
- Asian or Asian American
- Native Hawaiian or other Pacific Islander
- Black or African American
- White
- Hispanic/Spanish origin
- Latino/Latina/Latinx/Latiné
- Prefer to self-identify (Please specify) _____

Gender

How do you currently identify?

- Man
- Woman
- Transman
- Transwoman
- Gender expansive/gender nonconforming
- Prefer to self-describe: _____
- Prefer not to say

Education

What is the highest level of education that you have completed?

- Less than High School
- High School or High School Equivalent (GED)
- Some College
- Associate's Degree or Trade School
- Bachelor's Degree
- Graduate Degree
- Other (Please specify) _____

Appendix 8: References

- American Academy of Pediatrics (2023). *Early childhood*. <https://www.aap.org/en/patient-care/early-childhood/>. Retrieved November 9, 2023.
- Bailey Jr, D. B., Hebbeler, K., Spiker, D., Scarborough, A., Mallik, S., & Nelson, L. (2005). Thirty-six-month outcomes for families of children who have disabilities and participated in early intervention. *Pediatrics*, 116(6), 1346-1352.
- Beasley, J., Smith, N., & Scott-Little, C. (2022). Through their cultural lens: A qualitative approach to understanding Mexican immigrant families' experiences with the transition to school. *Early Childhood Education Journal*, 1-12.
- Benzies, K. M., Gasperowicz, M., Afzal, A., & Loewen, M. (2021). Welcome to Parenthood is associated with reduction of postnatal depressive symptoms during the transition from pregnancy to 6 months postpartum in a community sample: a longitudinal evaluation. *Archives of Women's Mental Health*, 24, 493-501.
- Boyle, T., Grieshaber, S., & Petriwskyj, A. (2018). An integrative review of transitions to school literature. *Educational Research Review*, 24, 170-180.
- Brown, A., McIsaac, J. L. D., Reddington, S., Hill, T., Brigham, S., Spencer, R., & Mandrona, A. (2020). Newcomer families' experiences with programs and services to support early childhood development in Canada: A scoping review. *Journal of Childhood, Education & Society*, 1(2), 182-215.
- Early, D. M., Pianta, R. C., Taylor, L. C., & Cox, M. J. (2001). *Transition practices: Findings from a national survey of kindergarten teachers*. *Early childhood education journal*, 28, 199-206.
- Education Development Center (2023). *First 10 - All Children Learn and Thrive*. Retrieved November 9, 2023.
- Head Start Early Childhood Learning and Knowledge Center. (2022, July 14). *Transition*. <https://eclkc.ohs.acf.hhs.gov/children-disabilities/article/transition>.
- Hunter, S. B., Kilburn, M. R., Mattox, T., Cannon, J. S., Marsh, T., Felician, M. F., ... & Cefalu, M. (2020). The Welcome Baby program: An implementation and outcomes evaluation. *Rand Health Quarterly*, 8(4).
- Jacobson, D. (2019, April). *All Children Learn and Thrive: Building First 10 Schools and Communities. (Policy Study)*. Waltham, MA: Education Development Center, Inc.

Jiang, H., Justice, L., Purtell, K. M., Lin, T. J., & Logan, J. (2021). Prevalence and prediction of kindergarten-transition difficulties. *Early Childhood Research Quarterly*, 55, 15-23.

Little, M. H., Cohen-Vogel, L., & Curran, F. C. (2016). Facilitating the transition to kindergarten: What ECLS-K data tell us about school practices then and now. *AERA Open*, 2(3), 1-18.

Molloy, C., Beatson, R., Harrop, C., Perini, N., & Goldfeld, S. (2021). *Systematic review: Effects of sustained nurse home visiting programs for disadvantaged mothers and children*. *Journal of Advanced Nursing*, 77(1), 147-161.

National Association for the Education of Young Children (2021). *Developmentally Appropriate Practice (DAP) Position Statement: Core considerations to inform decision making*. <https://www.naeyc.org/resources/position-statements/dap/core-considerations>. Retrieved October 30, 2023.

Natale-Pereira, A., Enard, K. R., Nevarez, L., & Jones, L. A. (2011). The role of patient navigators in eliminating health disparities. *Cancer*, 117(S15), 3541-3550.

Park, M., & McHugh, M. (2014). Immigrant parents and early childhood programs. *Washington, DC: Migration Policy Institute*.

Purtell, K. M., Valauri, A., Rhoad-Drogalis, A., Jiang, H., Justice, L. M., Lin, T. J., & Logan, J. A. (2020). Understanding policies and practices that support successful transitions to kindergarten. *Early Childhood Research Quarterly*, 52, 5-14.

Rahn, N., Winchell, B., and Linzmeier, K. (2022). Birth 2 Five 2022 Needs Assessment. Wisconsin's Preschool Development Grant. *Wisconsin Department of Children and Families*.

Reece, S., Sheldon, T. A., Dickerson, J., & Pickett, K. E. (2022). A review of the effectiveness and experiences of welfare advice services co-located in health settings: A critical narrative systematic review. *Social Science & Medicine*, 296, 114746.

Rimm-Kaufman, S. E., & Pianta, R. C. (2000). An ecological perspective on the transition to kindergarten: A theoretical framework to guide empirical research. *Journal of Applied developmental psychology*, 21(5), 491-511.

Rimm-Kaufman, S. E., Pianta, R. C., & Cox, M. J. (2000). Teachers' judgments of problems in the transition to kindergarten. *Early childhood research quarterly*, 15(2), 147-166.

Swarz, M. (March 16, 2023). The power of First 10 partnerships. Early Learning Nation. <https://earlylearningnation.substack.com/p/the-power-of-first-10-partnerships>

Sweet, M. A., & Appelbaum, M. I. (2004). Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. *Child development*, 75(5), 1435-1456.

U.S. Department of Education, Office of English Language Acquisition. (2023, June). *Newcomer toolkit*. National Clearinghouse for English Language Acquisition. <https://ncela.ed.gov/educator-support/toolkits/newcomer-toolkit>

Umansky, I. M., Hopkins, M., & Dabach, D. B. (2020). Ideals and realities: An examination of the factors shaping newcomer programming in six US school districts. *Leadership and Policy in Schools*, 19(1), 36-59.

Vinokur-Kaplan, D., & McBeath, B. (2014). Co-located Nonprofit Centers: Tenants' Attraction and Satisfaction. *Nonprofit Management and Leadership*, 25(1), 77-91.

Vogler, P., Gina, C., & Woodhead, M. (2008). Early childhood transitions research: A review of concepts, theory, and practice' *Working Paper 48*. Bernard van Leer Foundation.

WETA. (2016, January 13). What are "newcomer" programs? What are their pros and cons? Colorín Colorado. <https://www.colorincolorado.org/faq/what-are-newcomer-programs-what-are-their-pros-and-cons>

Wisconsin Department of Children and Families (2023). *Observing your child's development*. <https://dcf.wisconsin.gov/youngstar/eci/child-development>. Retrieved November 9, 2023.

Wisconsin Department of Public Instruction (2023a). *4k/5k Transition: Guidance*. <https://dpi.wi.gov/early-childhood/kind/prepare>. Retrieved October 30, 2023.

Wisconsin Department of Public Instruction (2023b). *Early childhood belief statement*. <https://dpi.wi.gov/early-childhood/beliefs>. Retrieved November 9, 2023.

Yin Robert, K. (2017). *Case study research and applications: Design and methods*. SAGE Publications, Inc.

Ziviani, J., Feeney, R., Rodger, S., & Watter, P. (2010). Systematic review of early intervention programmes for children from birth to nine years who have a physical disability. *Australian Occupational Therapy Journal*, 57(4), 210-223.

Appendix 9: Acronyms

4K: 4-Year-Old Kindergarten

4KCA: 4K Community Approach

CommNS: Center for Community and Nonprofit Studies

DAP: Developmentally Appropriate Practices

DCF: (Wisconsin) Department of Children and Families

DPI: (Wisconsin) Department of Public Instruction

ECE: Early Care and Education

ESOL: English to Speakers of Other Languages

FRC: Family Resource Center

MMSD: Madison Metropolitan School District

NAEYC: National Association for the Education of Young Children

PCEAC: Parent/Caregiver Equity Advisory Cabinet

PDG: Preschool Development Grant

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