



**Community Solutions Action Plan  
Every Child Thrives  
Dodge and Jefferson Counties, Wisconsin**

*Our Mission:*

*Engaging business, government, education, families and community partners to ensure that every child thrives.*

*OUR VISION: Every Child thrives in health, learning and life.*

**Geographic Name:** *Every Child Thrives – Dodge and Jefferson Counties, Wisconsin*

**Geographic Boundaries:** Dodge and Jefferson Counties with initial focus on Dodge and Watertown Unified School Districts

**Community size covered by Campaign:** Range 100k-200k

**Number and name(s) of school district(s) covered by/involved with Campaign:**

Initial Campaign strategies will focus on the children and families served by Dodge and Watertown Unified School Districts

**Total number of students (K–12) in each district involved in your Campaign:**

Dodge School District 2017-2018 – K-12 Enrollment 734

Watertown Unified School District 2017-2018 – K-12 Enrollment - 3424

**Percent (and number) of K–12 students on free and reduced-price lunch for each district involved in Campaign:**

Dodge School District – 39.8% (292) K-12 and 45.6% (93) for Grades K-3rd for 2017-2018

Watertown Unified School District – 38.7% (1325) and 49.4% (445) for Grades K-3rd for 2017-2018

**Names of Individuals/Organizations Serving on Sponsoring Coalition** - (*See appendix*)

**Philanthropic/Funder:**

Greater Watertown Community Health Foundation  
600 East Main Street, Suite 200  
Watertown, WI 53094

Tarasa Lown, Program Officer

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The Greater Watertown Community Health Foundation (GWCHF) invests up to \$2.7 million annually in community-based efforts that effectively “move the needle” on identified indicators of community health and wellbeing. GWCHF has committed to providing Every Child Thrives with up to \$250,000 annually in backbone support resources. United Way partners are also at the table and exploring the alignment of their work to support child and education strategies of ECT.

## PART TWO: COMMUNITY OVERVIEW

In 2017, community partners from Dodge and Jefferson Counties came together with shared concern for the children and families in our communities. Collective work began with a multi-agency Design Team comprised of 15 organizational representatives from these two counties. Out of that work came *Every Child Thrives* (ECT). ECT is a collective impact effort uniting community partners centered on the vision of ensuring all children thrive in health, learning and life.

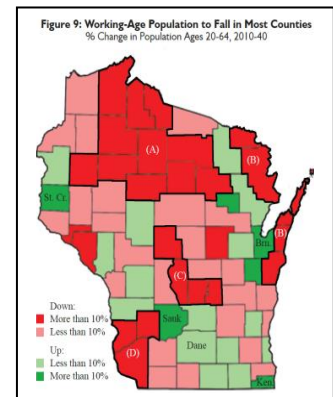
The two counties served by ECT share similar demographics and culture and have a long history of working together to advance health and education.

In late 2015, our two county region was gifted with additional resources when the Greater Watertown Community Health Foundation (GWCHF) was created with an endowment to be utilized to measurably improve community health status. Through its needs assessment process in partnership with the Dodge Jefferson Healthy Community Partnership and through an extensive listening campaign, GWCHF learned of the many challenges and barriers that limit the potential of families and young children. The health providers, educators and human service providers serving the community noted that poverty, substance abuse, adverse childhood experiences and toxic stress were impacting the region at an alarmingly increased rate. Through these discussions, community partners not only identified a need to amplify efforts to support young children and families, they also identified a strong willingness to contribute to the efforts. Partners were energized by one another and by the possibilities the new resources and momentum presented. With this realization, ECT was born.

Located midway between Wisconsin's two metropolitan centers of Madison and Milwaukee, Dodge and Jefferson Counties are primarily rural. The majority of residents live in small towns with limited resources including public transportation, affordable housing, access to mental health and dental care services for children. Manufacturing, agriculture and service are the primary industries.

**Workforce and Economic Development** source: [\*The Impending Storm: Changing Demographics and Wisconsin's Economic Future, WI Taxpayer Alliance, March 2017\*](#)

With a low unemployment rate of 3% for Dodge and 3.2% for Jefferson County, local employers tell us that their single greatest challenge is recruiting and retaining skilled workers. A shortage of workers has forced some businesses to delay expansion opportunities. Changing demographics will amplify our worker shortage in upcoming years. The number of baby boomers retiring will be significantly larger than the number of youth entering the workforce over the next 20 years. Based on data from the WI Taxpayer Alliance, Jefferson County anticipates modest overall population growth, which will keep the workforce population relatively flat. Dodge County, on the other hand, is predicted to experience a 9.5% decrease in the working-age population by 2040.



*“A healthy community depends on a strong economy and a productive workforce. To thrive into the future, our community needs to succeed on several fronts: 1) Ensure we attract young families by being a place where families want to raise their children 2) ensure that 100% of our children are prepared to succeed in the 21<sup>st</sup> Century workforce.”*

Victoria Pratt, President Glacial Heritage Development Corporation

## Adult Educational Attainment

**What We Know:** Higher levels of parent educational attainment are strongly associated with positive outcomes for children in many areas, including school readiness, educational achievement, incidence of low birthweight, health-related behaviors including smoking and binge drinking, and pro-social activities such as volunteering. Children of more educated parents are also likely to have access to greater material, human, and social resources.

[\*Child Trends Databank Indicator\*](#)

As evidenced in the chart below, fewer adults in our region have received post-secondary education.

Educational attainment	Dodge County	Jefferson County	Wisconsin	National
BS Degree or higher	16.4%	22.6%	27.8%	29.8%
Some college or Associates Degree	31.6%	32.1%	31.2%	29.1%
High School Diploma or GED	40.2%	36.5%	32 %	27.8%
Less than High School	11.0%	7.6%	8.1%	11.9%

## K-12 Schools & Education

The two counties are served by 14 school districts with enrollments between 333 and 3,466 students. The city of Watertown also has 12 private schools serving 1,647 students. For our initial work ECT will pilot efforts in Dodgeland School District (DSD) and Watertown Unified School Districts (WUSD). Combined these districts serve 14,098 households representing a total population of 37,160 with approximately 4,500 students. Among the overall student population 14.6% receive special education services (16.7% for K-3<sup>rd</sup> Grades), 38.9% are economically disadvantaged (48.7% for K-3<sup>rd</sup> Grades) and for K-3<sup>rd</sup> Grades 8.8% are English Language Learners.

## Family Income

***What We Know:*** Family income is now nearly as strong as parental education in predicting children's educational achievement. The achievement gap between children from high- and low-income families is roughly 30 to 40 percent larger among children born in 2001 than among those born twenty-five years earlier. (*ASCD, 2013*)

Too many families in our community struggle to meet basic needs despite working one or more jobs. The [United Way's 2016 ALICE](#) report has the *Median Household Income* for Dodge and Jefferson counties at \$53,139 and \$55,675 respectively. Overall, 42% of households in Dodge and 39% of households in Jefferson County live below the ALICE Threshold. ALICE, an acronym for Asset Limited, Income Constrained, Employed, identifies the “working poor”, i.e. households earning less than the basic cost of living for the county.

Struggles to afford basic needs are even more pronounced for the zip codes served by DSD and WUSD (see chart below).

Municipality	County	School District	Households	% Living Below ALICE
Juneau	Dodge	Dodgeland	909	48%
Reeseville	Dodge	Dodgeland	290	61%
Lowell	Dodge	Dodgeland	122	44%
Clyman	Dodge	Dodgeland	150	55%
Watertown	Dodge	WUSD	3,139	40%
Watertown	Jefferson	WUSD	5,976	50%

## Racial Demographics

***What we know:*** McKinsey & Company researchers found that if the United States had closed the racial achievement gap and African-American and Latino student performance had caught up with white students by 1998, the gross domestic product in 2008 would have been up to \$525 billion higher. (*Race for Results, 2014*)

While Dodge and Jefferson Counties are less diverse than the state, student population of the target school districts reflects a diversity even greater than the state in term of overall minority populations.

Race	DSD & WUSD (2016-17)	Dodge County	Jefferson County	WI
White	79.2%	94.6%	96.3%	87.6%
African American	1.7%	3.1%	1.0%	6.6%
Hispanic	15%	4.6%	7.1%	6.6%
Other	4.1%	2.4%	2.6%	5.8%

## **ASSURANCE #1 - The Problem:**

Every Child Thrives has coordinated three action teams all addressing different opportunities believed to influence the ability of our community's children being able to read at grade level by third grade.

### **All Children Healthy**

#### **Preventative Healthcare**

***What We Know:*** Children with poorer oral health status were more likely to experience dental pain, miss school, and perform poorly in school. These findings suggest that improving children's oral health status may be a vehicle to enhancing their educational experience. (*AJPH, 2011*)

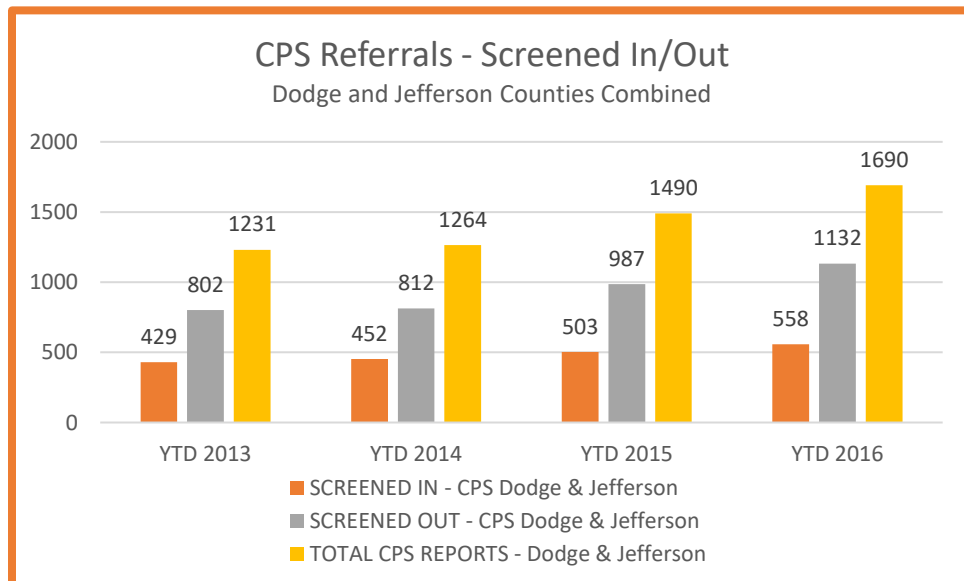
Prenatal data for the target area (zip codes) demonstrate that only 64% of births in our region received prenatal care in the first trimester. With respect to immunizations, 2016 data show only 78% of Dodge County and 76.9% percent of Jefferson County children up-to-date with the 4:3:1:3:3:1:4 vaccination series by age 24 months.

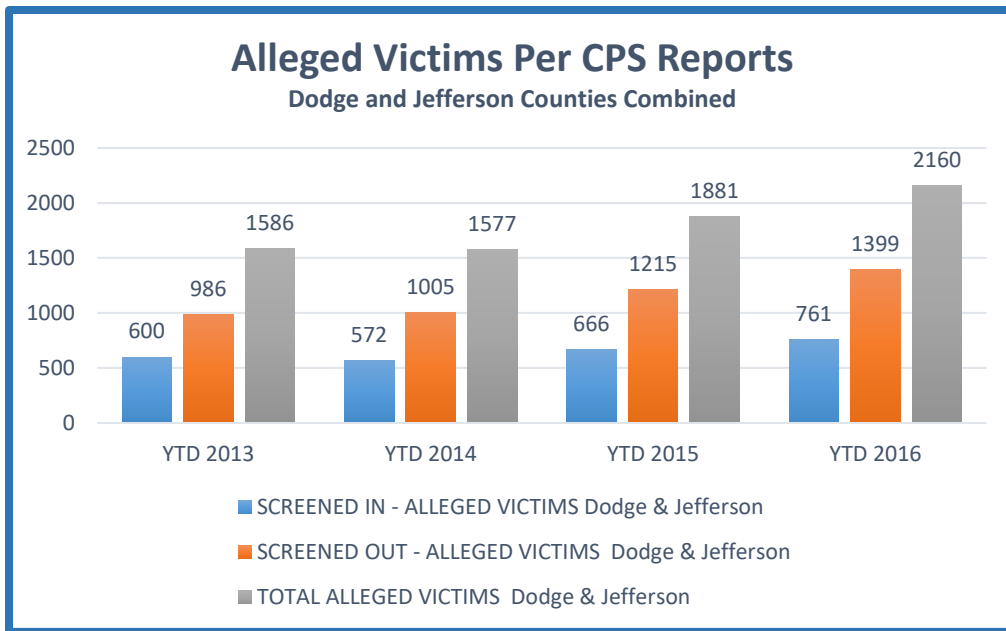
Access to dental care is limited for uninsured children and those covered by Medicaid. Of the 11,000 children in Dodge and Jefferson Counties covered by Medicaid, only 40% of them receive dental care in a given year, according to data from [Kids Count Data Center](#).

#### **Child Abuse and Neglect**

***What We Know:*** Adverse experiences in childhood, such as maltreatment, exposure to domestic violence, or having incarcerated household members, divorce, substance abuse or mental illness, are strongly related to poor health in adulthood. In Wisconsin 58% of adults have experienced at least one Adverse Childhood Experience. (*The Influence of Adverse Childhood Experiences on the Health of Wisconsin Citizens in Adulthood*)

Of significant concern was the data received from Child Protective Services (CPS) for our two counties. The number of combined cases requiring CPS intervention to protect a child's safety (screened-in for services) have increased by an alarming 30% over three years. During the same time period the combined child population of Dodge and Jefferson Counties show a 4% estimated decrease.





### **All Children Ready for Kindergarten (School Readiness)**

#### **Early Care and Education**

***What We Know:*** Research shows that children from lower-income households who get good-quality pre-Kindergarten education are more likely to graduate from high school and attend college as well as hold a job and have higher earnings, and they are less likely to be incarcerated or receive public assistance. (*Ready Nation Strengthening Business Through Investments in Children and Youth*)

Research abounds regarding the benefits of high quality early care and education for our youngest citizens. However, in spite of its importance, the Early Care and Education (ECE) industry is challenged with achieving and maintaining the quality of programs our children need and deserve. While consistent relationships between children and their caregivers is known to improve child outcomes, the 2016 "Wisconsin's Child Care Workforce" study highlighted the following challenges for ECE in Wisconsin:

- *The annual turnover rate for teachers is 30%*
- *The annual turnover rate for assistant teachers is 45%*
- *A teacher with an Associate Degree in Early Childhood Education starts at \$10.00 per hour and will rarely make more than \$13.00, compared to an average of \$18.57 per hour for others in the state workforce who hold an associate degree. The gap for a bachelor's degree is even larger.*
- *Only 17 percent of teaching staff are eligible for and participate in employer-provided health insurance*

Lack of access to quality childcare is a significant barrier for families in our community, particularly for economically disadvantaged families. The current cost for care of an infant is approximately \$11,000 which is higher than tuition at many of Wisconsin's 4-year universities. Regionally, only 20% of infants, 25% of 1 year olds and 41% of 2 year olds from economically disadvantaged families access high quality, regulated child care utilizing the [WI Shares Child Care Subsidy](#) program.

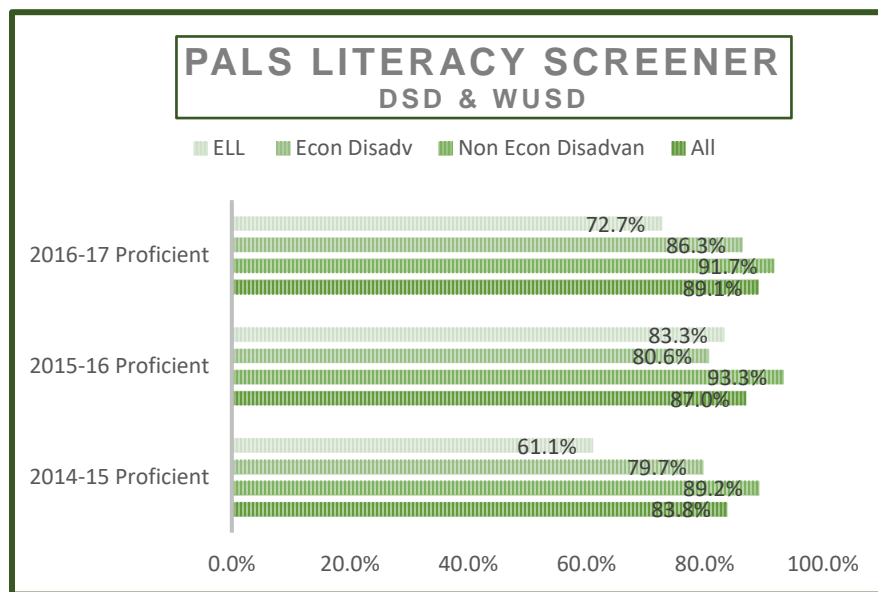
Within the zip codes served by the target districts there are 15 regulated ECE programs. These ECE programs include Licensed Group Centers, Licensed Homes, and Licensed School Age programs all regulated under the [WI Department of Children and Families YoungStar Quality Rating and Improvement System](#). According to *4C Helping Communities Help Children*, there is currently a 97% utilization rate of the community's total combined 593 slots. This shortage of high quality child care presents two challenges for our community:

- 1) Children are missing out on early learning opportunities that enhance optimal development
- 2) Our workforce shortage is compounded as parents are staying home to care for children

### **Kindergarten Readiness**

***What We Know:*** Research shows the link between social and emotional skills and school success is so strong, it is a greater predictor of children's academic performance in the first grade than their familial background and their cognitive abilities. ([Michigan State University Extension](#))

While local measurement processes do not yet exist, educators tell us that a significant percent of kindergarten students lack the social and emotional skills needed to be ready to learn. An early priority of ECT is to institute an early social and emotional assessment so we can quantify the gap that exists. With respect to early literacy, both target districts use the [Phonological Awareness Literacy Screening \(PALS\)](#) tool in order to assess and monitor students' literacy acquisition. Results of the prior three years, shown in the chart below, demonstrate ongoing readiness gaps between English and English Language Learners as well as Non-Economically Disadvantaged and Economically Disadvantaged students in their acquisition of the literacy skills needed to begin kindergarten. While various supports in the combined districts are making progress in closing these achievement gaps the work of ECT will champion those efforts by providing additional supports to these communities.

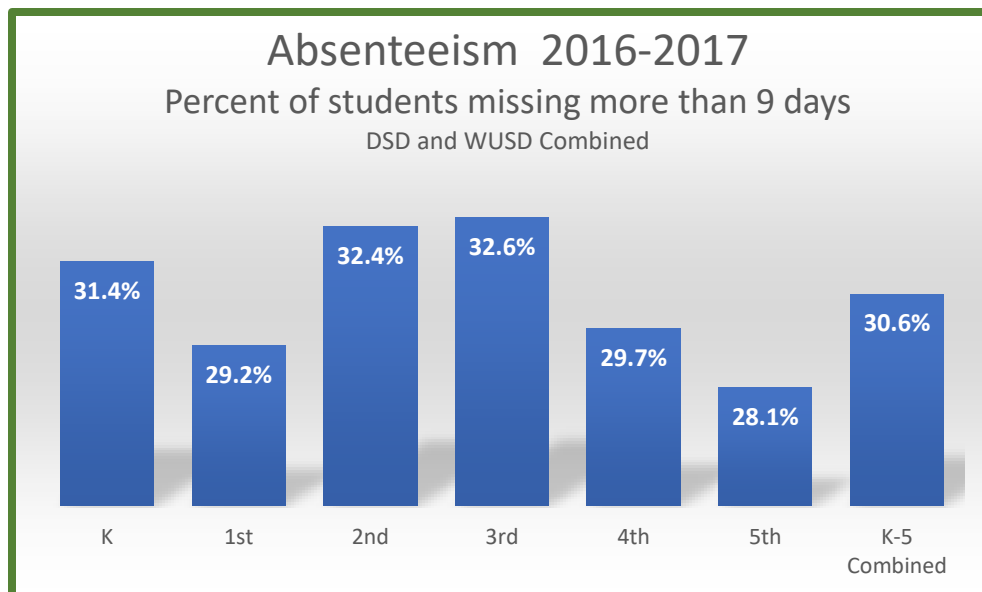


### **All Children Succeed in School**

#### **Absenteeism**

***What We Know:*** Only 43% of kindergarten and first grade students who miss more than 9 days of school and only 17% of kids missing 18 or more days are reading at grade level at the end of third grade. ([Attendance Works](#))

One of the most alarming data points we have encountered is that of chronic absenteeism in early elementary grades. Chronic absenteeism, for the purpose of this report, is defined as students missing 10 or more days of school during a school year. Chronic absenteeism rates for the 2016-2017 school year reflect that 31.4% of Kindergarteners and 30.6% of students Grades K-5<sup>th</sup> missed more than 9 days of school (see chart below).

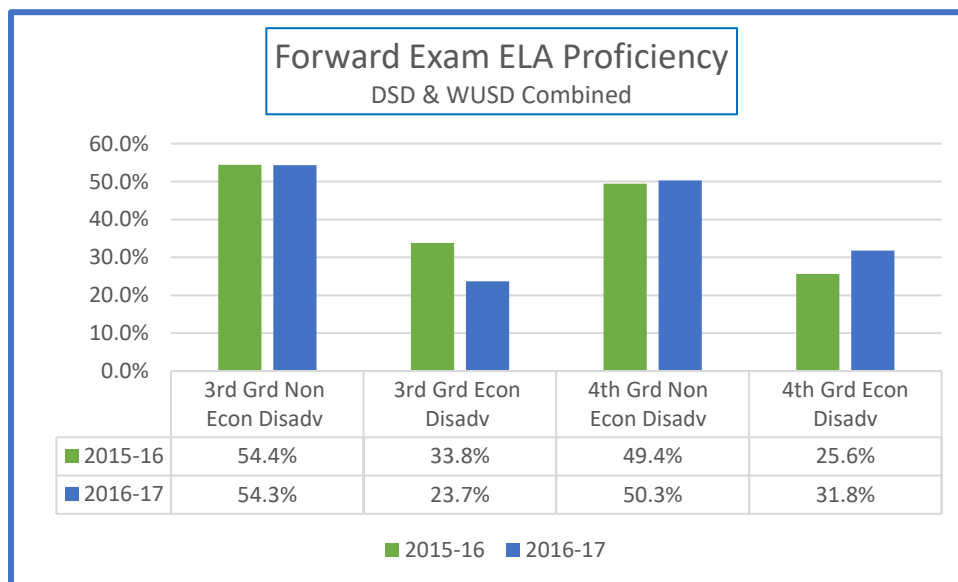


### Reading Success

**What We Know:** *The income achievement gap is now nearly twice as large as the black-white achievement gap. (Reardon, 2011)*

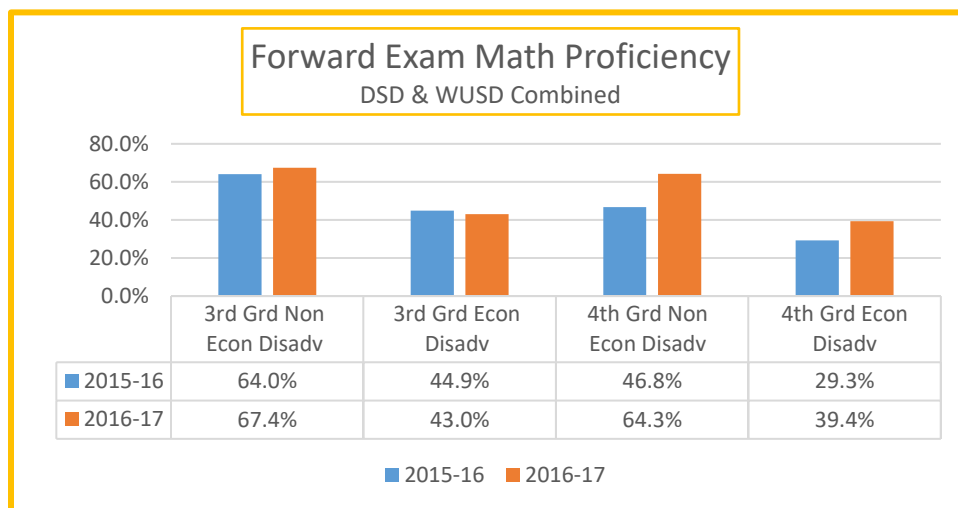
During the 2015-16 school year, Wisconsin rolled out the new Wisconsin Forward Exam. This exam is designed to gauge how well students are doing in relation to the Wisconsin Academic Standards. These standards outline what students should know and be able to do in order to be college and career ready. The Forward Exam English Language Arts (ELA) and Math exams are administered online in grades 3<sup>rd</sup> through 8<sup>th</sup> in the spring of each school year. Below are the ELA combined districts' results for the first two years of the Forward Exam.

When considering our 2016-17 third graders, only 54.3% of non-economically disadvantaged and 23.7% of economically disadvantaged students were reading at grade level. These statistics clearly demonstrate the need for support of our students in gaining the skills necessary to read at grade level. Additionally, students from economically disadvantaged homes have even greater need for support.





The Forward Exam math proficiency scores further highlight the achievement gap between non-economically and economically challenged students (see below).



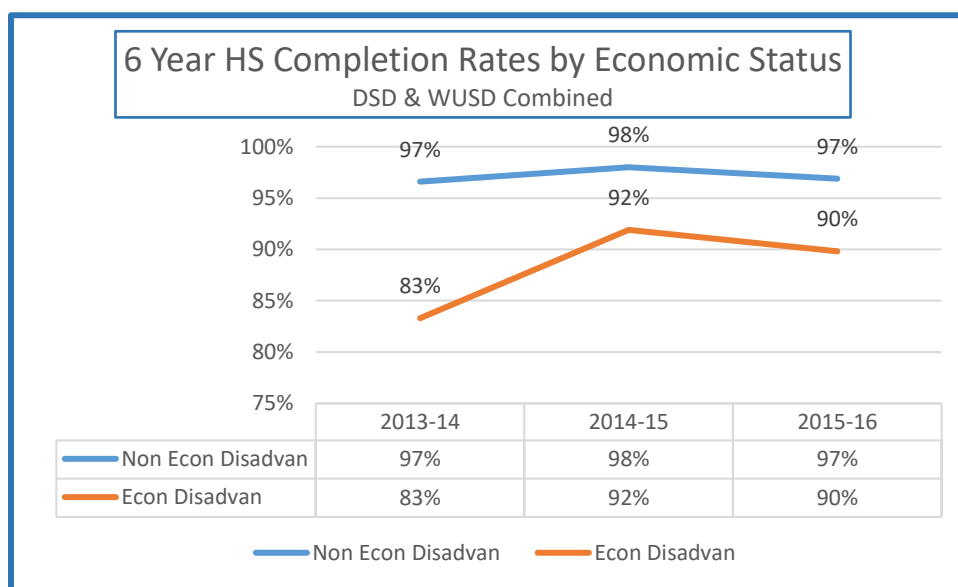
Another academic measurement of interest to our communities is that of “Summer Slide”, the tendency for students, especially those from low-income families, to lose some of the achievement gains they made during the previous school year. While we do not yet have clear measurement there is interest and commitment in identifying relevant measurement tools among ECT community partners.

### High School Graduation

**What We Know:** High school graduation leads to lower rates of health problems and risk for incarceration, as well as enhanced financial stability and socio-emotional well-being during adulthood.

[\(Office of Disease Prevention and Health Promotion\)](#)

The combined graduation rates of DSD and WUSD, over the 3 year period from 2013 through 2016, reflect the following HS Graduation rates with an average graduation gap of 9% for those in poverty.





## BUILDING CAPACITY - MOVING FROM DATA TO ACTION

ECT utilized baseline data to shape our work and obtain stakeholder consensus around priorities and root causes of community challenges. With many potential opportunities to address, our Action Teams identified one problem statement as an immediate priority in each of three areas:

1. **All Children Healthy Action Team** – Increase opportunities for positive social/emotional development and community resiliency

*Problem Statement: A primary goal of ECT is to strengthen the capacity of families in their role as a child's first teacher and caregiver. We do not have sufficient community supports in place to maximize each family's potential, as evidenced by a 30% increase (over two years) in the number of cases where CPS has needed to intervene to protect child safety.*

2. **All Children Ready for Kindergarten Action Team** – All children are physically, academically, socially and emotionally ready for Kindergarten

*Problem Statement: Only 86% of English speaking and 63% of English Language Learners have the literacy skills needed to begin kindergarten. While we do not yet have measurement, educators tell us that a significant percent of kindergarten students lack the social and emotional skills needed to be ready to learn.*

3. **All Children Succeed in School Action Team**- All children reading proficiently at grade level by 3<sup>rd</sup> grade

*Problem Statement: Results on the state Forward exam indicates only 44% of Dodge and Watertown 3<sup>rd</sup> graders are proficient in reading. Additionally, only 34% of economically disadvantaged 3<sup>rd</sup> graders are reading at grade level.*

All Action Teams committed to using Results Based Accountability (RBA) to identify trend data, root cause, evidenced based strategies, and ensuring that the right partners are engaged throughout the process. Action teams also agreed to utilize a collective impact model to advance the work of ECT and to prioritize team consensus as a means to solidify shared plans, timelines, and accountability measures.

In order to identify root cause for each of the problem statements a “5 Whys” process improvement technique was utilized by each team. (See appendix for a graphic description of each team's root cause analysis.) Once consensus was obtained around root cause, each Action Team utilized an Ease/Impact assessment to identify priority action strategies.

Our initial priorities include:

- 1) Raise community and family awareness of the impact that the early years have on development and provide tools to promote early brain building. Utilize trusted messengers across the community to spread this message.
- 2) Build parent and family capacity to thrive in the role as child's first teacher.
- 3) Develop and communicate shared standards for kindergarten readiness.
- 4) Implement universal developmental screening, provide parent follow-up education and create seamless referrals services and tools.
- 5) Eliminate chronic absenteeism so that every child can excel in school.
- 6) Adopt evidenced-based practices to promote optimal social and emotional development (at home, in early care and education, in school and in out-of-school programming).

The above processes have allowed ECT partners to create shared understanding of RBA and Collective Impact resulting in clear Organizational Structure, Team Charters, and Community Scorecard. ECT members have also defined shared talking points to support common messaging to the community. All decisions within the teams and councils of ECT will be made utilizing data with the best interests of every child at the center of all that we do.

## **ASSURANCE #2 - Destination (Desired Outcomes and Impact):**

In 2017, ECT focused on building organizational and community capacity to effectively “move the needle” on early childhood indicators. Valuing Results Based Accountability (RBA) and Collective Impact as tools to help us move from talk to action, we have developed an organizational structure and timeline graphic (*see appendix*) and Team Charters which clearly outline how we will work together. We have developed a Community Scorecard, which will provide transparency and accountability.

In 2017, each of the Action Teams established itself as a specialized “learning community” and achieved the following capacity building milestones.

### **2017 Action Team Capacity Building Milestone Accomplishments**

1. Utilized population-level data to put the needs of children at the center of everything we do
2. Ensured that the right voices are at the table
3. Clearly articulated problem statements and gained consensus on root cause(s)
4. Reviewed evidence on “what works” and identified internal and external “bright spots” that are effectively “moving the needle”
5. Prioritized strategies to implement collectively
6. Identified how systems change will be created:
  - Engage decision and policy makers early in the process, providing awareness, education and progress updates
  - Pilot test the strategy, working diligently to measure outcomes (including return on investment)
  - When pilots are successful, work to expand interventions universally, utilizing return on investment data to advocate for policy and systems changes that promote preventative efforts

### **Ambitious Goals**

<b><u>Population Level Success Indicators</u></b>	<b><u>Current State</u></b>	<b><u>2020 Goal</u></b>
<b>Child abuse cases requiring Child Protective Services intervention to protect a child’s safety.</b>	761 Children (2016)	TBD (Goal to be tracked based on rate per 1,000 children)
<b>% Kindergartners with literacy skills needed for school success</b> Overall Non Economically Disadvantaged Students Economically disadvantaged students English Language Learners – Data forthcoming	89.1% 91.7% 86.3% 72.7%	95%
<b>% Kindergartners with Social &amp; Emotional Skills Needed for School Success</b> Overall Economically disadvantaged students English Language Learners	TBD	TBD
<b>% of K through 3<sup>rd</sup> Graders Attending at Least 170 days/year</b>	68.6%	90%
<b>% of 3<sup>rd</sup> Graders Reading Proficiently</b> Overall Non Economically Disadvantaged Students Economically disadvantaged students English Speaking ELL	39.2% 54.3% 23.7% 42.9% 4.2%	75%

### **School Readiness:**

School Readiness efforts will initially focus on a clear, cross sector, research based definition of what readiness means for our young students. Partners representing ECE, Head Start, Pre-K, 4-K and Kindergarten will be included in the development of this definition. Once Kindergarten Readiness is defined, efforts will focus on sharing that definition with ECE providers and elementary schools within the geographical area of the two participating districts. With both school districts and several ECE providers active within this work we anticipate efforts to define School Readiness will be well received and enhance our overall ability to scale our efforts.

According to the Centers for Disease Control ([CDC](#)) Only 2%–3% of all children receive public early intervention services by age 3 years, compared with approximately 15% who are estimated to have a developmental disability during childhood. Knowing that universal screening is crucial in identifying delays that may affect readiness, ECT is committed to developing a process for Universal Screening. In response, the ACRK Action Team has put universal screening at the forefront of their efforts. In year one the ASQ-3/ASQ:SE-2 was identified as the Universal Screener to be utilized to advance these efforts. While there are some providers already in the process of implementing developmental screening, ECT is assisting in more efficient coordination of those efforts and expanding the reach to a universal level.

We are fortunate to have very committed ECE partners at the table. ECT is committed to supporting and enhancing the quantity and quality of ECE programs within our region. In order to accomplish this, efforts are being made to up-skill current staff through coordinated training opportunities around early brain development, universal screening, and the Pyramid Model.

### **School Attendance:**

Attendance efforts will focus on a three tiered support model to improve school attendance. Universal supports that will be strengthened and expanded to engage all student will include promoting a positive school culture, implementing a community wide awareness campaign around attendance, and engaging all students in an attendance challenge. In order to create a positive school culture around attendance each elementary school will identify an attendance team to drive efforts in each building. The attendance team will be responsible for providing teachers with talking points around attendance, presenting educators tools/strategies to promote attendance, determining a method for securing actionable data, and using the data to identify and support students/families who are at risk of chronic absenteeism. Currently, schools are using messaging and parent-teacher conferences to communicate the importance of attendance.

Attendance awareness will be led by community partners who will work together to educate students, parents, and the community on the importance of regular school attendance through a concise, goal directed message. Currently, schools are publicly sharing this message with banners, fliers, videos, and posters and individually via parent-teacher conferences. The elementary schools are also planning an attendance challenge to further promote the message.

A promising practice that will be implemented as a tier two support is Success Mentors. This program will be implemented in all elementary schools as a preventative measure. School attendance teams will use attendance data to identify students who are at risk for chronic absenteeism. Data will be used from the previous school year to identify students who have been chronically absent in the past, and current year data will be used to identify students who are on a trajectory that puts them at risk for chronic absenteeism. These students will be paired with a Success Mentor in the school to promote a positive relationship and help keep the student and the family accountable. A student success plan will also be used to help the family identify barriers and available supports available to the family to improve school attendance.

### **Summer Learning Loss:**

With partners such as the YMCA, Big Brothers Big Sisters and public libraries, our school districts are positioned with strong community connections that will most certainly advance the quantity and quality of programs to address summer learning loss.

With ECT having launched at the beginning of the 2017-18 school year, needs and supports for summer learning loss are just beginning to be addressed. While each district utilizes their own benchmark tests, an overall method is being identified in order to measure summer learning loss to aid in planning for effective strategies. It is anticipated that some

initial summer learning loss strategies are likely to be implemented in summer 2018. Additionally, DSD and WUSD have each expressed interest in pursuing the recently released 21<sup>st</sup> Century [Community Learning Center](#) grant through the WI Department of Public Instruction (DPI). This grant has the potential to provide financial support for summer learning opportunities. Going forward the connections established among partners in ECT and their combined efforts resulting efforts will most certainly serve as a catalyst in strengthening supports to our most academically vulnerable students.

### **Grade-Level Reading:**

ECT is fortunate to have many partners at the table to address the challenges students face when they are unable to read at grade level. Current efforts are focused on identifying evidence based strategies that are most likely to fit the needs of our communities and students. Most recent figures show that in the 2017 third grade cohort only 54% of our non-economically disadvantaged and only 27% of our economically disadvantaged students are reading proficiently by third grade. These numbers no doubt call out the depth of action needed.

Our commitment is for the children of our community to have the supports they need from prenatal to 3<sup>rd</sup> grade so that all children are reading at grade level by third grade. This unified action has created a path for partners to magnify their individual efforts through our collective impact.

Partners in ECT have identified bright spots within our community as well as at state and national levels. Where local bright spots are occurring we are striving to scale them up. Where new evidenced based strategies are warranted, we will collectively work to identify, plan for, and implement them.

### **ASSURANCE #3 - Strategy (Integrated and Intertwined):**

Strategies for each of three action teams are outlined in the charts below:

<b><i>All Children Healthy (ACH) - Strategies Action Plan</i></b>	
<b><i>Strategy #1- Increasing Awareness of the Importance of Brain Building</i></b>	
<b><i>Policy Goal: By the end of 2019, more than 40 “trusted messenger” partners in healthcare, education, faith communities, libraries and non-profits are actively utilizing Every Child Thrives’ brain building tools to promote healthy child development.</i></b>	
<b><i>Policy Goal: By the end of 2020, environmental prompts (i.e. signage at parks, libraries and groceries) throughout the community will promote early brain building.</i></b>	
<b>Year 1 - 2017</b>	Identify best practices in raising community awareness about the importance of brain building and providing tools for parents
<b>Year 2 - 2018</b>	Select the tool(s). Solidify partnerships/agreements with national providers (i.e. Vroom; Talk, Sing, Read; Boston Basics; Talk, Read, Play)
	Initiate a communication plan that clearly identifies target audience, budget, which trusted messengers will be utilized and how success will be measured
	Engage and train local trusted messengers
	Develop local materials and talking points
	PILOT intervention in 1-2 locations and evaluate outcomes
	Launch full campaign once pilot is successful
	Promote national <i>Read Across America</i> day, March 2nd
<b>Year 3 - 2019</b>	Training for additional trusted messengers (Healthcare and Non-profit agency staff) across 2 county region
	Deploy strategy across full 2-county area
	Ongoing professional development for trusted messengers along with biannual check-in
	Incorporate messaging in community spaces (i.e. grocery stores and parks)
	Evaluate results and develop updated implementation plan
	Obtain external financial support for ongoing efforts
<b><i>Strategy #2 - Strengthening Families to Reduce Abuse and Neglect</i></b>	

<b><i>Policy Goal: By the end of 2020, families and service providers will be able to refer to a single point Prevention Services Coordinator to access a wide variety of preventative services that strengthen families and promote optimal child development.</i></b>	
<b><i>Policy Goal: By the end of 2020, all ECT partner organizations will have participated in a Trauma Informed training and have implemented at least one trauma informed policy.</i></b>	
<b>Year 1 - 2017</b>	Evaluate abuse/neglect data
	Review evidence of “what works” (i.e. Triple P, Incredible Years, etc....)
	Educate ourselves on the Strengthening Families Protective Factors Framework approach
<b>Year 2 - 2018</b>	Map current state resources and processes to help families access needed services, identify gaps
	Research bright spots and “what works” to strengthen families
	Pilot test prevention strategy, evaluate return on investment and plan for expanding reach
	Support provider professional development in Strengthening Families approach <ul style="list-style-type: none"> <li>○ Identify how outcomes of professional development will be measured</li> </ul>
	Initiate a Community of Practice for Parents as Teachers home visitation providers (Watertown Health Department, Dodge County Health Department, Jefferson County Health Department and Birth to Three)
	Identify needs and develop plan for Trauma Informed Community journey. <ul style="list-style-type: none"> <li>• Educate the community at large about ACES, trauma and best practices for strengthening families</li> <li>• Provide succinct information about resources available</li> </ul>
	Support schools in creating Trauma Sensitive Schools
<b>Year 3 - 2019</b>	Present outcomes to policymakers to advocate for additional investments in preventative resources
	Launch Trauma Informed Community journey
<b><i>Strategy #3 – Dental Care</i></b>	
<b><i>Policy Goal:</i></b>	<b><i>Provide access for an additional 2,300 children on Medicaid to receive dental care by supporting recruitment of a dentist shared between Community Dental Clinic and Church Health Services</i></b>
<b>Year 1 – 2017</b>	Secure funding and begin recruitment of full time dentist serving Dodge and Jefferson County children
<b>Year 2- 2018 &amp; Year 3 – 2019</b>	Implement and evaluate

<b><i>All Children Ready for Kindergarten (ACRK) - Strategies Action Plan</i></b>	
<b><i>Strategy #1 - Kindergarten Readiness Defined</i></b>	
<b><i>Policy Goal: By June, 2018 share clearly defined Kindergarten Readiness standards</i></b>	
<b><i>Policy Goal: By the end of 2018, implement a standardized assessment to measure population-level kindergarten readiness rates.</i></b>	
<b>Year 1 – 2017</b>	Research based protocols to define Kindergarten Readiness
<b>Year 2- 2018</b>	Establish a common set of standards to clearly define Kindergarten Readiness to include areas of literacy and social emotional, gross motor, fine motor, communication, and cognitive abilities
	Assess the readiness gap and identify where additional investment is needed to increase quality learning opportunities (i.e. curriculum, professional development)
<b>Year 3 – 2019</b>	Engage additional early care and education, non-profit, and faith community partners
<b><i>Strategy #2 - Universal Developmental Screening</i></b>	
<b><i>Policy Goal: By the end of 2019, Ages &amp; Stages is consistently provided as a universal developmental screening by at least 10 early care, education, healthcare and other partners</i></b>	
<b><i>Policy Goal: By the end of 2019, the universal screening process provides 100% of families with a standardized set of resources to promote optimal development</i></b>	

<b>Year 1 – 2017</b>	Identify tool for universal screening to be used among and promoted by ECT partners
<b>Year 2 – 2018</b>	Plan for implementation of universal screening using <i>Ages and Stages Questionnaire-3</i> and where able, <i>Ages and Stages Questionnaire: Social Emotional-2</i> (ASQ-3/ASQ:SE-2) to include referral process and plan for identification of gaps in service
	Engage ECE and Pre-K/K providers in pilot launch of ASQ-3/ASQ:SE-2 universal screening with parents and children at center of the process
<b>Year 3 – 2019</b>	Launch ASQ-3/ASQ:SE-2 universal screening in ECE and Pre-K/K settings in target communities within Dodge and Jefferson Counties
	Launch ASQ-3/ASQ:SE-2 universal screening in Healthcare setting(s) in target communities within Dodge and Jefferson Counties
<b>Strategy #3 – Pyramid Model</b>	
<b>Policy Goal: By the end of 2019, support 2-3 early care and education providers in becoming Pyramid Model Sites</b>	
<b>Year 1 – 2017</b>	Assess readiness and plans for resource allocation
	Formalize partnerships with 4C Resource and Referral Agency and WI Association for Infant Mental Health
<b>Year 2 – 2018</b>	Begin Pyramid Model Implementation
	Professional development and coaching for teachers
<b>Year 3 – 2019</b>	Complete implementation
	Evaluate results and expand if successful

<b><i>All Children Succeed in School (ACSS) - Strategies Action Plan</i></b>	
<b>Strategy #1: Attendance Works</b>	
<b>Policy Goal: By end of 2019, Dodge and Watertown school districts will have implemented best-practice attendance policies</b>	
<b>Year 1: 2017</b>	Establish a sense of urgency around an attendance awareness campaign
	Engage a powerful guiding coalition to drive attendance campaign
	Begin to create marketing materials as a means to share vision with various stakeholders
<b>Year 2: 2018</b>	School-wide roll-out of universal strategies to improve attendance in Dodge and WUSD in Fall of 2018: <ul style="list-style-type: none"> <li>Identify attendance teams at each elementary school to build a positive culture around attendance</li> <li>Develop a process to obtain, evaluate, and act on data in each school</li> <li>Develop annual school-wide attendance campaign and challenge in each school</li> </ul>
	Broaden attendance awareness campaign to communities of DSD and WUSD
	Engage families in attendance campaign by including attendance awareness activity at school events during the 2018-2019 school year.
	Plan and implement Tier 2 attendance interventions (e.g., student success plan and student success mentors)
	Collaborate with Dodge and Watertown School Districts and Jefferson and Dodge County Human Services to design Tier 3 Implementation strategies.
<b>Year 3: 2019</b>	Pilot Tier 3 strategies
	Centralize data from all schools to evaluate collective results, identify gaps, and offer additional supports as needed.
<b>Strategy #2: Social Emotional Learning</b>	
<b>Policy Goal – By end of 2018, at least 5 elementary schools will have successfully implemented Playworks active recess as a social-emotional developmental strategy.</b>	
<b>Policy Goal – By end of 2019, DSD and WUSD have initiated steps to promote staff social-emotional wellbeing so staff have skills to better support students.</b>	
<b>Policy Goal – By end of 2019, DSD and WUSD will have identified and implemented universal strategies to address social and emotional development and positive school culture.</b>	



<b>Year 1: 2017</b>	Pilot Playworks Active Recess intervention at 4 elementary schools <ul style="list-style-type: none"> <li>Evaluate results and plan for expansion</li> </ul>
<b>Year 2: 2018</b>	Roll out Playworks Active Recess at additional elementary schools and support all schools to create a sustainable model
	Social Emotional Development – evaluate needs, research best practices and develop plan for formally integrating social and emotional learning, as well as identifying measurable outcomes
	Out of School (OOS) Programming – Apply for Community Learning Center grants to support OOS programming
	OOS Programming – incorporate at least one new intervention to target to target social-emotional learning into OOS time programming with community partners
	Social Emotional Development – evaluate needs, research best practices and develop a plan to engage families in social and emotional development initiative.
<b>Year 3: 2019</b>	Professional development for staff and initial roll out of social and emotional learning initiative
<b>Strategy #3: Targeted Literacy Strategies</b>	
<b>Policy Goal – By end of 2019, DSD and WUSD will have successfully implemented one evidenced-based targeted literacy strategy in Kindergarten and First grade.</b>	
<b>Year 2: 2018</b>	Targeted Literacy strategies– evaluate needs, research best practices and develop plan for formally integrating targeted literacy interventions including family engagement. Perform a pilot and measure outcomes.
	OOS Programming – incorporate at least one new targeted literacy intervention into OOS time programming
	Develop relationship with Wisconsin Reading Corp.
<b>Year 3: 2019</b>	Expand successfully piloted targeted literacy initiative

#### **ASSURANCE #4 - (Connecting for Synergy)**

Quotes from partners describe how ECT efforts support and compliment their own strategic priorities.

**Dodge County Human Services & Health Department:** “Dodge County Human Services & Health Department is committed to serving individuals within their communities and preserving the family unit within a system of care that is preventative, collaborative, and innovative. We commit to standardizing best practices and elevating services through evidence-based approaches and strategies. We are excited to partner with Every Child Thrives to forward these shared goals and principles, build resources, and strengthen our community by providing every child access to caring adults, safe places, a healthy start, effective education, and opportunities to help others.”

**Rebecca Bell, Director**

**Jefferson County Human Services:** “The mission of Jefferson County Human Services Department is to enhance the quality of life for individuals and families living in Jefferson County. We are invested in addressing the emergent needs of county residents by offering evidence based interventions that are respectful and culturally sensitive. The priorities of Every Child Thrives align with the Department’s mission by offering strategies for our children and their parents that will lead to success in school and overall well-being. We believe our joint efforts will lead to more community resources and to more coordination of these resources. We envision a day when there is no need for the Department’s Child Protection Services and every child thrives.”

**Kathi Cauley, Director**

**Watertown YMCA:** “At the YMCA our promise is to strengthen the foundations of community through three areas of focus; youth development, healthy living and social responsibility. In Youth Development we work to nurture the potential of every child. In fact, our 2020 strategic plan focuses on predominately on growing the YMCA’s impact and involvement with youth. Specifically we will dedicate our child care centers to becoming kindergarten readiness centers of early childhood excellence. We are retooling our before and after-school programs to address activity, nutrition and



homework tutoring. Our summer day camps will actively work to address summer learning loss and knowledge retention. Finally, through collaborative work with other community organizations and businesses, we will create systematic change to enhance reading proficiency marked by 3<sup>rd</sup> grade reading measures.”

**Jon Lange, CEO**

**Watertown Department of Public Health:** “The Vision of Watertown Department of Public Health is “*For the community of Watertown to realize and enjoy the highest quality of health today and for generations to come*” and a strategic priority for the Department is “*Increase family wellness and promote health equity*”. The Department works to develop programs and community partnerships that support this vision. The work with Every Child Thrives has enhanced the work of the Department by engaging community partners to develop a comprehensive approach to supporting families.”

**Carol Quest, Director**

**Watertown Unified School District:** “The mission of the Watertown Unified School District is to engage all of our students in rigorous and relevant learning to maximize their unique talents and abilities and to prepare them for the challenges of the future. Our vision is excellence for all. We are committed to and proud of our partnership with Every Child Thrives because we believe this partnership will enhance opportunities for our students, families, and community by supporting all of our children in achieving their individual dreams for the future. Every Child Thrives is intricately linked with Excellence for All, and combining the efforts of our community partners with the efforts of our District personnel will help us ensure that we do have a community that promises our children caring adults, safe places, a healthy start, effective education, and opportunities to help others. In a community where every child thrives our schools, businesses, and entire community thrives – it is the Watertown Way!”

**Cassandra Shug, PhD, Superintendent of Schools**

**Dodgeland School District:** “The Dodgeland School District’s purpose is to be “the road to a better tomorrow” for the children we serve. As a small, rural district, we have experienced significant increases in poverty, transiency, unmet mental health needs and childhood trauma. While these factors create substantial challenges for our work, we embrace the opportunity to be agents of change for our students and communities. This work is guided by core beliefs: every child is worthy, every child has the capacity to learn, and every child deserves caring adults to maximize his or her optimal learning. To that end, our Elementary School continually evaluates and revises instruction, curriculum and child-centered activities to educate the whole child. A visit to our classrooms will reveal children engaged in brain breaks, meditation and collaborative learning. We are working hard, and doing the right work; however, our work is too important, and too difficult, to be done in isolation.

The “Every Child Thrives” partnership is truly a beacon of hope for our communities. More than half of our Elementary School children qualify for Free or Reduced meals. The United Way’s ALICE data for our district puts a spotlight on our working poor: families who are employed but lack an adequate income to meet basic needs. Based on data from the Wisconsin Taxpayer’s Alliance, the Dodgeland School District has the lowest adjusted gross family income for any district in Dodge County and the lowest equalized valuation of property. And, there is only one licensed day care in the entire district. Recognizing the need to intervene and support our future students before they come through our school doors, we are committed to the important work being done by the “Every Child Thrives” campaign. We are convinced that working together, we will indeed be “the road to a better tomorrow”.

**Annette VanHook Thompson, Ed. D., District Administrator**

**Jefferson County Head Start:** “Jefferson County Head Start’s comprehensive approach to fostering a love for life-long learning, health promotion, and strengthening families for vulnerable children and families in our communities, has been achieved through developing a team of highly qualified staff and a cadre of strong community partners. In our current strategic plan, JCHS has identified 5 strategic priorities that align with the Community Solutions Action Plan. 1) **School readiness** is our top priority. It is a multi-pronged strategy that requires sustained efforts to promote healthy social and

emotional development of children; engage with families in a strengths-based way; and promote parent knowledge of child development across developmental domains and early identification and referral to services for children with atypical development. Knowledge of parenting and child development is a protective and promotive factor strongly linked in research and practice to reductions in child maltreatment 2) **Family Engagement** is not only a key ingredient to school readiness, it is a strategic priority in and of itself. It is already occurring at multiple levels within our agency from shared leadership and decision making about individual child needs to program oversight and governance. This is a tradition that will continue. In addition, recent efforts will be sustained to advance the Strengthening Families Protective 3) JCHS has placed a strategic priority around supporting children and families around **transitions** which are often times when families experience additional stressors and barriers to services in order to support families in connecting and building relationships with resources community-wide. 4) Recruiting, investing in, and retaining **highly qualified staff** who have the skills and attributes to serve vulnerable families in a high-quality way is a core component of our strategic efforts. 5) JCHS is committed in sustaining and expanding community resources to implement **program options** that meet the unique needs of our community. From an increase in full day programming options, to considerations about how to expand services to younger children and additional families through Early Head Start Home Visiting, JCHS is working collaboratively with parents, staff, and community partners to create access to the wide-range of services and supports available through Head Start.”

**Mary Anne Weiland, Director**

#### **ASSURANCE #5 - Data:**

Data has been provided by partners in public education, early care and education, child protective services, and public health. A data team comprised of representatives from each of the before mentioned sectors was created soon after the design team began its work. The data team has sought out the expertise of Dr. Bradley Carl with the University of [Wisconsin’s Center for Education Research](#). Dr. Carl has committed to supporting ECT in its effort to collect meaningful data which will ultimately allow us to assess our efforts short-term and longitudinally.

United Way of the Quad Cities has also been a valued resource as they have coordinated data sharing agreements and protocols across two states, four counties, and numerous school districts for their Campaign for Grade level Reading initiative. Fortunately, for ECT, their staff has been generous enough to share their data sharing journey and provide tips and tools for our movement forward.

ECT’s goal is to have formal data sharing agreements among all relevant partners so that we may measure our success in order to determine what strategies or combination of strategies work best in our community to meet the needs of our youngest citizens in order to ensure they are reading at grade level by third grade.

#### **ASSURANCE #6 - (Success and Sustainability):**

##### **Collective Impact Model**

ECT utilizes a collective impact model that relies upon 5 conditions for success:

- 1) Common Agenda – shared vision, common understanding of the problem, joint approach with agreed up on actions
- 2) Shared Measurement – consistent data measurement to align efforts and hold partners accountable
- 3) Mutually Reinforcing Activities – the activities of partners are differentiated yet coordinated to a common plan
- 4) Continuous Communication- consistent, open communication to ensure mutual trust, objectives and motivation
- 5) Backbone Support – skills and resources dedicated to facilitate and coordinate partners

##### **Organizational Structure**

See the appendix for an organizational chart and listing of initial members for each team.

The core of ECT are three Action Teams which are charged with:

- Evaluating data to identify root cause, set goals and measure progress
- Bring the right partners to the table
- Evaluate “what works” and identify “bright spots” to learn from and replicate
- Work collaboratively to develop and implement shared strategies that “move the needle”

The Action Teams are supported by a Data Team and a Communication Team. A Transformation Council coordinates the work of the Action Team and breaks down barriers to ensure success by:

- Fostering a culture of learning that values data, evidence on “what works” and replication of internal and external “bright spots” (best practices)
- Ensuring that the right voices are at the table
- Promoting cooperation between teams while eliminating barriers and duplication of efforts
- Allocating resources to meet community goals

The Community Leadership Council members serve as strong advocates for the vision and mission of ECT, sharing messages within their circle of influence and supporting strategic action to achieve our goals.

### **Results Based Accountability Approach**

Given the complex nature of social change, ECT is designed as a supportive learning community. With population-level outcome indicators as our “north star”, Action Teams use a Results Based Accountability approach that begins by answering the following questions:

1. How are we doing?
2. What is the story behind our baseline data?
3. What partners should be at the table?
4. What works to turn the curve?
5. What do we propose we do?

This accountability framework provides 1) a common language 2) common ground and 3) a common sense process to ensure that the voices of all partners are heard.

### **Capacity Building and Community Input**

Our inaugural year focused on building the capacity of our Every Child Thrives team, beginning with a site visit to learn from Dubuque’s Campaign for Grade Level reading in January. In June, seven members were inspired by attending the All American Cities Awards for Grade Level Reading Conference in Denver. Later that month, we shared our excitement at a local Every Child Thrives Community Summit, where we invited educators, community members and social sector partners to join in our efforts.

In August, backbone staff and key team members participated in facilitation and collective impact training. Each of the Action Teams began their work by learning the values of the Results Based Accountability framework.

In October, seven Transformation Council members attended the Alliance for Strong Families and Communities’ Innovation Design Summit where we learned Human Centered Design and reinforced the importance of incorporating the voice of lived experience in all future work.

Over the last 5 months, the ECT team has given presentations to numerous civic and educational groups and has received positive feedback and vocal support for efforts to ensure that each and every child in our community thrives.

In December *Every Child Thrives* hosted a community summit, “Healthy Child, Thriving Communities – Tomorrow’s Workforce Develops Today” with over 150 community members representing parents, human service professionals, business leaders, faith leaders, and policy makers in attendance. Subject matter experts for the summit included the following three nationally recognized speakers:

- Dr. Dipesh Navsaria, founding Medical Director of [Reach out and Read Wisconsin](#)

- Rob Grunewald, Economist and co-author of [Rating YoungStar: How Wisconsin's Child Care Quality Rating and Improvement System Measures Up](#)
- S. Mark Tyler, President of OEM Fabricators and Chair of the Business Committee of [Success by 6 of St. Croix Valley](#).

By the end of 2017, more than 150 individuals and 30 organizations had signed a pledge of support to ECT which included the following:

*I believe when all children are given the opportunity to realize their full potential, our community prospers.*

*I support policies and programs that recognize children need good health, strong families and access to high quality early learning experiences to be most successful in learning, work and life.*

*I pledge my support to the work of Every Child Thrives and the five community promises it holds to our children: Caring Adults, Safe Places, A Healthy Start, Effective Education, and Opportunities to Help Others.*

Of special note, 25 of those pledging support indicated they would assist our efforts through advocacy at the local, state, or national level!

## **PART FOUR: OVERVIEW OF THE CSAP DEVELOPMENT PROCESS:**

### **Community Input**

Our community took a collaborative, inclusive approach to developing our CSAP, ensuring that our future efforts honor, connect and build upon the assets that already exist in the community. Our work began through a community health needs assessment facilitated by the Dodge and Jefferson Healthier Community Partnership. Through a community-wide survey, focus groups and a community feedback session, this 2016 Community Health Needs Assessment (link) identified the following as top health concerns for children:

- Obesity/overweight - Physical activity and diet
- Parenting
- Substance Abuse
- Mental Health

The assessment identified the following as the top overall health needs in the community:

- Drug abuse
- Taking more responsibility for their own lifestyle
- Poverty/low income
- Getting mental health and behavioral services
- Accessing healthcare services
- Alcohol abuse
- Jobs/employment

During focus groups and interviews with community leaders, the following were identified as important issues facing children:

- Adverse childhood experiences
- Mental health
- Transportation
- Poverty
- Homelessness
- Childhood obesity
- Drug use
- Sexual health
- Vision health

## **Building a Shared Vision**

In response to this community assessment a group was convened in late 2016 to explore interest in working collaboratively to improve outcomes for young children and families. This group reiterated the need as well as a desire to participate in shared efforts. The group set out to identify best practices among communities of similar size and made a site visit to Dubuque, Iowa to learn about the accomplishments of their community's Campaign for Grade Level Reading. Our team was impressed with Dubuque's passion, shared vision and shared ownership of community outcomes. We returned with enthusiasm to begin our own Campaign for Grade Level Reading efforts to improve child health, school readiness and grade-level reading.

A Design Team worked from March to June 2017 to analyze child outcome data, identify community assets, develop a mission/vision for our partnership and to put the framework in place for successful community systems change. We attended the Campaign's national huddle and were inspired by the progress made by similar teams across the country. By the end of June, we shared our vision for Every Child Thrives with a broader group of community stakeholders, inviting participants to serve on one of three Action Teams, our Data Team or our Communications Team. Ending with our Community Summit in December of 2017 our ECT Team members are fully engaged and have a strong foundation of support within our communities!

We are excited to begin the 2018 with such momentum behind our mission of ***Engaging business, government, education, families and community partners to ensure that every child thrives***. Through this mission and the support of the Campaign for Grade Level Reading, *Every Child Thrives* will reach its vision that ***“Every Child thrives in health, learning and life.”***

# APPENDIX

*Grade-Level Reading Community Coalition Members - Every Child Thrives- Dodge and Jefferson Counties - WI*

Title	First Name	Last Name	Job Title	Email	Phone #	Organization	Business Street	Business City	State	Zipcode	Notes/Role
Ms.	Troy	Barnett	Manager Tobaco Contol	Troy.Barnett@Lung.org	262-703-4842	American Lung Association	13100 W. Lisbon Rd.	Brookfield	WI	53005	
Ms.	Jody	Bartnick	Director	jody.bartnick@4-C.org	608-271-9181	4-C	5 Odana Court	Madison	WI	53719	
Ms.	Barbara	Beaver	Professor	beaverb@uwu.edu	262-472-5416	University of Wisconsin Whitewater	800 Mina St.	Whitewater	WI	53190	
Mr.	Mark	Bebel	CPS Intake Supervisor	mbebel@co.dodge.wi.us	920-386-3500	Dodge County Human Services & Health Department	199 County Rd. DF	Juneau, WI	WI	53039	
Ms.	Joan	Beck	Administrator	1954jbeck@gmail.com	920-625-3943	Willows Christian Child Care Center	N4865 Moss Rd.	Iron Ridge	WI	53035	
Ms.	Rebecca	Bell	Director	rbel@co.dodge.wi.us	920-386-3500	Dodge County Human Services & Health Department	199 County Rd. DF	Juneau, WI	WI	53039	Transformation Council Member
Mr.	Steve	Board	Development Officer	steven.board@mbu.edu	920-206-2325	Maranatha Baptist University	745 W. Main St.	Watertown	WI	53094	
Ms.	Angie	Bolson	VP of Strategic Initiatives	abolson@oconymca.org	920-262-8555	Watertown Area YMCA	415 S. 8th St.	Watertown	WI	53094	Transformation Council Member
Ms.	Amy	Booher	Child & Adolescent Services Supervisor	aboohr@co.dodge.wi.us	920-386-3500	Dodge County Human Services & Health Department	199 County Rd. DF	Juneau, WI	WI	53039	
Ms.	Brittany	Borchardt	Sergeant	bborchardt@cityofjuneau.net	920-960-0391	Juneau PD	128 Cross St.	Juneau, WI	WI	53039	
Ms.	Jenny	Borst	Director of Elementary Teaching and Learning	borstj@watertown.k12.wi.us	920-262-1460	Watertown Unified School District	111 Dodge St.	Watertown	WI	53094	Transformation Council Member
Ms.	Beth	Boucher	Birth to Three Program Supervisor	ElizabethB@jeffersoncountyiwi.gov	920-674-3105	Jefferson County Human Services Department	1541 Annex Road	Jefferson	WI	53549	
Ms.	Mandy	Braunschweig	Kindergarten Teacher	braunschweig@dodgeland.k12.wi.us	920-386-4404	Dodgeland School District	401 S. Western Ave.	Juneau, WI	WI	53039	
Ms.	Betsy	Bright	Executive Director	bbright@bbbsdodgewatertown.org	920-261-2315	Big Brothers Big Sisters Dodge And Watertown	415 S. 8th St.	Watertown	WI	53094	
Ms.	Elizabeth	Burleson	PHN	eburleson@ci.watertown.wi.us	920-262-8090	Watertown Dept. of Public Health	515 S. First St.	Watertown	WI	53094	
Ms.	Alexis	Burns	Kindergarten Teacher	burnsa@watertown.k12.wi.us	920-262-1460	Watertown Unified School District	111 Dodge St.	Watertown	WI	53094	
Pattie	Carroll	Family Living Agent		pattie.carroll@ces.uwex.edu	920-386-3790	Dodge County - University of Wisconsin-Extension	127 E. Oak St.	Juneau, WI	WI	53039	
Ms.	Kathi	Cauley	Director	kathic@jeffersoncountyiwi.gov	920-674-3105	Jefferson County Human Services Department	1541 Annex Road	Jefferson	WI	53549	Transformation Council Member
Ms.	Melissa	Chapman	Director	melissa.chapman@mbu.edu	920-261-0322	Kiddie Kampus Preschool & Daycare	828 W. Main St.	Watertown	WI	53094	
Ms.	Peg	Checkai	Library Director	pcheckai@watertownpubliclibrary.org	920-545-2322	Watertown Public Library	100 W. Water St.	Watertown	WI	53094	
Mr.	Brad	Clark	Principal	clarkb@watertown.k12.wi.us	920-262-1460	WUSD Watertown Unified School District-Webster Elementary	111 Dodge St.	Watertown	WI	53094	
Ms.	Stephanie	Curtis	Director	Scurtis@watertownfamilycenter.com	920-261-2450	Watertown Family Center	415 S. 8th St.	Watertown	WI	53094	
Ms.	Susan	Dascenzo	Executive Director	susan@watertownchamber.com	920-261-6320	Watertown Area Chamber of Commerce	519 E. Main St	Watertown	WI	53094	
Ms.	Kari	Dean	Operations Director	deank@watertown.k12.wi.us	920-262-1460	WUSD Watertown Unified School District-Webster Elementary	111 Dodge St.	Watertown	WI	53094	
Ms.	Karen	Dentice	Early Childhood Special Education Teacher	denticek@watertown.k12.wi.us	920-262-1460	Watertown Unified School District	111 Dodge St.	Watertown	WI	53094	
Ms.	Amy	Fairfield	Public Health Nurse	amyf@jeffersoncountyiwi.gov	920-674-7275	Jefferson County Health Department	1541 Annex Road	Jefferson	WI	53549	
Ms.	Lisa	Grycowski	CPS Ongoing Supervisor	lgrycowski@co.dodge.wi.us	920-386-3500	Dodge County Human Services & Health Department	199 County Rd. DF	Juneau, WI	WI	53039	
Ms.	Megan	Hartwick	Executive Director	unitedway@idcnet.com	920-563-8880	United Way of Jefferson & North Walworth Counties	734 Madison Avenue	Fort Atkinson	WI	53538	
Ms.	Jenifer	Hedrick	Occupational Therapist	hedrickj@watertown.k12.wi.us	920-262-1460	Watertown Unified School District	111 Dodge St.	Watertown	WI	53094	
Ms.	Renee	Henning	Administrator	administrator@communitycarebeaverdam.net	920-885-9472	Community Care Preschool & Child Care	130 E. Maple Ave.	Beaver Dam	WI	53916	
Ms.	Susan	Hoppe	Director	shoppe@renewalunlimited.net	920-887-7503	Renewal Unlimited - Dodge County Head Start	920 S. University Avenue	Beaver Dam	WI	53916	Transformation Council Member
Ms.	Jennifer	Huelsman	RTI Coordinator	huelsman@dodgeland.k12.wi.us	920-386-4404	Dodgeland School District	401 S. Western Ave.	Juneau, WI	WI	53039	
Ms.	Susan	Jentz	Executive Director	united.way@charter.net	920-885-2488	United Way of Dodge County	P.O. Box 158	Beaver Dam	WI	53916	
Ms.	Jessica	Johnson	Elementary Principal	johnsonj@dodgeland.k12.wi.us	920-386-4404	Dodgeland School District	401 S. Western Ave.	Juneau, WI	WI	53039	
Ms.	Kristin	Kaczmarek	Case Manager	kkaczmarek@bbbsdodgewatertown.org	920-261-2315	Big Brothers Big Sisters Dodge And Watertown	415 S. 8th St.	Watertown	WI	53094	
Dr.	Holly	Keddington	Psychology Professor	hollykeddington@gmail.com	(414) 377-2222	Georgia State University			WI		
Ms.	Desha	Keuler	Instructional Coach	keulerd@watertown.k12.wi.us	920-262-1460	Watertown Unified School District	111 Dodge St.	Watertown	WI	53094	
Ms.	Abbey	Kuehn	Public Health Nurse	afrye@ci.watertown.wi.us	920-262-8090	Watertown Dept. of Public Health	515 S. First St.	Watertown	WI	53094	
Ms.	Dixie	Kurer	School Psychologist	kurer@dodgeland.k12.wi.us	920-386-4404	Dodgeland School District	401 S. Western Ave.	Juneau, WI	WI	53039	
Ms.	Jon	Lange	Chief Executive	jlange@oconymca.org	920-262-8555	Watertown Area YMCA	415 S. 8th St.	Watertown	WI	53094	Transformation Council Member
Ms.	Jody	Langfeldt	Public Health Officer	jangfeldt@co.dodge.wi.us	920-386-3500	Dodge County Human Services & Health Department	199 County Rd. DF	Juneau, WI	WI	53039	
Ms.	Kate	Lapin	Retired	klapin@gmail.com	920-253-9942	Community Member	1216 Richards Ave.	Watertown	WI	53094	
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# Every Child Thrives - Root Causes

## All Children Healthy

We do not have sufficient community supports in place to maximize each families' potential, as evidenced by a 30% increase (over two years) in the number of cases where CPS has needed to intervene to protect child safety.

\*Parents experience impairments in social, emotional, and executive functioning skills (Coping Skills)

Lack of awareness of Brain Development Science and tools for Early Brain Building. (Toxic Stress)

Families experience barriers in accessing needed services and resources

- 1) Awareness and tools
- 2) Strengthening Families
  - Parent Ed, Home Visit
- 3) Trauma Informed Community

## All Children Ready for Kindergarten

Only 86% of English speaking and 63% of ELL students have the literacy skills needed to begin kindergarten. While we do not yet have a measurement, educators tell us that a significant percent of kindergarten students lack the social and emotional skills needed to be ready to learn.

\*Parents experience impairments in social, emotional, and executive functioning skills.

Lack of awareness of Brain Development Science and tools to promote brain building

Families experience barriers in accessing needed services.

Community does not provide a universal screening at multiple touch points in a child's life.

Policy environment does not provide the resources to support child care center operators to accommodate more children or improve quality.

1. Define K-Ready
2. Ages & Stages

## All Children Succeed in School

Results on the state Forward exam indicates only 44% of Dodge and Watertown 3<sup>rd</sup> graders are proficient in reading. Additionally, only 34% of economically disadvantaged 3<sup>rd</sup> graders are reading at grade level.

\*Parents experience impairments in social, emotional, language, and executive functioning skills

Lack of awareness of Brain Development Science and tools to promote School Success

Traditional systems and resources don't support the growing breadth of student needs.

Policy and funding don't adequately support the needs of all children and families.

1. Attendance
2. Social emotional learning
  - Trauma/School Climate
3. Targeted literacy intervention
4. Family engagement

## *EVERY CHILD THRIVES*

**TRANSFORMATION COUNCIL:** Rebecca Bell, D.C. Human Services Director; Angie Bolson, YMCA VP of Strategic Initiative; Jenny Borst, WUSD Elementary Teaching and Learning Director; Kathi Cauley, J.C. Human Services Director; Susan Hoppe, DC Head Start Director; Carol Quest, Watertown Health Department Director; Mary Ann Weiland, J.C. Head Start Director

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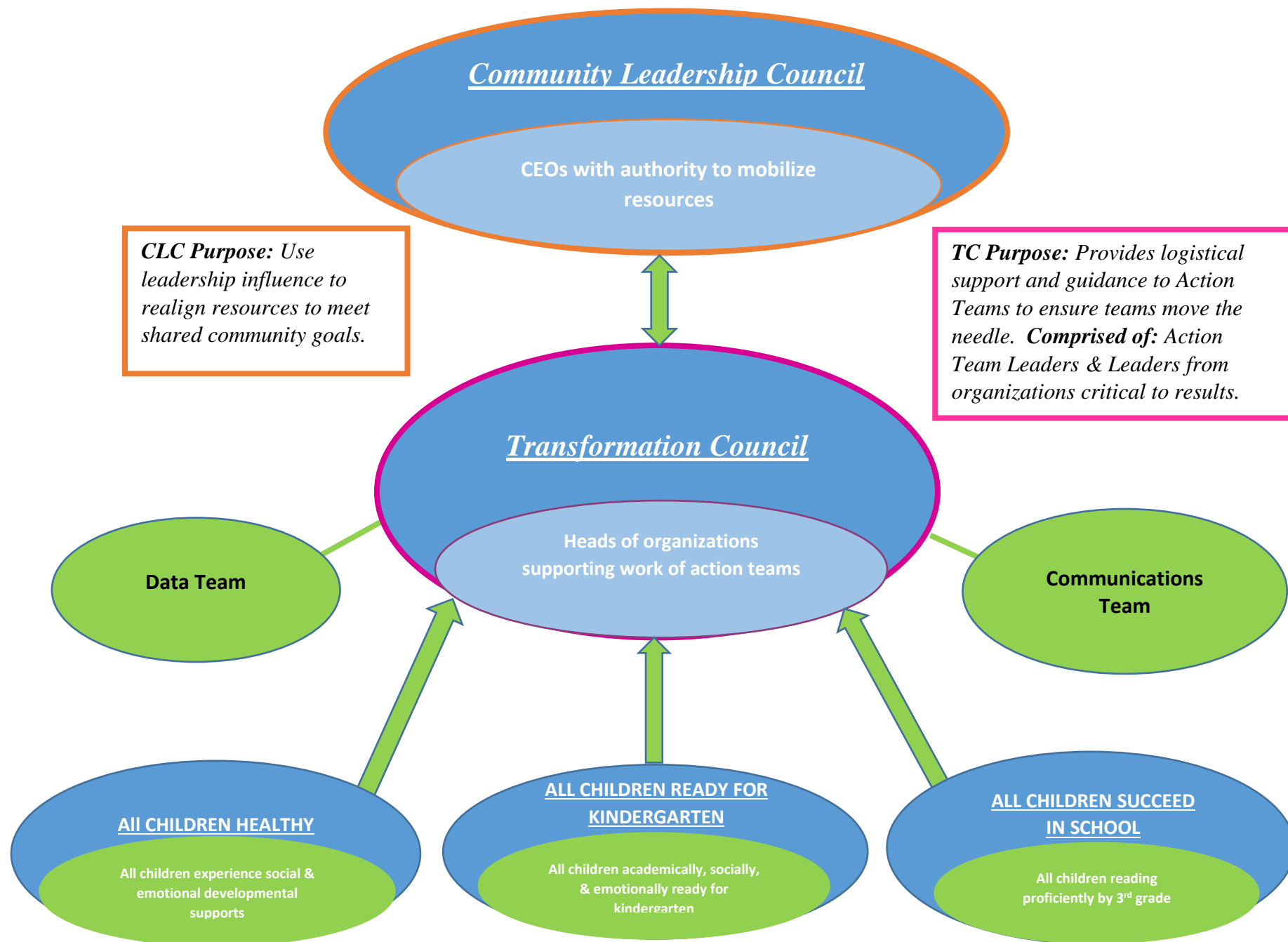
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**DC-Dodge County/JC-Jefferson County**

# EVERY CHILD THRIVES



# Healthy Childhood Development

