

Northwest Early Learning Skagit County Logic Model

VISION: All children have high quality early care and learning experiences that support optimal growth and development learning to success in school and life. All children are ready for school and all schools are ready for children.

MISSION: To support access to comprehensive early learning and family support opportunities to all children and families.

GOAL: To assure that all expectant families and families with infants, toddlers, and preschoolers and their caregivers have the tools and services they need to promote the healthy development of children in their care so that they can be ready to succeed in school and in life.

A. All parents and caregivers have the ability to promote positive social and emotional development of young children in their care.

	County Strategies to Meet All Needs	Current Activities	Future Activities	Outcomes
S U C C E S S F U L L	<ol style="list-style-type: none"> 1. Expansion of programs that promote bonding and attachment between parents and children birth to three. 2. Expansion of parenting education meets individual needs in promoting healthy social/emotional development. 3. Increase knowledge and skills of caregivers in supporting children's social/emotional development. 4. PRIORITY: Services support children with significant social/emotional needs. 	<ol style="list-style-type: none"> 1. Welcome Baby, Early Head Start, Nurse-Family Partnership Project, WIC, Parent Co-ops, Early Intervention, Maternal Support, etc. 2. Parenting education provided by parent co-ops, Head Start, Even Start, Behavior Specialists, CCS, SPARC and some elementary schools. The Parenting Educators Network supports providers of parenting education in the county. 3. Six Early Learning Specialists are working with 100 early learning teachers. Early Childhood Behavior Specialists available to consult with early learning providers. The Born Learning Campaign is promoting public awareness of social and emotional development. 4. Child and Family mental health services through ARIS, COMPASS Health, and Catholic Community Services. Behavior Specialists support families, providers and early childhood educators. Mental Health Consultants work with children and families enrolled in Head Start; ECEAP 	<ol style="list-style-type: none"> 1. Welcome Baby attached to every elementary school; Nurse/Family Partnership Project to serve 50% of eligible young mothers. 2. Increase Parent Education opportunities through multiple methods (classroom, media, home visits, etc) to reach all families including pre-natal and communities and individuals isolated due to geographic setting, language, culture, etc. 3. a) Early Learning Specialists attached to all elementary schools b) Curriculum to support positive social/emotional development implemented in all early learning environments (DECA, STAR, Second Step, Bright Futures); c) Develop a system to ensure those connected to families with young children have information about resources and programs to support social/emotional development (doctors, library, governmental agencies, etc) 4. a) Mental Health consultants available to all who work with families with young children; b) Effective assessment (Developmental Therapy; CHET) and intervention is available to all children. c) There is therapeutic child care and early learning settings with trained staff and appropriate environments for children with significant behavioral needs. d) There is therapeutic foster care 	<p>Parent and Caregiver Changes: Improved abilities to demonstrate nurturing behaviors to promote children's optimal social-emotional development.</p> <p>System Changes: Increased availability of appropriate and coordinated opportunities for families that promote and maintain healthy child social-emotional development.</p> <p>Child Changes: Increased number and percentage of children entering kindergarten with developmentally appropriate social-emotional skills.</p>

B. All children have access to developmentally and culturally appropriate services and all children have access to a safe, responsive, stimulating, high quality environments.

	County Strategies to Meet the Needs of All Children	Current Activities	Future Strategies	Outcomes
RESOURCES	<p>1. Parents, providers, and others working with young children receive information and mentoring on quality environments</p> <p>2. Teachers are supported to get AA and BA degrees.</p> <p>3. Incentives encourage and support providers in developing quality programs</p> <p>4. A funding mechanism is developed so that all children have access to preschool.</p> <p>5. PRIORITY: Public awareness is increased around what quality is and how to achieve it.</p> <p>6. PRIORITY: Improve transition between early learning community and K-12</p> <p>7. The need to increase multi-lingual capacity is addressed.</p>	<p>1. Early Learning Specialists provide on-site mentoring for quality improvement. Early Childhood Behavior Specialists work with providers and parents. Born Learning Campaign emphasizes ways parents and providers can support early learning. CCR&R mentors providing Woven Word support; parenting classes and home visit programs.</p> <p>2. College classes and tuition support toward AA degree available through SVC with three grants.</p> <p>3. None</p> <p>4. ECEAP / Head Start serve 50% of eligible population. Collaboration for Children preschool scholarships.</p> <p>5. Born Learning Campaign. Legislative breakfast.</p> <p>6. State/Federal Programs do some transition.</p> <p>7. Spanish speaking home providers, center providers; SVC bilingual ECE classes; Head Start dual language / bilingual curriculum</p>	<p>1.a) Early Learning Specialists and mentors are attached to each elementary school .b) Early Learning Specialists support implementation of the Washington Early Learning and Development Benchmarks. c)There is ongoing education on early learning environments for all caregivers. d)Early childhood professionals are supported to pursuer ongoing education and engage in self-study efforts to achieve higher quality.</p> <p>2. Funding to support scholarships toward BA degrees</p> <p>3.Increase public awareness to support increased wages for ECE professionals and providers.</p> <p>4. a) Expand ECEAP / Head Start / similar programs to meet individual needs for low income families. b) Increase subsidy and scholarships for childcare and preschool.</p> <p>5. Recruit business and community leaders (Skagit Leadership, service clubs, etc) to be part of Skagit Kids M.</p> <p>6. Increase linkage, communication, and continuum of learning and develop effective transitions for children and families between K-12 and early learning.</p> <p>7. a) Increase early childhood educators who are fluent in Spanish, Mixteco, Ukrainian, Russian, etc. Educate EC staff and parents in about primary and secondary language learning in young children. b)Provide for translation of family education materials / information into primary languages.</p>	<p>Parent and Caregiver Changes: Increased understanding of what children need across diverse populations for optimal health and development as identified and defined in research (e.g. in the Washington Early Learning and Development Benchmarks, NAEYC Developmentally Appropriate Practice, etc.) Improved ability of families to access and participate in quality child care and preschool programs that meet families' needs. Increased ability to access community resources and support networks.</p> <p>System Changes: Increased number and percent of early chare and learning programs that increase quality and are rewarded by increased subsidy/payment. Increased wages for quality early care and learning professionals. Improved early childhood teacher preparation. Increased systems recognition of families role as the primary nurturers and teachers of their children .Increased public awareness and support of early childhood education, health, and school readiness as a major contributor to economic growth and health communities. Increased availability of community resources and support networks for families and caregivers.</p> <p>Child Changes: Increased number and percentage of children entering kindergarten healthy and ready for school, including learning and development in physical well-being, health, and motor development, social and emotional development, approaches toward learning, cognition and general knowledge, and language communication, and literacy.</p>

C. All families have access to parenting education, including information about promoting healthy growth and development.

	County Strategies to Meet All Needs	Current Activities	Future Strategies	Outcomes
R E S O U R C E S	1. PRIORITY: Access and referral to quality parent education is increased.	Parenting classes at SVC School districts, SFRC; Parent education through Head Start, Welcome Baby, Nurse-Family Partnership. Born Learning increases awareness of the cornerstones of effective parenting	1. a) Inventory where parents are and integrate parent education into those settings; educate through 'trusted messengers' in parent's community to include physicians, faith-based community.. b) Parenting Educators Network provides support to parenting educators. c) Born Learning Campaign expands to reach isolated families d) School districts, early childhood programs offer ongoing parenting classes. Support school districts to use school readiness to reach more isolated families. e) Washington Early Learning and Development Benchmarks are widely available as resource to guide parenting expectations f) address barriers for child care, food, transportation, language, etc.	Parent and Caregiver Changes: Improved child/parent/caregiver relationships by reducing parent and caregiver stress and nurturing family networks. Increased demonstrated parenting skills to support children's development and health. Increased frequency of parents/caregivers accessing resources and support networks.
	2. Home visiting programs meet the child development and parenting needs of families not in other service models.	2. Welcome Baby, Nurse-Family Partnership, Early Head Start	2. Increased access to home visiting programs to families with 0-5 year olds who are not normally served including Family Friends and Neighbor caregivers.	System Changes: Increased resources for parenting education and supportive services. Increased family inclusion in the development of policies and implementation of strategies influencing the development and health of young children in our community.
	3. Services to families of birth to three year olds promote attachment and positive adult/child relationships	3. Early Head Start, Nurse-Family Partnership, Welcome Baby; Libraries have parent/child groups and early childhood programs a	3. Expand training and resources to multiple programs / agencies/ individuals who work with birth to three.	Child Changes: Increased number and percentage of children who are nurtured in safe, stable, and supportive families. Increased number and percentage of children entering kindergarten healthy and ready to continue learning..

D. All children have access to health insurance, a medical home, and comprehensive, consistent, culturally appropriate health services.

	County Strategies to Meet All Needs	Current Activities	Future Strategies	Outcomes
S C U O S R	<ol style="list-style-type: none"> 1. Medical and dental care is available and affordable. 2. PRIORITY: Mental health services are locally available and destigmatized. 3. Children with special needs and health concerns are identified and supported by screening with a tool such as the Ages and Stages Questionnaire. 4. All early learning environments are supported in health education to include issues around safety, substance abuse, etc.. 	<ol style="list-style-type: none"> 1. SCCAA provides an outreach program and has a dental van. ABC Dental through Health Dept 2. Limited mental health services through CCS, COMPASS, ARIS, Private practitioners. 3. School districts conduct child find. Head Start programs provide health, developmental, and behavioral screening. 4. ECEAP / Head Start offer health in their programs. 	<ol style="list-style-type: none"> 1. All parents understand the need for dental care and take their children dentists who are affordable; All eligible children access health insurance. 2. a)Child and family mental health information is included in parenting education to promote an understanding of mental health. b) The criteria of mental health is expanded. c) Increase access to Latino / Spanish language mental health support. 3. Child care providers and preschools offer health and developmental screening. Children with special needs are identified and obtain optimum support. 4. Bright Futures or similar programs are integrated in early learning environments. 	<p>Parent and Caregiver Changes: Increased understanding and improved consumer skills of comprehensive health care <i>(including medical, dental, mental health, vision and involvement in the health system as a skilled consumer)</i>.</p> <p>Increased ability to recognize an emerging issue with their child's health or development and connect with appropriate services.</p> <p>System Changes: Increased number and percentage of children who have medical insurance and increased number and percent of children receiving early intervention before entering kindergarten..</p> <p>Child Changes: Healthy children indicated by improved child health and wellness status.</p> <p>Increased number and percentage of children who receive recommended preventive care <i>(e.g., well-child, immunizations)</i></p> <p>Increased number and percentage of children who have access to ongoing comprehensive health care in their medical home <i>(including medical, dental, mental health and vision)</i>.</p>