

SUPPORTING POSITIVE RELATIONSHIPS SO OUR

CHILDREN UNDER 6 CAN THRIVE

sprout

# Fond du Lac County Community Plan

*To support and promote  
social and emotional  
development in  
young children*

October 2010



## Introduction

In 2007, the Wisconsin Alliance for Infant Mental Health was awarded a grant from the Department of Health, Division of Public Health to assist three Wisconsin Communities to create a plan to promote the social and emotional development of children. Fond du Lac County was chosen, in part, due to its long standing history of collaboration. The Alliance provided leadership and direction and helped Fond du Lac County to organize an Infant and Early Childhood Mental Health Summit. It began with a core group of dedicated professionals working together because they believed they could make a difference for children and families. Many community agencies provided sponsorship funds to offset costs.

The Summit was held in October of 2008. Over 85 people attended, representing over 30 agencies. County Executive, Allen Buechel, gave the welcoming address and pledged his full support. As a result of the Summit, committees were formed and work began to develop a *Fond du Lac County Community Plan to Support and Promote Social and Emotional Development in Young Children*.

The overall goal of the plan is for all Fond du Lac County children to be healthy, nurtured, safe, and successful from birth to school entry. The Planning Work Group identified SPROUT (*Supporting Positive Relationships so Our children Under 6 can Thrive*) as the acronym to express the focus of the initiative. The Plan provides recommendations to raise public awareness on the importance of positive early relationships and experiences, provides prevention, early intervention and treatment recommendations to support overall healthy social and emotional development.

## Importance of Infant and Early Childhood Mental Health

- Research indicates that the social and emotional development of children starts at birth. It is especially rapid and eventful during the first five years of life, and has a strong and predictive effect on future learning, growth and success. Self-confidence, curiosity, persistence, self-control, and trust have their roots in infancy and rely on secure, healthy relationships with primary caregivers. Thus, the bond between parent and child is critical. Disruptions to this bond can stem from many sources including issues related to economic distress, social isolation, parental mental health or substance abuse issues, exposure to violence, and/or health problems (Shonkoff and Phillips, 2000).
- Learning is an interactive process involving the development of language, cognitive skills, and emotional and social competence (Shonkoff & Phillips, 2000).
- Assuring the emotional health of infants, young children, and their families must be accomplished by providing a continuum of comprehensive, culturally competent services which incorporate promotion of social and emotional development as well as prevention, early intervention, and treatment services (Chazen-Cohen, 2001).

- Families, providers, and policy makers across the country struggle to address and understand the social and emotional needs of very young children and frequently indicate a lack of community infrastructure to assess and treat young children when mental health needs become apparent (Chazen-Cohen, 2001).
- When mental health issues are ignored, the long term costs both to the children, families, and their communities are significant. These costs include lower academic achievement, higher school drop-out rates, higher rates of grade retention, and greater risk of committing juvenile offenses in adolescence (Jimerson et al., 2000).
- Most teachers and caregivers find it difficult to deal with the emotional and behavioral needs of children and feel inadequately prepared. A recent synthesis of research related to young children illustrates that there is a considerable need for mental health services within community-based programs for infants and young children, but resources are not always available to meet that need (Smith and Fox, 2003).

## **Defining Infant and Early Childhood Mental Health**

Wisconsin Alliance for Infant Mental Health defines infant mental health as:

*Infant Mental Health (IMH) is synonymous with social and emotional development in our youngest children. Social and emotional development involves skills such as self confidence, curiosity, motivation, persistence, self control, and trust-all of which affect future learning, growth, and success. The development of all of these traits begins in infancy and within the context of relationships. Emotional and social milestones include a child's ability to experience, regulate and express emotions, and form close and secure interpersonal relationships. A child's capacities to identify their own feelings, experience empathy for another and constructively manage strong emotions are skills that begin in early childhood and support later learning. (www.waimh.org)*

Infant and early childhood mental health is often defined from two perspectives; 1) developmental perspective and 2) system perspective. For the purpose of this plan we have adopted the definitions found in Appendix A. In addition to these definitions, Caregiver Tenants have also been adopted that are defined in Appendix A as well.

## **A Profile of Fond du Lac County**

Fond du Lac County has a rich history of collaboration and a multitude of community resources committed to supporting the well-being of children and families. Fond du Lac County has a population of more than 100,000 people and is comprised of many cities, towns and villages. The county is supported by 11 school districts and 4 institutions of higher learning. Fond du Lac County offers a Birth to 3 Early Intervention Program, Family Resource Center, Children's Museum, Public Libraries, Head Start Program, YMCA, Child Care Centers, private, public and faith-based preschools, just to name a few.

In addition, in Fond du Lac County...

- There are approximately 8,000 children under 6 years of age
- In 2008, there were 1,164 total births
- In 2008, 34% of all births were to single mothers
- In 2008, 12.2% of all births were to mothers without a high school diploma
- Data indicates that the percentage of mothers that are receiving prenatal care has dropped from 87% in 2003 to 82% in 2008
- In 2009, there were 274 children referred to the Birth to 3 Program
- ADVOCAP Head Start receives funding to support 264 children between the ages of 3 to 5 and currently has over 100 children on the waiting list
- In 2009, 3,230 children and their mothers were enrolled in WIC
- Between the years of 2006-2008 1,876 children were identified as living in poverty; of those, 748 children were identified as living in extreme poverty
- In 2009, 31% of school aged children were receiving Free & Reduced Lunch; compared to 24% in 2005
- In 2010, 38% percent of renters were identified as being unable to afford Fair Market Rent
- In 2009, the unemployment rate soared above 9%
- In 2009-10, four child care centers closed
- 99.7% of all children in grades K-12 are compliant with immunizations.

(The Annie E. Casey Foundation, KIDS COUNT Data Center, [datacenter.kidscount.org](http://datacenter.kidscount.org).)

In October 2009, a county-wide survey was conducted through Fond du Lac School District's Comprehensive Service Integration Project (CSI) to better understand the services available to infants and young children in Fond du Lac County communities. As a result of this survey:

- 74 percent of respondents reported in the past year that they made referrals to another organization based on a young child's social, emotional or behavioral development
- 79 percent of respondents reported there was at least one gap in meeting the social, emotional and behavioral needs of young children in Fond du Lac County. 49 percent of respondents reported that funding sources are a current gap in meeting the social, emotional and behavioral needs of young children in Fond du Lac County while 38 percent reported a gap in accessibility and 37 percent reported a gap in resources providing information, services, and programs
- Please see Appendix B for the complete survey results.



## **Table of Contents**

<u>Section Title</u>	<u>Page Number</u>
Goal, Vision, & Mission .....	1
Fond du Lac Community Plan .....	2
Nurturing and Responsive Relationships.....	3
High Quality Supportive Environments.....	5
Targeted Social & Emotional Supports .....	7
Intensive Interventions.....	9
Contributors .....	10
Appendix A: Understanding Infant Early Childhood Mental Health .....	A
Developmental Definition.....	A
System Delivery Definition .....	A
Infant and Early Childhood Development Principles .....	A
Infant and Early Childhood System Principles.....	B
Caregiver Tenants .....	C
Appendix B: Early Childhood & Young Children Services Survey Report 2009.....	1-20

## Goal, Vision, & Mission

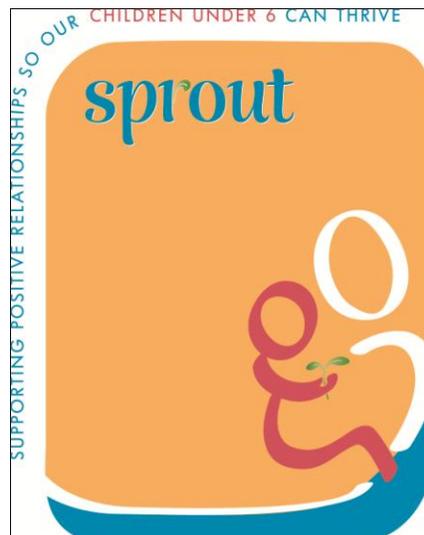
**OUR GOAL:** *For all Fond du Lac County children to be healthy, nurtured, safe and successful from birth to school entry through:*

- **Nurturing and Responsive Relationships:** *People who touch the lives of infants, young children and their families know how to foster healthy social and emotional development.*
- **High Quality Supportive Environments:** *All children will have high quality supportive environments, including their own homes.*
- **Targeted Social Emotional Supports:** *There will be a coordinated community approach for teaching social and emotional skills to ensure children's school readiness.*
- **Intensive Interventions:** *Children with emerging mental health symptoms will receive evidence based treatment by trained and knowledgeable providers in partnership with parents and other caregivers resulting in optimal development. Families and children will feel supported by competent, knowledgeable and sensitive professionals and caregivers.*

**OUR VISION:** *Every Fond du Lac County child will have his/her social and emotional developmental needs met within the context of family, culture, education, and community.*

**OUR MISSION:** *The Infant and Early Childhood communities of Fond du Lac County will strengthen its ability to support the social and emotional health of young children with Nurturing and Responsive Relationships, High Quality Supportive Environments, Targeted Social and Emotional Supports and Intensive Interventions.*

**OUR LOGO:** *Supporting Positive Relationships so Our children Under 6 can Thrive*



# Fond du Lac County Community Plan

The Fond du Lac County Community Plan To Support and Promote Social and Emotional Development in Young Children emerged based on the work of the **Center on the Social and Emotional Foundations for Early Learning (CSEFEL)**. CSEFEL created a Pyramid Model focused on promoting the social and emotional development and school readiness of young children birth through age 5. CSEFEL is a national resource center funded by the Office of Head Start and the Child Care Bureau to disseminate research and evidence-based practices for early childhood programs across the country. The Pyramid Model establishes a foundation for creating an effective workforce. This model creates the framework for the Fond du Lac Community Plan which embraces the following four components:

- 1. Nurturing and Responsive Relationships** – Supportive responsive relationships among adults and children is an essential component to promote healthy social and emotional development
- 2. High Quality Supportive Environments** – High quality early childhood environments promote positive outcomes for all children
- 3. Targeted Social Emotional Supports** – Systematic approaches to teaching social skills can have a preventive and remedial effect
- 4. Intensive Intervention** – Assessment based intervention that results in individual behavioral support plans



Center on the Social and Emotional Foundations for Early Learning  
[www.vanderbuilt.edu/csefel](http://www.vanderbuilt.edu/csefel)

## **Nurturing and Responsive Relationships**

*Supportive responsive relationships among adults and children is an essential component to promote healthy social and emotional development*

**Desired Outcome:** People who touch the lives of infants, young children and their families know how to foster healthy social and emotional development.

**Why is this important?** Children learn within the context of relationships. Close and dependable relationships between children and parents or other regular caregivers are the key to a young child's growth and success. It is essential that those involved in the lives of young children understand the importance of providing responsive, positive relationships during this critical period of development. Healthy social and emotional development during the early childhood years will result in children who will grow up to be healthy, productive adults.

*Parents and other regular caregivers in children's lives are "active ingredients" of environmental influence during the early childhood period. Children grow and thrive in the context of close and dependable relationships that provide love and nurturance, security, responsive interaction, and encouragement for exploration. Without at least one such relationship, development is disrupted and the consequences can be severe and long lasting. If provided or restored, however, a sensitive care giving relationship can foster remarkable recovery, (National Research Council Institute of Medicine, From Neurons to Neighborhoods-The Science of Early Childhood Development, 2000, p. 7).*

### **Assets and Strengths:**

Strong partnerships exist for working together to promote nurturing and responsive relationships for all young children. The development of a community plan has contributed to a shared understanding across disciplines of the importance of nurturing and responsive relationships for young children.

### **Recommendations:**

- Increase knowledge on how to foster healthy social and emotional development to people who touch the lives of infants, young children and their families (i.e. parents, community service providers, educators, employee assistance providers, legislators, medical community, court system)
- Determine what, where and how social and emotional development information is reaching people who touch the lives of infants, young children and their families
- Identify if gaps exist in reaching target populations with information
- Address information gaps, if any, with best practice strategies for raising awareness regarding the value of fostering healthy social and emotional development of young children

- Utilize community events and programs (children’s museum, children’s expo, Walleye Weekend) to build awareness on how to foster social and emotional development
- Utilize existing promotional materials and/or develop new materials to build public awareness (brochures, calendar of events...)
- Establish a funding stream that supports the development and distribution of awareness
- Build the capacity of families to be involved in information dissemination such as training, committee work, mentoring, and educating the community about early childhood mental health
- Increase parents and early childhood professionals’ competencies to support healthy social and emotional development by tapping into resources, including national speakers, training opportunities and providing written materials
- Develop a website to provide access to information on social and emotional development

**How will we know we are successful?**

- The community understands and values the role of nurturing and responsive relationships and its importance in the healthy social and emotional development of young children
- Training opportunities are offered and materials are developed and distributed focusing on healthy social and emotional development

## **High Quality Supportive Environments**

*High quality early childhood environments promote positive outcomes for all children*

### **Desired Outcome:**

All children will have high quality supportive environments, including their own homes.

### **Why is this important?**

High quality supportive environments support healthy social and emotional development.

### **Assets and Strengths:**

In 2008, Fond du Lac School District, partnering with community service providers and the North Fond du Lac School District, received Safe Schools Healthy Students federal grant funding. Fond du Lac is one of two sites in Wisconsin to receive this funding in 2008, which supports the Comprehensive Service Integration (CSI) Project. CSI is a local initiative linking schools, community services, and families to support children's healthy development through system connections and outreach. An element of the project is to support organization and development of social and emotional learning programs for young children through service linkages and collaboration. Together, the CSI initiative and SPROUT support the development of high quality supportive environments for young children through training and professional development opportunities for all individuals who touch the lives of young children.

### **Recommendations:**

- Promote use of Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire: Social-Emotional (ASQ:SE) as a universal monitoring system for all providers serving young children
- Provide access to and regular training on the use of the ASQ and ASQ:SE
- Engage and support local higher education institutions in evaluating the quantity and quality of social and emotional curriculums offered to their students.
- Integrate relevant social and emotional knowledge and skill development into existing training programs and curriculums as needed
- Provide parents and caregivers information on how to establish high quality supportive environments
- Promote the use of environmental rating scales to assess the quality of early childhood environments. (Early Childhood Environmental Rating Scale, Infant Toddler Environmental Rating Scale and Family Child Care Environmental Rating Scale) Provide resources such as training and consultation to parents, early childhood teachers and other service providers to help children with challenging behaviors succeed in community settings

- Support the implementation of YoungStar, Wisconsin's quality rating and improvement system used to assure high quality care in child care programs

**How will we know we are successful?**

- All providers screen the social and emotional development of young children and their environments with standardized tools
- Children receive the services needed based on the results of their individual screening
- Fond du Lac infant and early childhood providers follow a common set of core competencies
- Institutions of higher education will enhance curriculum to include social and emotional teaching strategies if needed

## **Targeted Social Emotional Supports**

*Systematic approaches to teaching social skills can have a preventive and remedial effect*

### **Desired Outcome:**

Fond du Lac County will have a coordinated community approach for teaching social and emotional skills to ensure children's school readiness.

### **Why is this important?**

Targeted social and emotional supports are essential for healthy development and enhancing positive parent-child relationships especially for vulnerable families with young children. Building protective factors will assure that healthy attachments will thrive in future generations.

Although a licensed professional is required to provide treatment of mental health disorders, community partners can promote healthy social and emotional development in their daily interactions with children through prevention and early intervention activities. These partners include but are not limited to child care programs, special education, early childhood programs, child care resource and referral agencies, school districts, family resource centers, home visitors, youth services agencies, healthcare providers, social services and faith communities. These important community resources have the capacity and more importantly, multiple opportunities to directly impact the lives of infants, young children, and families and are embedded into every culture, but are often overlooked and underutilized. Multiple researchers suggest that we must improve the ability of families and community providers to identify early childhood mental health issues and to build their capacity to respond to those families and children (Love et al., 2002, Hanson et al., 2001; Smith and Fox, 2003).

### **Assets and strengths:**

The community is committed to maximizing resources serving vulnerable families with young children in a thoughtful manner using evidence based practices. In Fond du Lac County there are strong community partnerships that are working toward promoting the healthy social and emotional development of young children. In addition, Fond du Lac County is a Wisconsin Alliance for Infant Mental Health Community Site.

### **Recommendations:**

- Develop the capacity to identify early signs of emotional and behavioral concerns or developmental delays and when indicated provide more specialized assistance to infants, young children, and their families
- Screen all post partum mothers for depression
- Provide social and emotional developmental screening to children at risk (i.e., children exposed to trauma, attachment disruption, experiencing homelessness, abuse or neglect, witnessing domestic violence, or with parents in AODA or mental health treatment)
- Refer all infants and toddlers who have experienced trauma for screening

- Work in partnership with community agencies to identify barriers to effective and positive parenting
- Work in partnership with local child care centers and family child care providers to reduce the incidence of expulsion by providing needed resources and supports to early care and education settings
- Work in partnership with community agencies to assure that the basic needs of children and families are met
- Provide child welfare practices that are sensitive to the social, emotional and cultural needs of children such as enhancing foster family mentoring roles, promoting modeling and cooperation between biological and foster parents, using evidence based practices which supports and values the roles of both mothers and fathers in their children's lives, and making child placement decisions in the best interest of the child's social and emotional development

**How will we know we are successful?**

- Fond du Lac County community partners will identify children with social and emotional developmental concerns and know the process for referring children and families
- The number of developmental screenings in Fond du Lac County will increase
- There will be a decrease in the number of referrals to the Department of Social Services
- There will be a decrease in the number of expulsions of young children from child care settings
- There will be an increase in school attendance
- Obstetricians and pediatricians will routinely screen mothers for post-partum depression and make referrals
- Young children with mental health needs will have access to appropriate services
- Children in need of protection will receive services and supports sensitive to their social and emotional needs.

## **Intensive interventions**

*Assessment based intervention that results in individual behavioral support plans*

### **Desired Outcome:**

Children with emerging mental health symptoms will receive evidence based treatment by trained and knowledgeable providers in partnership with parents and other care givers resulting in optimal development. Families and children will feel supported by competent, knowledgeable and sensitive professionals and caregivers.

### **Why is this important?**

Early intervention results in more positive long term outcomes for children and families. Earlier interventions are often less costly and intrusive to the child and family.

*A family intervention approach has four aspects. First, it involves intervention for parental risk factors that interfere with effective parenting. Parental risk factors include, for example, depression, substance abuse, and domestic violence. Second, it couples the intervention with relationship-based parenting supports or training. Third, it includes targeted prevention and early intervention for the child. Fourth, it calls for continued attention to a family's basic needs (e.g., healthcare, food, and housing). (Perry, Kaufmann, Knitzer, p. 340)*

### **Assets and strengths:**

A continuum of service delivery includes promotion, prevention, early intervention and treatment. Full intervention and treatment requires specialized training. Some Fond du Lac County providers have received advanced training to better deliver clinical mental health services. For example, a partner such as a psychologist at the Department of Community Programs has received training in the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition. The Fond du Lac and North Fond du Lac School Districts are working to establish Positive Behavior Supports and mental health consultations for individual children within the schools. The Department of Social Services is beginning to focus on Family Centered Teaming. The Wisconsin Department of Children and Families has chosen Fond du Lac County as a training site on addressing trauma in children.

### **Recommendations:**

- Support and provide training related to the consequences of attachment disruption to Fond du Lac community providers
- Provide mental health consultation to early intervention staff, pediatric staff, child care providers, teachers, and home visitors as needed
- Develop mutual understanding among and between community agencies on when and how to refer children for mental health treatment
- Teach caregivers the evidence-based interventions developed for young children who have been removed from their families

- Provide training in The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood:0-3R (DC: 0-3R) to mental health clinicians working with young children
- Strengthen local capacity to develop intervention plans based on the results of the DC: 0-3R.
- Provide collaborative supportive services to families with infants and young children who face multiple risk factors (children exposed to trauma, attachment disruption, experiencing homelessness, abuse or neglect, witnessing domestic violence, or with parents in AODA or mental health treatment, etc.)
- Develop therapeutic model for family interaction in supervised settings
- Provide child development training to child welfare workers and judges to guide their work and decision making with infants and toddlers
- Create access to appropriate evidenced based supports and therapeutic services to all caregivers including parents, permanent guardians, adoptive families, and foster families

**How will we know we are successful?**

- Fond du Lac County will have an array of knowledgeable providers who are competent in using the DC:0-3R
- Providers will deliver family centered and individualized, effective, comprehensive and coordinated services to families who have children in need of intervention.

## Contributors

### *Plan Review Workgroup*

**Members:** Nan Baumgartner, *UW Extension, Fond du Lac County*  
Diane Fett, *Fond du Lac County Birth to Three Program*  
Sandy Fryda, *Fond du Lac County Health Department*  
Kate Hildebrandt, *Family Connections, Inc., Child Care Resource and Referral*  
Linda Holschbach, *Family Foundations Program, Fond du Lac County Department of Social Services*  
Tina Potter, *Fond du Lac Area United Way*  
Christie Reese, *Fond du Lac School District –CSI Project*  
Katie Rose, *Family Resource Center of Fond du Lac County, Inc.*  
Marian Sommerfeldt, *The Arc of Fond du Lac, Inc.*  
Ann Steffen, *Early Childhood Consultant*

The Plan Review Workgroup gratefully acknowledges the support and contributions of the following groups and individuals who contributed to the development of the Fond du Lac County Plan to Support and Promote the Social and Emotional Development of Young Children:

### *Nurturing and Responsive Relationships/High Quality and Supportive Environments*

**Co-Chairs:** Ann Steffen, *Early Childhood Consultant*  
Marian Sommerfeldt, *The Arc of Fond du Lac, Inc.*

**Members:** Nan Baumgartner, *UW Extension, Fond du Lac County*  
Shelli Dekker, *YMCA Child Care Center*  
Sandy Fryda, *Fond du Lac County Health Department*  
Becky Hoffman, *Fond du Lac County Birth to 3 Program*  
Barb Millage, *Marian University Early Childhood Center*  
Laura Riemersma, *Youth for Christ Teen Parents*  
Jan Rupe, *North Fond du Lac Schools*  
Susan Stone, *Stone Speech Therapy, LLC*

### *Targeted Social Emotional Supports/Intensive Interventions*

**Co-Chairs:** Jackie Block, *Fond du Lac Regional Clinic*  
Diane Fett, *Fond du Lac County Birth to 3 Program*

**Members:** Christine Breunig, *Children and Youth with Special Health Care Needs*  
Valerie Barton, *ADVOCAP Head Start*  
Julia Cartwright, *WI FACETS*  
Ruth Chvojicek, *Wisconsin Early Childhood Collaborating Partners*  
Beth Dardis, *North Fond du Lac School District*  
Deb Ellingen, *North Fond du Lac School District*

Sandy Fryda, *Fond du Lac County Health Department*  
Pam Guiden, *ADVOCAP Head Start*  
Melissa Hayes, *Fond du Lac School District – CSI Project*  
Becky Hoffman, *Fond du Lac County Birth to 3 Program*  
Linda Holschbach, *Department of Social Services*  
Deb Jabas, *North Fond du Lac School District*  
Mary Mueller, *Fond du Lac County Department of Social Services*  
Christie Reese, *Fond du Lac School District – CSI Project*  
Jan Rupe, *North Fond du Lac School District*  
Tina Potter, *Fond du Lac Area United Way*  
Pat Sias, *Ripon Area School District*  
Tanya Tautges, *Fond du Lac County Birth to 3 Program*

***Plan Consultants:*** Therese Ahlers, *Wisconsin Alliance for Infant Mental Health*  
Lana Nenide, *Wisconsin Alliance for Infant Mental Health*

***Graphic Designer:*** Jill Bailey, *Caffeinated Designs*, Chilton, WI for graphic design of the logo and letterhead for SPROUT

***Sponsors:*** ADVOCAP Head Start  
Agnesian Health Care  
Arc of Fond du Lac, Inc  
Child Care Resource and Referral, Inc.  
Children and Youth with Special Health Care Needs  
Doll and Associates  
Family Resource Center of Fond du Lac County  
Fond du Lac Area Catholic Education System  
Fond du Lac Area Foundation  
Fond du Lac Area United Way  
Fond du Lac County Birth to Three Program  
Fond du Lac County Department of Community Programs  
Fond du Lac County Department of Social Services  
Fond du Lac County Health Department  
Fond du Lac Public Library  
Fond du Lac School District  
Fond du Lac School District CSI Project  
Fond du Lac YMCA  
Marian University  
North Fond du Lac School District  
Oakfield School District  
UW Extension, Fond du Lac County  
Wisconsin Early Childhood Collaborating Partners

# Appendix A & B

## **Appendix A: Understanding Infant Early Childhood Mental Health**

### **Developmental Definition** (from Zeanah, Stafford, Nagle, & Rice, 2005)

Infant mental health is synonymous with healthy social-emotional development including the developing capacity of a child to:

- Experience, regulate, and express emotions;
- Form close interpersonal relationships; and
- Explore the Environment and learn – all in the context of family, community, and cultural expectations for young children.

### **System Delivery Definition** (from Perry, Kaufman, Knitzer, p. 65)

Optimal service delivery provided by infant and early childhood communities will:

- Promote the emotional and behavioral well-being of all young children
- Strengthen the emotional and behavioral well-being of children whose development is compromised by environmental or biological risk in order to minimize their risks and enhance the likelihood that they will enter school with appropriate skills
- Help families of young children address any barriers they face to ensure that their children's emotional development is not compromised
- Expand the competencies of non-familial caregivers and others to promote the social and emotional well-being of young children and families, particularly those at risk by virtue of environmental or biological factors
- Ensure that young children experiencing clearly atypical emotional and behavioral development and their families have access to needed services and supports

When combined, these two perspectives help guide states, communities, providers, and families as they strive to conceptualize early childhood mental health, work to build services and supports that encourage social-emotional development in *all* young children and assist those children at risk or experiencing developmental difficulties.

The practice of infant and early childhood mental health is guided by the following principles below based on the definitions outlined above.

### ***Infant and Early Childhood Development Principles***

- 1) Optimal physical, cognitive, social and emotional development of the infant and young child is interdependent and occurs within the context of secure and healthy relationships with caregivers, particularly in the relationship between parent and child.
- 2) The parent carries the primary responsibility for establishing and maintaining a secure attachment. The infant's characteristics and reactions contribute significantly to the relationship but are considered secondary to the parent's responsibility.
- 3) Nurturing styles are meaningfully influenced by:
  - the parent's experiences with his or her own parents;
  - stressors the parent is experiencing;

- the extent to which the parent is being supported and nurtured, as well as the parents ability to take advantage of available supports;
  - cultural expectations and practices.
- 4) Involvement of mothers and fathers in the care and nurturance of their children, beginning at conception, is an important factor in healthy development and merits encouragement and facilitation.
  - 5) Family mental health, particularly, maternal mental health, has a significant role in the development of infant emotional well-being.

***Infant and Early Childhood System Principles***

- 1) Child and family interactions with service providers promote healthy social-emotional development and include prevention, early intervention and treatment activities across all disciplines.
- 2) Services across systems focus on strengthening the parent-child relationship.
- 3) Interventions strengthen the optimal development of the infant and young child, as well as enhance the emotional well-being of the individual family members and the family as a whole
- 4) Parents are full and meaningful partners in the decision making process in provision of services
- 5) Services are provided to the family in the most natural environment possible.
- 6) Interventions and services respect the differences in cultures, communities, family structures, languages and individuals. These differences are honored throughout systems of care and are not misinterpreted as symptoms of manifestations of problems.
- 7) A system of care provides effective supervision of and support for service providers. Such supervision offers an environment to reflect upon the work with children and families and to acquire new knowledge, skills and attitudes.
- 8) Messages of hope, strength and recovery are integrated into all service interactions.

(Wisconsin Infant and Early Childhood Mental Health Plan) [www.wiaimh.org](http://www.wiaimh.org)

## **Caregiver Tenets**

Fond du Lac County's Community Plan is guided by a shared understanding of Infant and Early Childhood Principles as well as shared System Principles as presented earlier and the following Caregiver Tenets.

- 1) Children are best understood within the context of family, care giving, and community relationships.
- 2) What happens in the early years affects the course of development across the life span.
- 3) Nurturing relationships with parents and other people in their lives from birth onward are the most important contribution to children's positive social-emotional development and well-being.
- 4) Children deserve to be in safe, stable, caring, and nurturing environments that promote their health and development, protect them from harm, and are supportive of appropriate social and emotional well-being.
- 5) Families play the leading role in children's social-emotional development, and they are to be full participants in all aspects of the design, implementation, and evaluation of programs and services for their young children.
- 6) Families and caregivers need to be respected and supported in their roles by building on their skills and knowledge and supporting their mental health.
- 7) Individuality, as well as social, economic, and cultural diversity, must be understood, honored, appreciated, and reflected in practice.
- 8) Caregivers' work is collaborative and interdisciplinary and comprises health, mental health, early care and education and human services. (Perry, Kaufmann, Knitzer, pp. 102-103).

**Early Childhood and Young Children Services  
Survey Report  
2009**

Prepared for:

Fond du Lac Comprehensive Service Integration Program (CSI)  
Fond du Lac Safe Schools/Healthy Students Element Five Committee  
Fond du Lac County SPROUT (*Supporting Positive Relationships  
so Our children Under 6 can Thrive*)

Marian Sheridan—CSI Grant Administrator and Fond du Lac School District  
Coordinator of School Health and Safety Programs  
Christie Reese—CSI Grant Project Director  
(920)906-6548

Prepared by:

JKV Research, LLC  
Janet Kempf Vande Hey, M.S.  
W4443 Moore Road  
Hilbert, WI 54129  
920-439-1399

## Table of Contents

<u>Section Title</u>	<u>Page Number</u>
Purpose .....	1
Methodology .....	1
Key Findings .....	4
Screening Tools Used in Past Year .....	4
Referrals in Past Year .....	5
Resources .....	6
Meeting Needs in Fond du Lac County .....	8
Recommendations .....	11
 Appendix A: Questionnaire Frequencies .....	 12

<u>Table Title</u>	<u>Page Number</u>
Table 1. Other Participant Characteristics .....	2

<u>Figure Title</u>	<u>Page Number</u>
Figure 1. Service Sector of Participants .....	2
Figure 2. Developmental Screening Tools Used (Past Year) .....	4
Figure 3. Issues Preventing Developmental Screenings .....	5
Figure 4. Referrals (Past Year) .....	6
Figure 5. Resources Provided to Parents .....	7
Figure 6. Curricula/Materials Used with Parents and Young Children .....	8
Figure 7. Gaps in Meeting Needs of Young Children .....	9
Figure 8. Early Childhood Training Topics .....	10
Figure 9. Parent Training Topics .....	10

## Purpose

The Fond du Lac and North Fond du lac School Districts received a Safe Schools/Healthy Students grant for developing and implementing a comprehensive program to work on five elements:

1. Safe school environments and violence prevention
2. Alcohol, tobacco and other drug prevention
3. Student behavioral, social, and emotional supports
4. Mental health services
5. Early childhood social and emotional learning programs

The Element Five Committee with input from the Fond du Lac County work group SPROUT, *Supporting Positive Relationships so Our children Under 6 can Thrive*, have focused on creating a community plan to increase coordination and integration of services and systems supporting young children and their families. In order to better understand what services are offered to infants and young children, a survey was initiated about current screening tools, referrals and resources. This is a report of the 2009 Early Childhood and Young Children Services Survey.

## Methodology

The 16 point online questionnaire was developed by the Element Five Committee and JKV Research, LLC. A total of 148 people were identified by Element Five to be involved in early childhood development in some capacity. In addition, 42 pediatricians or family medicine practitioners were identified by the local health care organizations and their administrators encouraged them to complete a paper copy of the survey.

The survey was administered the weeks of October 13 through November 7, 2009. Reminder emails/telephone calls were conducted the last week of October.

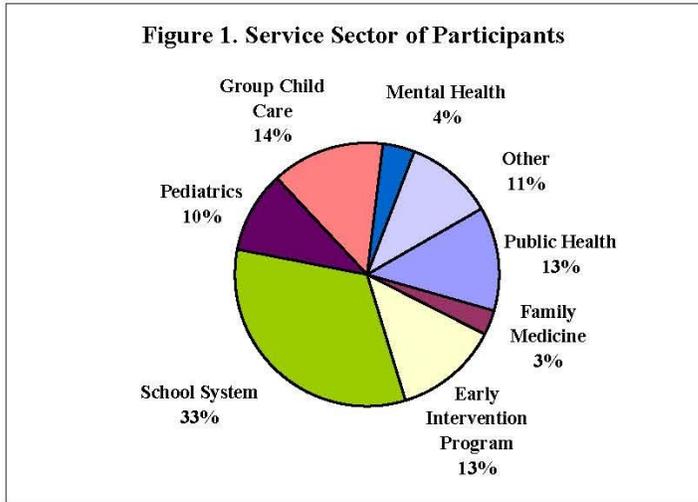
Out of a possible 190 surveys, a total of 79 surveys were completed. This results in an overall response rate of 42%. With 79 completions we can be 95% sure that the sample percentage reported would not vary by more than  $\pm 8.5\%$  from what would have been obtained by interviewing all persons involved in early childhood development. Throughout the report, some totals may be more or less than 100% due to rounding, and in some instances, due to a percent of individuals not answering the question. Percentages in the report and in the Appendix may differ as a result of combining several response categories for report analysis.

For the purpose of this survey, the term early childhood and young children are defined as birth through age 6 or before first grade.

Survey management was conducted by JKV Research, LLC. For technical information about survey methodology, contact Janet Kempf Vande Hey, M.S. at (920)439-1399 or [janet.vandehey@jkvresearch.com](mailto:janet.vandehey@jkvresearch.com).

**Participant Characteristics (Figure 1, Table 1)**

- To ensure a wide range of perspectives that are involved in early childhood development, participants came from a variety of service sectors. The largest were from the school system (33%) followed by group child care (14%), public health (13%) and early intervention programs (13%).



- The main purpose of the organization’s services were varied. The most common purpose was early education (28%) followed by medical care and consultation (20%) or specialized services for young children (18%).
- Four in ten respondents reported their organization, including satellites, serve all of Fond du Lac County. An additional 37% reported they serve the city of Fond du Lac. Followed by 16% reporting the city of Ripon and the town of Ripon. See Appendix A for a complete list of communities served.
- About half of respondents reported they served 50 or fewer young children in the past year.
- One in three respondents reported that of the young children they served in the past year, 10% or less needed further assessment or additional services. Another one in four respondents reported 11% to 25% of the young children they served needed further assessment or additional services.

Table 1. Other Participant Characteristics

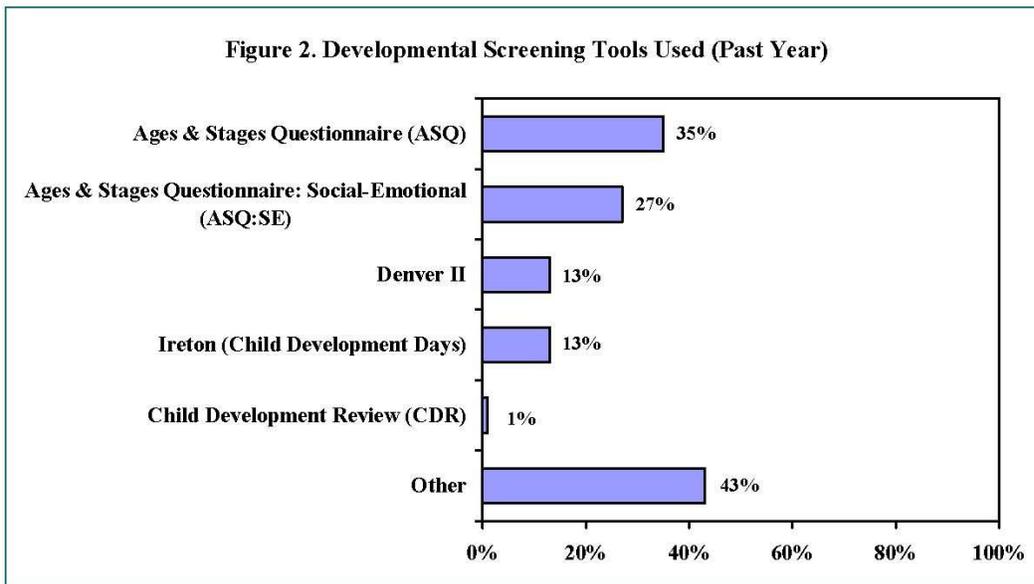
	Percent
TOTAL	100%
Purpose of Organization's Services	
Early education	28
Medical care and consultation	20
Specialized services for young children	18
Licensed child care	11
Parent education	8
Preventative health care and education	8
Education	5
Child protection and welfare	3
Communities Served	
All of Fond du Lac County	44
Fond du Lac city	37
Ripon city	16
Ripon town	16
North Fond du Lac village	14
Number of Children Served in Past Year	
10 or less	9
11 to 25	14
26 to 50	23
51 to 100	11
More than 100 young children	43
Percent of Young Children Served Needed Further Assessment/Additional Services	
10% or less	33
11% to 25%	25
26% to 55%	13
56% to 85%	13
86% to 100%	11

## Key Findings

### Screening Tools Used in Past Year (Figures 2 & 3)

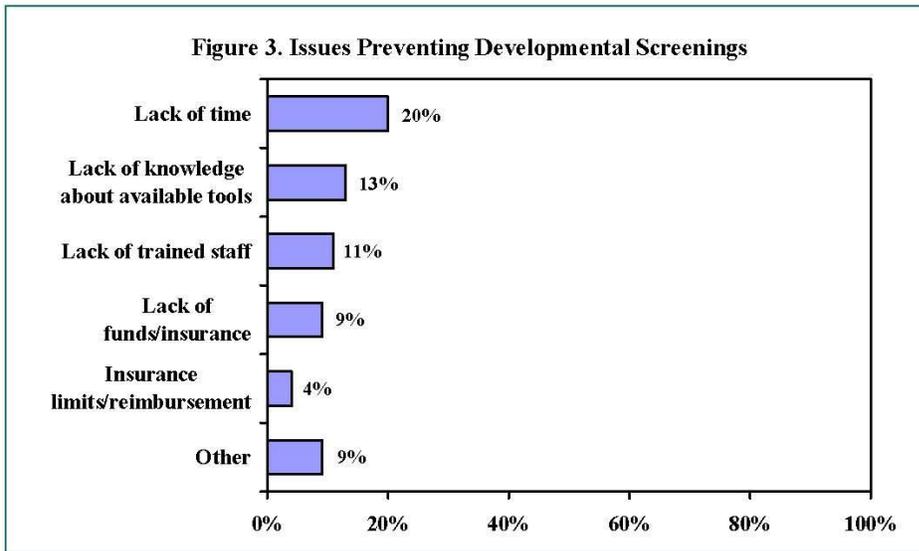
**KEY FINDINGS:** Most (75%) of respondents reported using a screening tool in the past year. Over one-third of respondents reported they used the ASQ screening tool in the past year while one-quarter reported the ASQ:SE. Over one third reported there was an issue that prevented them from using screenings. The most common reason was lack of time.

- Respondents were given a list of developmental screening tools and asked which ones they used with young children in their care. A total of 75% of respondents reported using a screening tool in the past year. Thirty percent reporting using one tool while 25% reported 2 tools and 19% reported three or more tools.
- The Ages & Stages Questionnaire was most often used (35%) followed by the Ages & Stages Social-Emotional Questionnaire (27%). See Figure 2.
- Besides the six listed tools, 43% reported they used other tools, including LAP-D, Hawaii Early Learning Profile, Rossetti Infant Toddler Language Scale, various Peabody tools and still others had internal tools developed specifically for their organization. See Appendix A for a complete list of other screening tools used.
- Seventy percent of the public health sector and 60% of those in early intervention reported they use the general ASQ while 30% of respondents in pediatrics/family medicine reported this. Nineteen percent of respondents in school systems and 18% of those in group child care reported they used the general ASQ.
- Forty percent of respondents in the pediatrics/family medicine sector and 30% of those in the public health sector reported they used Denver II in the past year compared to 10% of respondents in early intervention, 9% in group child care and 4% of respondents in the school system.



### Issues Preventing Developmental Screenings

- Thirty-seven percent of respondents reported there was an issue that prevented them from offering developmental screenings. Twenty percent reported one issue, 9% reported two issues while 3% reported three issues and 5% reported four issues.
- The most common cited reason for not offering developmental screenings was lack of time (20%). Lack of knowledge about available tools and lack of trained staff followed (13% and 11%, respectively).
- Twenty-one percent of respondents who served more than 75 children in the past year reported lack of trained staff as a reason preventing them from offering developmental screenings compared to 6% of those who reported they served 25 or fewer children or 0% of respondents who served 26 to 75 children.

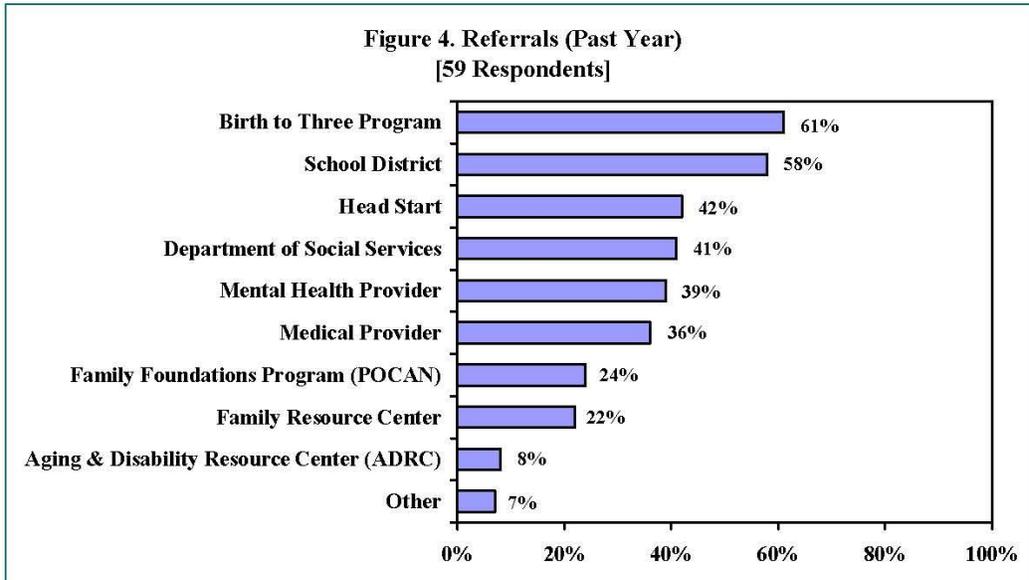


### Referrals in Past Year (Figure 4)

**KEY FINDINGS:** Three-quarters of all respondents reported they made a referral to another organization based on a young child’s social, emotional, or behavioral development in the past year. The most common referral was to the Birth to Three Program or to the school district. Four out of five respondents reported they always or nearly always did a follow-up with the parents to see if the parent followed through on the referral.

- Seventy-four percent of respondents reported in the past year they made referrals to another organization based on a young child’s social, emotional, or behavioral development. Fifteen percent reported a referral to one organization while 16% reported two organizations and 14% reported three organizations. Sixteen percent reported four or five organizations and 13% reported referrals to six or more organizations in the past year.
  - Sixty-one percent of respondents reported they referred a child to the Birth to Three Program while 58% reported to the school district. Two in five respondents reported they referred to Head Start, Department of Social Services or a mental health provider. See Figure 4.

- Thirty-four percent of respondents who made referrals reported they always did a follow-up with parents to ensure their follow-through while 46% reported nearly always. Seventeen percent reported sometimes and two percent each reported seldom or never.



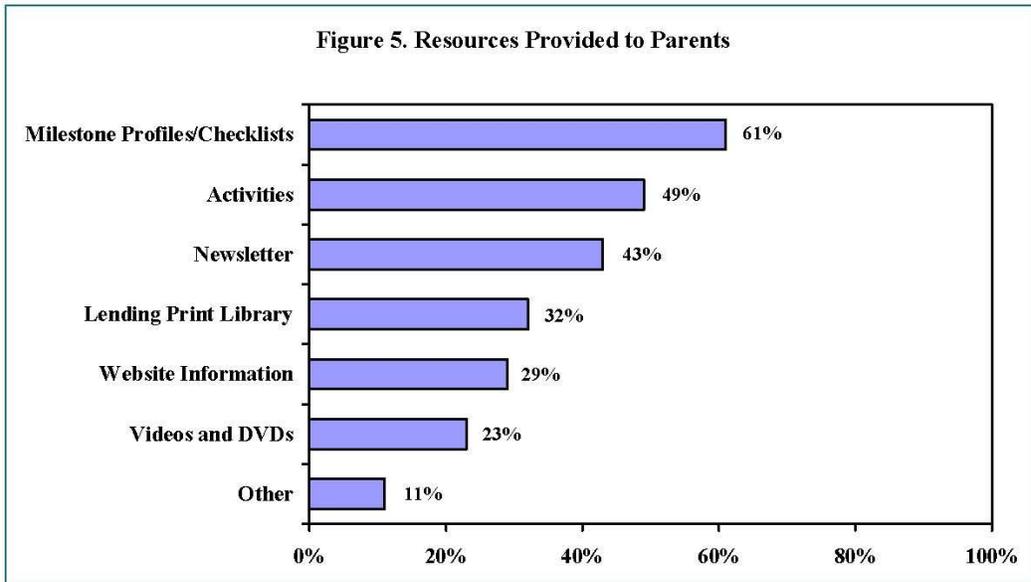
## Resources (Figures 5 & 6)

**KEY FINDINGS:** Three in five respondents reported they provide developmental milestone profiles and checklists to parents while one-half reported they provide activities that promote healthy development. One-fifth of respondents reported they use the curricula/materials of Love and Logic with parents and young children. About one in ten use Parent the First Year or Parents as Teachers Program. Respondents who were in the public health sector were more likely to use Parents as Teachers Program while respondents in the early intervention sector were more likely to report Love and Logic materials.

### Resources Provided to Parents

- A total of 88% of respondents reported they provide parents at least one resource related to the healthy development of their infants and young children. Thirteen percent reported one resource while 30% reported two resources and 25% reported three resources. The remaining 20% reported they used four or more resources.
- Sixty-one percent of respondents reported they currently provide parents with developmental milestone profiles/checklists while 49% reported activities that promote healthy development and 43% reported newsletter. See Figure 5.
- Ninety percent of respondents who were in the early intervention sector reported activities that promote healthy development compared to 50% of those in the school system, 30% each in the public health sector or pediatrics/family medicine sector. Twenty-seven percent from the group child care sector reported activities that promote healthy development.
- Ninety-one percent of respondents in group child care reported newsletter compared to 50% each in early intervention or school system, 20% of respondents in public health and 0% in pediatrics/family medicine.

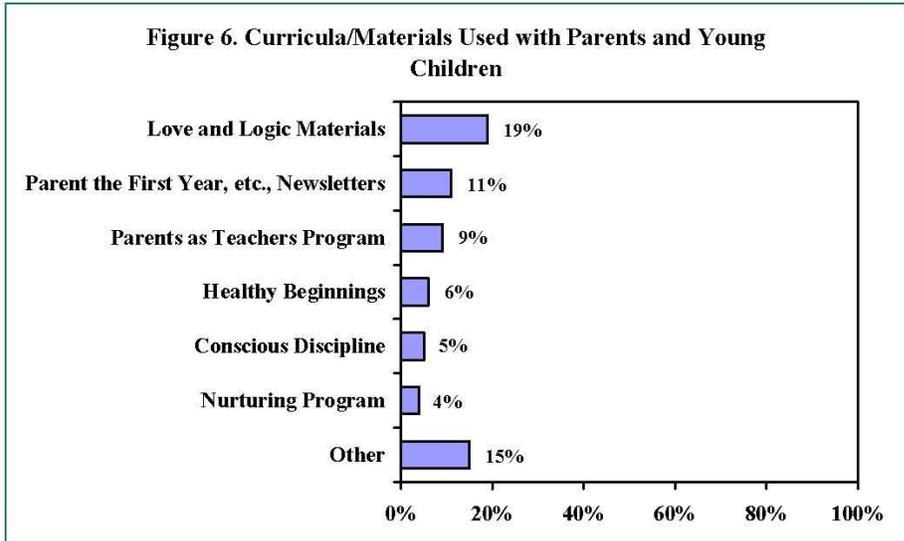
- Sixty-four percent of respondents who served 26 to 75 young children in the past year reported activities that promote healthy development compared to 54% of those who served more than 75 young children or 22% of respondents who served 25 or fewer children.



**Curricula and/or Materials Used with Parents and Young Children**

- Forty-eight percent of respondents reported they use curricula and/or materials in their work with parents and young children. Thirty-three percent reported one form of curricula/materials while 10% reported two and the remaining 5% reported three or more curricula/materials.
- Thirty percent of respondents in the public health sector or in the early intervention sector reported two or more curricula compared to 9% or less for the other three sectors. Eighty percent of respondents in the pediatrics/family medicine sector reported zero curricula followed by 64% of those in the group child care and 62% of those in the school system compared to 30% of those in the public health sector and 10% of those in the early intervention sector.
- Twenty-three percent of respondents with 26 to 75 children served in the past year reported two or more curricula compared to 18% of those with more than 75 children served or 0% of respondents with 25 or fewer children served. Seventy-two percent of respondents who served 25 or fewer children reported no curricula used compared to 56% of those who served more than 75 children or 27% of respondents who served 26 to 75 children.
- The most common curricula/materials that respondents use with parents and young children were Love and Logic (19%) followed by Parent the First Year, etc, newsletters (11%) and Parents as Teachers Program (9%). See Figure 6.
- Respondents who were in the public health sector were more likely to report Parents as Teachers Program (40%) compared to all other sectors (0%).

- Fifty percent of respondents in the early intervention sector reported the Love and Logic materials they use with parents and young children compared to 19% of those in the school system, 9% in group child care and 0% in public health or pediatrics/family medicine sector.
- Thirty-six percent of respondents who reported 26 to 75 children served in the past year reported Love and Logic compared to 15% who served more than 75 children or 6% of respondents who served 25 or fewer children.



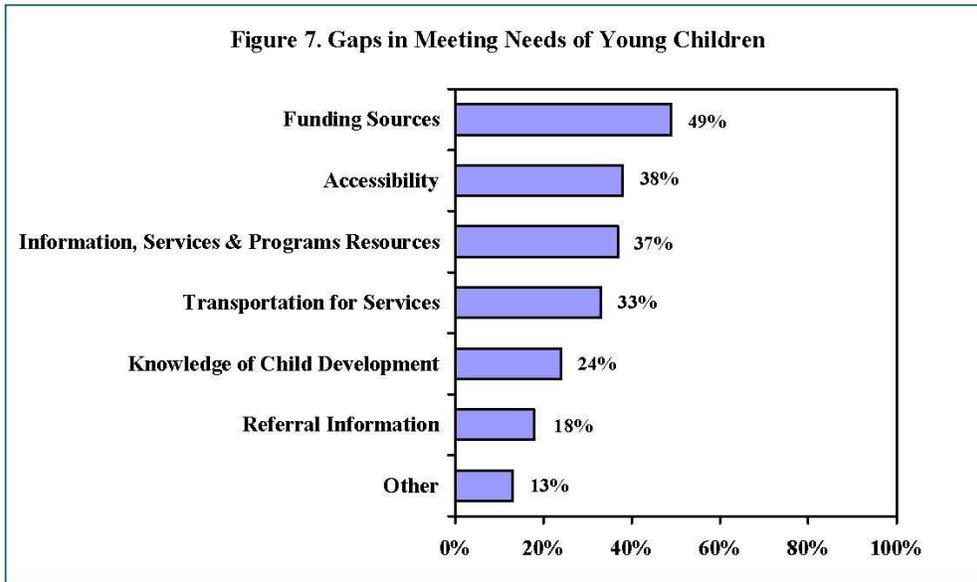
**Meeting Needs in Fond du Lac County (Figures 7 - 9)**

**KEY FINDINGS:** Most respondents reported there was a gap in meeting the social, emotional, and behavioral needs of young children in Fond du Lac County; funding sources, accessibility, resources on information, services and programs and transportation were the most common cited gaps. Four in five respondents were interested in attending an early childhood social and emotional development training; positive behavioral management strategies, intervention strategies or early identification/screening for concerns were most often mentioned. Most respondents (90%) reported they would like to see parent/caregiver trainings; behavior intervention, parenting strategies, or social and emotional child development were the most common training topics.

**Gaps in Meeting Social, Emotional and Behavioral Needs**

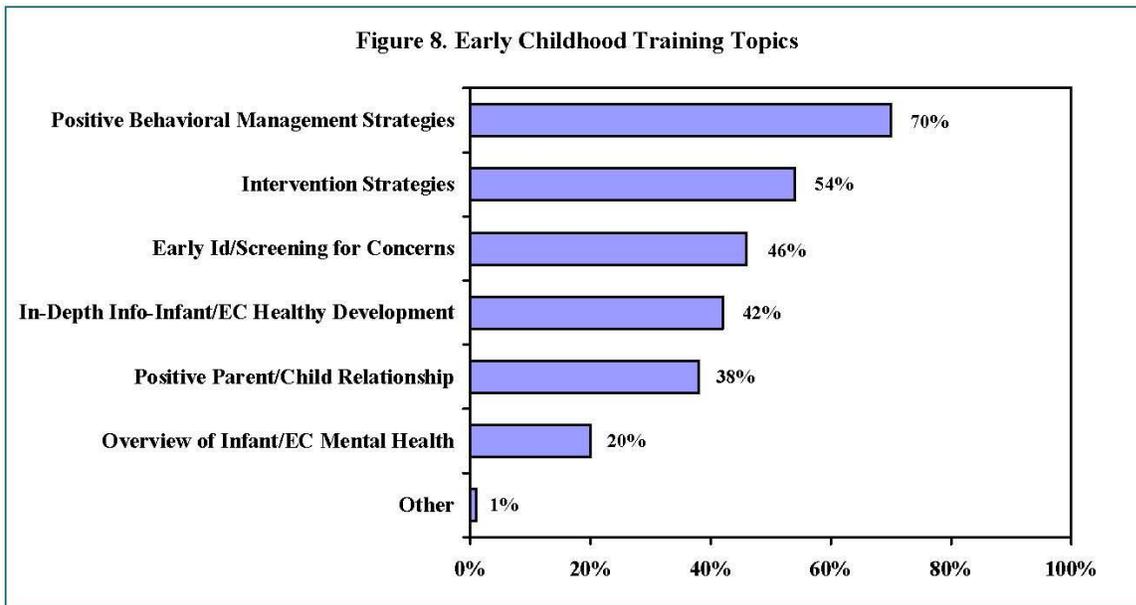
- Seventy-nine percent of respondents reported there was a gap in meeting the social, emotional and behavioral needs of young children in Fond du Lac County. Eighteen percent reported one gap while 23% reported two gaps and 16% reported three gaps. Fourteen percent reported four gaps and 8% reported five or more gaps.
- Forty-nine percent of respondents reported that funding sources are a current gap in meeting the social, emotional and behavioral needs of young children in Fond du Lac County while 38% reported accessibility and 37% reported resources providing information, services and programs. See Figure 7.

- Respondents who were in the pediatrics/family medicine or early intervention sector were more likely to report accessibility gaps (70% each) compared to those in group child care (45%), public health (40%) or school system sector (19%).
- Respondents who served 26 to 75 young children in the past year were more likely to report resources providing information, services and programs as a gap (59%) compared to respondents who served more than 75 young children or who served 25 or fewer children (28% each).



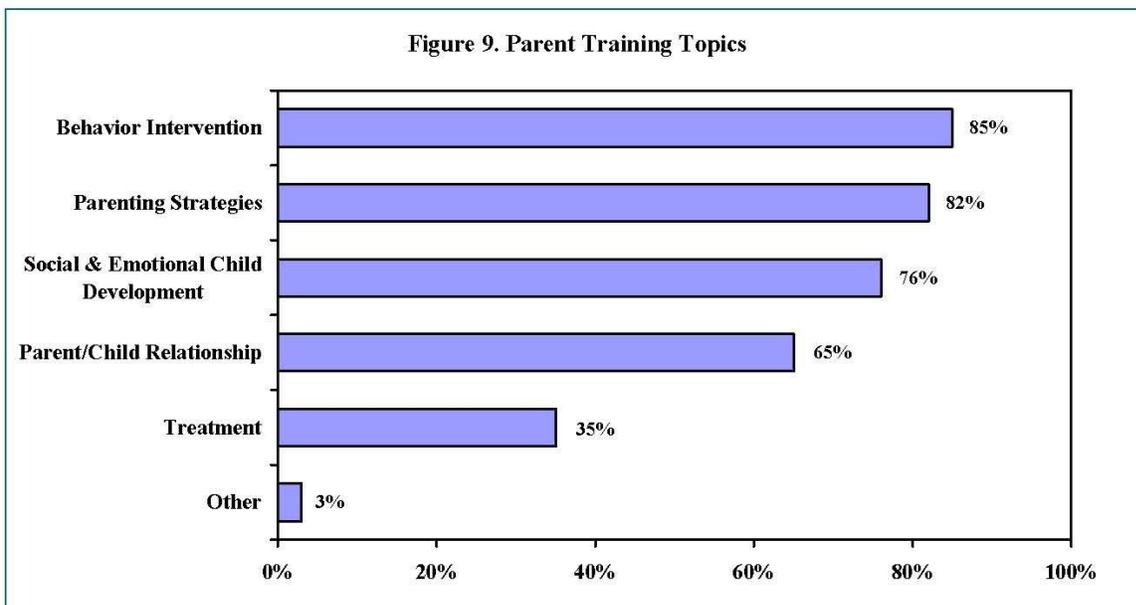
### Early Childhood Training Topics

- Eighty-four percent of respondents reported they were interested in at least one early childhood training topic. Nine percent were interested in one topic while 27% were interested in two and 18% interested in three topics. Eighteen percent reported four or five training topics while 13% reported all six of the listed training topics, with some including an additional topic.
- Fifty-five percent of respondents in the group child care sector and 50% of those in the early intervention sector were interested in four or more training sessions compared to 27% of respondents in the school system, 20% in the pediatrics/family medicine sector or 10% in the public health sector.
- Seventy percent of respondents reported they would be interested in attending a training session on positive behavioral management strategies while 54% reported they were interested in early intervention strategies. See Figure 8.
- Respondents who were in the group child care sector were more likely to report their interest in an overview of infant/early childhood mental health (55%) compared to the early intervention sector (30%), public health or pediatrics/family medicine sector (10% each) or school system (8%).



**Parent Training Topics**

- Ninety percent of respondents offered training to parents/primary caregivers. Eleven percent reported one or two topics, 18% reported three topics and 32% reported four topics. Twenty-nine percent reported five or more topics.
- Eighty-five percent of respondents reported they would like to see parent/caregiver training on behavior intervention while 82% reporting parenting strategies. Seventy-six percent reported social and emotional child development. See Figure 9.



## Recommendations

This research study provides important information in understanding what is being done in Fond du Lac County in serving young children in terms of social, emotional and behavioral health. Based on these results, the following are recommendations to increase meeting the needs of young children.

Recommendation 1: Provide early identification/screening training.

Over one-third of respondents reported there was at least one issue that prevented offering developmental screenings. The reasons preventing screenings were not due to the family's financial situation, rather two of the top three were related to lack of knowledge and lack of trained staff. In addition, nearly half of respondents reported they were interested in training on early identification and screening for concerns. The earlier needs can be identified will aid the child and family significantly.

Recommendation 2: Determine ways to support the gaps in meeting needs of young children.

Most respondents reported there are gaps in meeting needs of young children in Fond du Lac County. The largest gap was funding sources, with accessibility and transportation also being quite large. There is no quick fix to an issue like this. Discussing this as an Element Five Committee and looking at innovative alternatives will be needed.

Recommendation 3: Provide additional early childhood trainings to organizations.

Over half of respondents were interested in positive behavioral management strategies and intervention strategies. In addition, over half of the group child care sector was interested in an overview of infant/early childhood mental health. Providing trainings that respondents are asking for will increase the knowledge of staff as they deal with the social, emotional and behavioral issues beyond screenings.

Recommendation 4: Provide parent trainings.

Respondents believe that parents and caregivers would benefit from several trainings. The most often cited training they would like to see were behavior intervention, parenting strategies and social/emotional child development. Parent/child relationship was also quite high. If those who are serving young children see these parent needs, it is important for the county to respond.

## Appendix A: Questionnaire Frequencies

For the purpose of this survey, the terms early childhood and young children are defined as birth through age 6 or before first grade.

### Demographic Information

1. In which service sector do you work? [Check ONE best answer]

School System .....	33%	Family Medicine .....	3%
Group Child Care .....	14	Other	
Early Intervention Program (Birth-3, Head Start, etc.) ....	13	• Child Protection & Welfare .....	4
Public Health .....	13	• Community Resources .....	4
Pediatrics .....	10	• All Others .....	4
Mental Health .....	4		

2. For what purpose does your organization provide services? [Check ONE best answer]

Early education .....	28	Other	
Medical care and consultation.....	20	• Child protection & welfare .....	3%
Specialized services for young children.....	18	• Education .....	5
Licensed child care .....	11	• Preventative health care and education.....	8
Parent education.....	8		

3. What communities do you provide services in, including satellite locations?  
[MULTIPLE RESPONSES ACCEPTED]

All Fond du Lac County communities ....	44%	Brandon village.....	6%	Ashford town.....	4%
Fond du Lac city .....	37	Eden village .....	6	Auburn town.....	4
Ripon city .....	16	Eldorado town.....	6	Fairwater village.....	3
Ripon town .....	16	Friendship town .....	6	Alto town.....	1
North Fond du Lac village.....	14	Oakfield town .....	6	Forest town.....	1
Fond du Lac town.....	11	Byron town .....	5	Osceola town .....	1
Rosendale town .....	10	Calumet town.....	5	Marshfield town .....	0
Rosendale village.....	10	Empire town.....	5	Metomen town.....	0
Mount Calvary village.....	9	Lamartine town.....	5	Springvale town.....	0
Campbellsport village.....	8	Oakfield village.....	5		
Eden town.....	8	St. Peter village .....	5		
St. Cloud village .....	8	Taycheedah town .....	5		
Waupun town.....	8	Waupun city.....	5		

4. In the past year, approximately how many young children (birth through age 6 or before first grade) did you serve?

10 or less .....	9%	51 to 75.....	5%
11 to 25 .....	14	76 to 100.....	6
26 to 50 .....	23	More than 100 young children .....	43

5. Approximately what percent of these young children were in need of further assessment or additional services?

10% or less.....	33%	56 – 70% .....	9%
11 – 25% .....	25	71 – 85% .....	4
26 – 40% .....	5	86 – 100% .....	11
41 – 55% .....	8	No answer.....	5

**Screening Tools**

6. What developmental screening tool(s) do you use with the young children in your care?

	Use	When you use this screening tool, what is the purpose?	How often do you screen the children in your care?
<b>Ages &amp; Stages Questionnaire (ASQ).....</b>	35%	Routine well-child medical checkup ..... 7% All children universally screened at certain interval or age (i.e. 9 & 18 months of age) 32 Child exhibits social/emotional concerns .....25 Child exhibits developmental concerns .....32 Parent education .....21 Initial development information .....46 Other (support documentation, monitor) ..... 7 [28 Respondents]	Initially .....25% Annually .....14 Every 3 to 4 months.....11 Every 6 months.....11 At 9 & 18 months .....11 Other (as needed, exit, combination).....21 No answer..... 7 [28 Respondents]
<b>Ages &amp; Stages Questionnaire: Social-Emotional (ASQ:SE).....</b>	27%	Routine well-child medical checkup ..... 0% All children universally screened at certain interval or age (i.e. 9 & 18 months of age)....24 Child exhibits social/emotional concerns .....38 Child exhibits developmental concerns .....19 Parent education .....19 Initial development information .....43 Other ..... 0 [21 Respondents]	Initially .....24% Annually .....10 Every 3 to 4 months..... 5 Every 6 months.....19 As needed .....19 Other (at exit, combination).....14 No answer.....10 [21 Respondents]
<b>Denver II.....</b>	13%	Routine well-child medical checkup .....30% All children universally screened at certain interval or age (i.e. 9 & 18 months of age)....10 Child exhibits social/emotional concerns ..... 0 Child exhibits developmental concerns .....10 Parent education .....10 Initial development information .....30 Other (younger ages than ASQ, SPED).....30 [10 Respondents]	Initially .....20% Annually ..... 0 Every 3 to 4 months.....50 Every 6 months..... 0 Other (combination) .....20 No answer.....10 [10 Respondents]
<b>Ireton (Child Development Days)...</b>	13%	Routine well-child medical checkup ..... 0% All children universally screened at certain interval or age (i.e. 9 & 18 months of age)....30 Child exhibits social/emotional concerns .....10 Child exhibits developmental concerns .....20 Parent education .....20 Initial development information .....30 Other (w/schools, connecting w/resources)....30 [10 Respondents]	Initially .....40% Annually .....50 Every 3 to 4 months..... 0 Every 6 months..... 0 Other (preschool).....10 No answer..... 0 [10 Respondents]

	Use	When you use this screening tool, what is the purpose?	How often do you screen the children in your care?
<b>Child Development Review (CDR) .....</b>	1%	Routine well-child medical checkup ..... 0% All children universally screened at certain interval or age (i.e. 9 & 18 months of age)....100 Child exhibits social/emotional concerns .....100 Child exhibits developmental concerns .....100 Parent education .....100 Initial development information ..... 0 Other (connecting families w/resources).....100 [1 Respondent]	Initially ..... 0% Annually .....100 Every 3 to 4 months..... 0 Every 6 months..... 0 Other ..... 0 No answer..... 0 [1 Respondent]
<b>Parents' Evaluation of Developmental Status (PEDS).....</b>	0%	Routine well-child medical checkup .....NA All children universally screened at certain interval or age (i.e. 9 & 18 months of age).... Child exhibits social/emotional concerns ..... Child exhibits developmental concerns ..... Parent education ..... Initial development information ..... Other ..... [0 Respondents]	Initially .....NA Annually ..... Every 3 to 4 months..... Every 6 months..... At 9 & 18 months ..... Other ..... No answer..... [0 Respondents]
<b>Other .....</b>	43%	<ul style="list-style-type: none"> <li>• An evaluation made and put together by the staff.</li> <li>• Assessment tool was designed by the NFDL 4K teachers to use with our report cards.</li> <li>• BASC-2</li> <li>• Battelle and informal observations and parent interviews</li> <li>• Battelle Developmental Inventory</li> <li>• CIP Observation of Behavior Form (CIP)</li> <li>• Computerized</li> <li>• Creative Curriculum</li> <li>• Devereau Early Childhood Assessment, Childhood Asperger Syndrome Test, Early Developmental Milestones as well as other tools</li> <li>• Hawaii Early Learning Profile [2 Respondents]</li> <li>• LAP-D [4 Respondents]</li> <li>• Learning Accomplishment Profile - 3</li> <li>• Many educational assessments [2 Respondents]</li> </ul>	<ul style="list-style-type: none"> <li>• One that was designed for our center</li> <li>• Parents as Teachers</li> <li>• Peabody</li> <li>• Peabody developmental screening</li> <li>• Peabody Developmental Motor Scale</li> <li>• Infant/Toddler Sensory Profile</li> <li>• PPVT Peabody Picture Vocabulary Test. Some children are given the Dial 3</li> <li>• Preschool Language Scale-</li> <li>• Preschool Language Scale -4</li> <li>• Rossetti Infant Toddler Language Scale [4 Respondents]</li> <li>• Preschool Language Scale staff observation</li> <li>• There are many, but most needed to be administered or scored by a psychologist</li> <li>• Your child's speech and hearing</li> <li>• Portfolio-progress 3 times/year</li> <li>• mCHAT</li> </ul> [34 Respondents Total]

7. Which of the following issues, if any, have prevented you from offering developmental screening in the past year? [MULTIPLE ANSWERS ACCEPTED]

Lack of time .....	20
Lack of knowledge about available tools .....	13
Lack of trained staff .....	11
Lack of funds/insurance .....	9
Insurance limitations/reimbursement .....	4
Other (not part of service, receive referrals) .....	9

**Referrals**

8. In the past year, have you made referrals to another organization based on a young child’s social, emotional, or behavioral development?

Yes .....	74%	→CONTINUE WITH Q9
No.....	18	→GO TO Q11
No answer .....	8	→GO TO Q11

9. When there was a concern related to a young child’s social, emotional, or behavioral development, to whom did you refer the child? [MULTIPLE RESPONSES ACCEPTED] [59 Respondents]

Birth to Three Program.....	61%	Aging & Disability Resource Center (ADRC) .....	8%
School District.....	58	Other .....	7
Head Start.....	42	• Children's Milwaukee, Madison	
Department of Social Services .....	41	• FDL CSI Program, FDL County and Beyond, ASD Support Group, WI FACETS, NE Center, CYSHCN, WI Family Ties	
Mental Health Provider .....	39	• Head Start	
Medical Provider .....	36	• Waisman Center, Children's Hospital	
Family Foundations Program (POCAN)....	24		
Family Resource Center .....	22		

10. When referrals were made, did you follow-up with the parents to ensure their follow-through? [59 Respondents]

Always .....	34%
Nearly always.....	46
Sometimes.....	17
Seldom .....	2
Never.....	2

**Resources**

11. What resources do you currently provide parents related to the healthy development of their infants and young children? [MULTIPLE RESPONSES ACCEPTED]

- Developmental milestone profiles/checklists .....61%
- Activities that promote healthy development.....49
- Newsletter.....43
- Lending library with books and other print materials .....32
- Website information .....29
- Videos and DVDs.....23
- Other .....11
  - Articles
  - Copies of magazines, AAP handouts pertinent to issues.
  - Home visits by Family Resource Specialists.
  - I support special education teachers in grades K-12. Parents receive resources through the school district's Early Childhood Program not the CD/LD Program.
  - Nutrition ed brochures, handouts
  - Parent Outreach Program
  - Parenting workshops
  - Therapeutic activities; home program
  - Verbal patient education

12. What types of curricula and/or materials do you use in your work with parents and young children? [MULTIPLE RESPONSES ACCEPTED]

- |  |  |
|--|--|
| Love and Logic materials ..... 19%               | All Other .....15%   |
| Parent the First Year, etc, newsletters ..... 11 | • 4K, together with the Family Resource Center, offer many parenting classes/parent education classes.   |
| Parents as Teachers Program..... 9               | • AAP development handouts   |
| Healthy Beginnings ..... 6                       | • Creative Curriculum  |
| Nurturing Program..... 4                         | • Early Intervention and specialized intervention depending on the needs of the child.   |
| Other: Conscious Discipline..... 5               | • Hearing materials if need be   |
|  | • POCAN  |
|  | • Portage Developmental Checklist, Creative Curriculum   |
|  | • Second Step  |
|  | • Therapy related handouts   |
|  | • Use WIC/health/dental related brochures  |
|  | • Washington Learning Systems: Supporting Early Literacy in Natural Environments for Home/School Connection. Creative Curriculum, The Pinnacle |
|  | • We offer other brochures from NAEYC and post articles on our parent board  |

13. What are the gaps in meeting the social, emotional and behavioral needs of young children in Fond du Lac County? [MULTIPLE RESPONSES ACCEPTED]

Funding sources.....	49%	Other.....	13%
Accessibility .....	38	• I am sure all of these apply to some parents, especially the very young single parents.	
Resources providing information, services and programs .....	37	• Behavior Health providers	
Transportation for services .....	33	• Bi-lingual therapists	
Knowledge of child development.....	24	• Insurance	
Referral information .....	18	• Knowledge on interventions related to social and emotional development	
		• Lack of Spanish speaking consultants	
		• Lack of trained, masters or doctoral level care providers including those that take Medicaid.	
		• No curriculum for meeting these needs	
		• School District restrictions	
		• Understanding of available resources and how to access.	

14. Which of the following Early Childhood social and emotional development training topics would you be interested in attending? [MULTIPLE RESPONSES ACCEPTED]

Positive behavioral management strategies .....	70%
Intervention strategies for social, emotional, and behavioral concerns (screening) ..	54
Early identification/screening for social, emotional, and behavioral concerns .....	46
In-depth information about infant/early childhood healthy social and emotional development (i.e. attachment, temperament, goodness of fit).....	42
Positive parent/child relationship .....	38
Overview of infant/early childhood mental health .....	20
Other .....	1
• Observation training to understand what to look for to prevent some behaviors. Licensed providers cannot restrain children. What are the alternatives if a child is out of control? i.e. hurting himself or others, throwing toys.	

**Parent Resources**

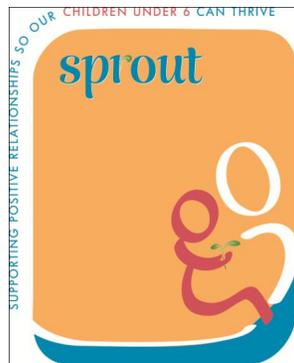
15. Which of the following training topics would you like to see offered to parents/primary caregivers? [MULTIPLE RESPONSES ACCEPTED]

Behavior intervention .....	85%
Parenting strategies.....	82
Social and emotional child development.....	76
Parent/child relationship .....	65
Treatment.....	35
Other .....	3
• Nutrition	
• Ongoing support groups	

## Final Thoughts

16. Is there anything else you would like to tell us about early childhood and young children's services in Fond du Lac County?

- Lack of Behavior Health for Medicaid patients.  
Lack of Dental Care for Medicaid patients.  
I am impressed with the B-3 Program & the Head Start Program.
- Dental resources are severely lacking for children without private insurance. Mental health resources and counseling are also difficult to access for children in public insurance plans.
- I really believe we need to focus more on the social-emotional development of children in our school curriculum. We keep getting more and more academic, and the students aren't learning appropriate social skills and emotional development as a result of this academic push. Kids aren't being allowed to be kids. Social-emotional development needs to occur before academics can be learned. I hope we can further develop this area in our curriculum.
- I think a number of families could benefit from more intensive services provided in their natural settings (i.e., Super Nanny). I feel a lot of parents struggle with behavior management and need someone to actually guide them through intervention strategies.
- It would be very beneficial to me to know what kinds of different programs are out there. I only know of one or two and I could be of greater help if I had more information.
- Many of the county services are only offered within the city of Fond du Lac. Outlying areas receive very little.
- Need more child psychologists and counselors who accept medical assistance. Need more providers who are fluent in Hmong and Spanish.
- Need to offer more continuing education classes that are close so we are not having to travel to Milwaukee, Appleton, Green Bay, etc. Need to be affordable if we want to send our entire staff (10-12 teachers).
- Providers need to be trained in developmental screening for social/emotional concerns- MANDATORY, not optional. Families want the information and guidance. Professionals need to now step up to the plate and provide that assistance to families who are struggling with these issues for their children. Our community can no longer afford to think these issues and concerns don't exist, they DO! FDL does not need to "reinvent the wheel". Other communities have model screening and intervention strategies which can be put into practice if the willingness is there. Let's put CHILDREN FIRST.. IN ALL AREAS OF DEVELOPMENT in FDL County.
- The Birth to Three Program is an excellent program with talented service providers and strong commitment to families.
- There are many places for people to go for help. We need to be sure they can access them and not have to wait too long.
- There is a need for more mental health providers. It would be great to have a pediatric neuropsychologist.
- To know up front the limitations of the county's wraparound services.
- We appreciate the Birth to 3 Interventionists. They provide good information to the school system and make the transition into a school setting much easier for school staff and for parents and children.
- We need more access to services—Free and fast.
- We need more resources for social and emotional services! Dr. [X] can't do it all!
- When concerns are found, it is difficult to find a counselor or treatment interventions that are available, especially for Medicaid patients. There is a big lack of dental care for Medicaid patients in FDL county.



For more information or to get involved, contact:  
Fond du Lac Area United Way 921-7010 or  
UW-Extension, Fond du Lac County 929-3170