

WYOMING EARLY CHILDHOOD GOVERNANCE TRANSITION REPORT

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EXECUTIVE SUMMARY

For years, state oversight of early childhood programs in Wyoming has been fragmented – creating disconnects at the local level that negatively impact children and families. In 2020 the Governor’s Office appointed a task force of early childhood leaders from around the state to develop recommendations for the future of early childhood governance. In December 2020 the [Wyoming Early Childhood Governance Task Force Final Report](#) proposed changes to how early childhood programs are overseen. Its recommendations included new approaches to oversight of the Individuals with Disabilities Education Act (IDEA), Head Start Collaboration, the Quality Counts program, and home visiting.

While the Task Force recommendations articulated a high-level direction for policy change, it left open many questions about how a change might work. This follow-up Transition Report was prepared by Foresight Law + Policy to provide a framework for addressing some of those open questions, and to provide support for constructive conversations about how the Task Force’s recommendations might be implemented. It was developed based on interviews with dozens of stakeholders in communities around the state, and in consultation with the Governor’s Office and relevant state agencies.

This report draws heavily on the insights of those stakeholders, referred to as “informants” throughout the report. Informants were promised anonymity in order to feel comfortable speaking freely. This report does not vouch for the truth of all of those informant statements, nor does it attempt to determine whether any of their opinions represent the view of a majority of stakeholders. Informant comments should be read as views that are held within the Wyoming early childhood stakeholder community, not as objective truths.

Because Wyoming is a local-control state, any changes at the state level should be designed to support community-level leadership. Communities have a strong interest in building better collaborative structures – ones that allow for schools, other governmental entities, and private providers to work together more effectively, both at the organizational and staff levels. There is strong support for flexible state funding to help communities ramp up that work. Ongoing community-level work funded by the Preschool Development Grant-Birth to Five could inform the design of new community-level funding if the state chooses to provide flexible funding in the future.

Communities are also looking for greater role clarity in their relationship with the state. Which decisions the state will make – and which it will leave to communities and providers – is not always clear. Creating a framework in which the state role is better defined would help communities understand their flexibility and authority, and allow them to build more effective local systems.

School districts play a key role in local early childhood collaboration, and increasingly are embracing their part in supporting young children. This is critical, because student achievement data shows that the years before third grade are Wyoming’s best opportunity to improve its long-term outcomes. Promising practices are emerging at the local level, and stronger local collaborations statewide could help implement those practices more broadly.

IDEA Oversight

One of the most hotly discussed issues in early childhood governance is oversight of services under IDEA, which is a federal law creating an entitlement to services for children with certain identified

needs. At the local level birth-to-five IDEA services are delivered by Child Development Centers (CDCs), who are currently overseen by the Department of Health – which in turn is overseen by the Department of Education, at least with regard to 3-5 year-olds. The Task Force recommended unifying IDEA oversight in the Department of Education. Many of the CDCs disagree with that recommendation, and are opposed to the proposed change in governance.

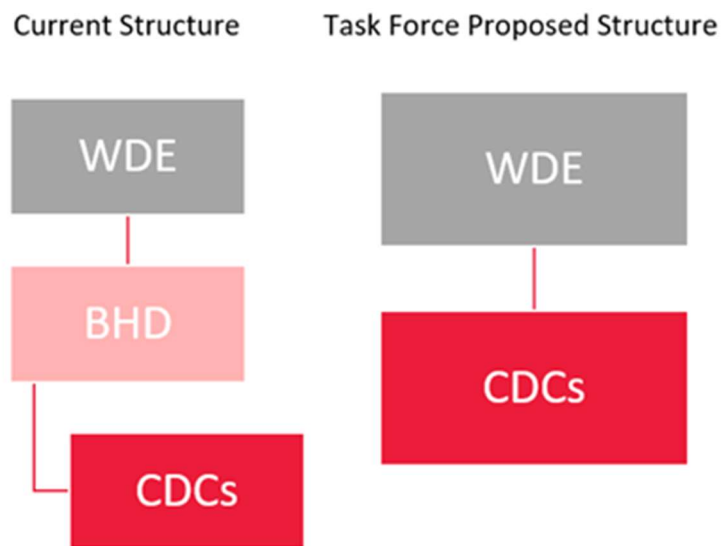
There are significant operational disconnects between the CDCs and local school districts, and local informants largely attribute those disconnects to state policy. CDCs and school districts have different frameworks for child evaluation, and different funding structures and incentives. While in many communities their relationship is collaborative, these structural differences negatively impact their service to children and families.

There are good reasons the Task Force sought to consolidate IDEA oversight at WDE. Under federal law the Department of Education will always have a primary role in IDEA – making it the only state agency where authority could truly be unified. The structural disconnects at the local level call for a structural solution, and WDE is the most logical structural solution. It is possible that the CDCs could thrive at WDE.

But there are legitimate reasons for the CDCs to be concerned. The Department of Education’s primary working relationships at the local level will always be with school districts – and CDCs expressed concern that if there are disputes between school districts and CDCs that WDE is expected to umpire, those relationships would shape WDE’s resolution of the issues. The CDCs are rightly worried that a school district taking over CDC functions would represent an existential threat to that CDC, and would raise the likelihood of other CDCs facing similar threats. While it appears at this time that most school districts have no interest in taking over the CDCs’ IDEA functions, even an increased risk of that possibility is understandably a cause for concern among the CDCs.

The problems at the local level are real; the potential benefits and harms of moving IDEA oversight to WDE are, at this point, all speculative. So the important question is: what are the circumstances under which a consolidation of oversight at WDE is likely to improve services to children and families? Because CDC capacity is so essential to the functioning of the system, any shift in WDE’s governance roles must take account of how that capacity is to be nurtured and built into service of family outcomes. Some activities that would increase the odds of success for WDE would include:

- Having a transparent and inclusive process to develop shared expectations and incentives for CDCs and school districts;



- Creating consistent funding for CDCs and school districts, starting with an analysis of what the funding disparities really are;
- Using the federally-mandated framework for oversight and support to help build CDC capacity and strengthen local relationships; and
- Ensuring that if a change in service provider is needed in any community, that change be made through a transparent public process.

If the handoff of responsibility to WDE included all of these elements – and engaged the CDCs in designing them – the odds of success for WDE and the CDCs could be dramatically increased.

Home Visiting

The Task Force called for the Department of Family Services to take an increased role in home visiting leadership. In 2021 DFS became the state’s grantee under a major federal home visiting program, which it can use to help establish its leadership role. But important home visiting capacity remains housed at the Department of Health, requiring ongoing collaboration between the two agencies.

As home visiting potentially enters a new chapter in Wyoming, the system would benefit from a clearer path. Under DFS’s leadership, the state should engage with families and local providers to build a stronger understanding of community need, and then develop an operational plan focused on meeting those needs. The state is working to ensure that families can access the home visiting services that best meet their needs; with DFS leadership the state agencies can now work together to identify those needs with more precision – and then building the state- and community-level systems needed to meet them.

Next Steps

This final report includes feedback solicited from the field after the release of a draft report in October 2021. That draft proposed a set of next steps, including:

- Convening a group of state officials, school district leaders, and CDC leaders to define consistent expectations of how children are evaluated for eligibility for IDEA services;
- Convening a group of CDC and school district leaders to create the framework for an apples-to-apples funding comparison between CDC and school district funding;
- Convening a conversation about the state’s goals for its home visiting system, and then developing an operational plan to meet those goals; and
- Further study of the operational issues in state government that would need to be addressed if a transition in oversight responsibilities were to proceed.

None of the comments received about the draft report objected to the proposed next steps. Thus, while numerous revisions to the draft report are reflected in this final report, the proposed next steps remain the same. Preschool Development Grant-Birth to Five funds will be used to help execute these next steps.

I. Introduction

A. The 2020 Task Force Report

In 2020 the Governor’s Office appointed a group of early childhood leaders from around the state to develop recommendations for the future of early childhood governance in Wyoming. The Task Force was created because stakeholders agreed that Wyoming’s oversight of early childhood programs could be made more effective; indeed, a [2018 analysis by the Bipartisan Policy Center](#) ranked the efficiency of Wyoming’s early childhood governance 49th in the country. The Task Force brought together stakeholders from inside and outside state government to consider the system as a whole, and make recommendations for how the system might be improved.

In December 2020 the [Wyoming Early Childhood Governance Task Force Final Report](#) proposed a set of changes to how early childhood programs are overseen in the Equality State. The Task Force emphasized the benefits it hoped to see from a governance change, including:

- Coherence
- Leadership
- Clarity
- Better information for parents
- Infrastructure – state and regional

It also made recommendations for state-level changes in the oversight of three funding streams. Those recommendations were as follows:

	Giver	Receiver
IDEA	Health	Education
Head Start Collab	Workforce Services	Education
Quality Counts	Workforce Services	Family Services

The recommendations also contemplated a new role for the Department of Family Services (DFS) in coordinating home visiting.

The Task Force did not reach its conclusions lightly. Indeed, after a straw poll showed support within the Task Force for these potential shifts, the Task Force considered feedback about its proposed direction – including from the Department of Education, Child Development Centers, and others. After reviewing this additional information, the Task Force confirmed its recommendations and issued a final report.

B. This Transition Report

This transition report discusses in greater depth what it might look like for Wyoming to transition to the new early childhood governance system envisioned by the Task Force. It is based on conversations with dozens of early childhood stakeholders from multiple different sectors.

Throughout the course of these conversations, it was clear that the problems the Task Force was convened to address are real. There is a hunger among stakeholders for something different than what

Wyoming does today. Nobody is arguing for the status quo. The Task Force’s statement of the system’s goals – and the challenges confronting the system – were adopted unanimously; even people who disagree with the Task Force’s recommendations for next steps should heed its call to action.

The Task Force recommendations represent the best thinking of a group of key early childhood system stakeholders, all of whom want to strengthen the state systems that improve outcomes for children and families. While many stakeholders support the direction proposed by the Task Force, not all do. The specifics of the Task Force’s recommendations are, of course, open to debate.

After the Task Force completed its work, legislation was introduced that drew from the Task Force’s recommendations. The legislative hearings regarding that bill were contentious, and the bill ultimately did not make it out of committee. In the wake of that legislative process, it is important to remember that the Task Force is represented solely by its final report; it disbanded after the report was submitted, and before the legislature considered its report. Comments made during the legislative hearings by members of the Task Force – or by representatives of agencies that participated in the Task Force – should not be attributed to the Task Force as a whole.

Relatedly, this report is not a report of the Task Force – or of any other Wyoming governmental entity or agency. This report is made solely by Foresight Law + Policy, and does not represent the views of the Task Force or any other body. Foresight is a contractor engaged by the state using federal Preschool Development Grant funds; the Department of Family Services is the lead agency on the grant, which is administered by Align.¹ Foresight is a national law firm with extensive experience in early childhood governance; Foresight also facilitated the 2020 Task Force.²

There are no simple answers when it comes to early childhood governance. The Task Force did its best to address the many tradeoffs inherent in the process of establishing a governance structure. This Transition Report builds on the Task Force’s analysis, but it too should be subject to careful scrutiny. It was being circulated in draft form to solicit and encourage feedback from the field, so that its recommendations could be further refined; the report notes in several places where additional material was added based on that round of stakeholder feedback. The goal of this Transition Report is not to end

¹ Wyoming received a one-year Preschool Development Grant that supported the work of the Task Force in 2020. The state then received a three-year renewal grant to support ongoing work in 2021 through 2023. Gov. Gordon’s website includes more information about the Preschool Development Grant (<https://governor.wyo.gov/state-government/preschool-development-grant>), and the U.S. Department of Health and Human Services’ Administration for Children and Families provides more information about the federal initiative as a whole (<https://www.acf.hhs.gov/ecl/early-learning/preschool-development-grants>).

² Foresight published a 2020 report on early childhood governance commissioned by the Heising-Simons Foundation titled “Early Childhood Governance: Getting There from Here.” (Available online at https://www.flpadvisors.com/uploads/4/2/4/2/42429949/flp_gettingtherefromhere_061120.pdf.) Foresight partner Elliot Regenstein also authored a 2013 paper for the BUILD Initiative titled “A Framework for Choosing A State-Level Early Childhood Governance System.” (Available online at <https://buildinitiative.org/resource-library/a-framework-for-choosing-a-state-level-early-childhood-governance-system/>.) The 2013 paper was also adapted into a chapter in a 2015 book on early childhood governance. Regenstein, *Glancing at Governance: The Contemporary Landscape*, in *Early Childhood Governance: Choices and Consequences*, edited by Sharon Lynn Kagan and Rebecca E. Gomez, Teachers College Press, 2015.

conversation but to continue it – and hopefully to continue it in as collaborative and constructive a manner as possible.

The transition report will start by focusing on the capacity needs at the local level for programs to be successful. Wyoming is a local control state, and any state-level changes should be designed to support improvements at the local level.³ Thus, the report begins by discussing successful local implementation of early childhood programs, and then describes how the state can be more effective in supporting communities in their early childhood work.

II. Local Early Childhood Ecosystems

One critical concept in thinking about the role of community systems work is the idea of “internal accountability.” Borrowed from the K-12 literature, the idea of internal accountability is that the most important form of accountability that community members have is *to each other*.⁴ While “external accountability” from the state is important (and will be discussed later), the development of community-level internal accountability is ultimately a key lever for systems change.

A. The Need for Local Capacity and Connection

One key theme that emerged in conversations with early childhood providers throughout the state is the critical role of local capacity. There are several examples of communities that have been able to build successful systems at the local level that promote coherence and help providers work together; this improves the experience for children and families. But other communities have struggled to develop strong working relationships among the entities offering early childhood services, and that can have a negative impact on parents and their children.

There are multiple critical functions of the early childhood system that take place at the local level. Some of the critical functions identified by informants included:

- Conducting local needs assessments to identify what services are required.
- Hiring staff to meet the learning and developmental needs of young children.
- Provide ongoing coaching and professional development to help those staff learn and grow.
- Designing the curriculum and teaching practices for preschool and the early elementary years, to create an aligned experience that feels to children and families like a natural progression.
- Supporting parents and families through the process of transition – and indeed, helping parents and families navigate the early childhood system more broadly. This can include training parents to advocate for their children as those children continue through the school system.
- Implementing assessments in a manner that provides useful information.
- Conducting evaluations of young children to determine whether they are eligible for services under the Individuals with Disabilities Education Act (IDEA).

³ While some informants referred to Wyoming broadly as a local control state, one informant indicated their belief that the local control value is one articulated by school districts, and not as prevalent in public health.

⁴ Fullan, M. and Quinn, J. *Coherence: The Right Drivers in Action for Schools, Districts, and Systems* (Thousand Oaks, CA: Corwin, 2016), 109 (defining internal accountability as “conditions that increase the likelihood that people will be accountable to themselves and to the group”).

There are communities that have been able to develop strategies to address some or all of these issues in collaborative ways.

- Some communities have been able to establish “professional learning communities,” in which they form an ongoing community of practice focused on common problems. This is relatively intense work and is not common.
- Some communities have active collaborations among early childhood providers at the organizational level, sometimes including school districts. These collaborations can create the kind of community-level internal accountability that drives ongoing improvement.
- Whether or not they have organization-level collaboration, some communities have collaboration at the educator level. Teachers can work together to discuss practices and learn together.
- In some communities where there is no systemic collaboration among organizations or teachers, there is at least communication between schools and early childhood providers with regard to specific children – including in some instances their Individualized Education Plans (IEPs) required under IDEA.

Some communities now have a role called “parent liaison,” a position designed to help parents navigate the school system. These liaisons can focus on improving attendance and facilitating parent engagement; customized support is one of their hallmarks. These liaison positions have been successful in communities where school districts see their value and show leadership on early childhood issues. Parent liaisons can connect with K-12 teachers, private providers, and parents; in some cases they host monthly professional learning communities.

In some communities the relationships among providers feel very collaborative, but in others they are not systematized – there may be some individual relationships that work, but no formal processes for working together.

Succeeding at Local Collaboration

Multiple informants talked about what makes for a successful organization-level collaboration at the local level. In particular, informants talked about the need for backbone capacity to help collaborations succeed. Many providers are interested in being part of a community-wide effort to develop coherent systems, but lack the capacity to organize a systems-building table themselves. The communities where this work has thrived tend to be ones where it has been an individual’s assigned responsibility, supported by dedicated funding; where it’s something everybody is trying to fit in around their funded duties, it tends to fall apart.

There was widespread support among local informants for the idea of state support for this backbone collaborative capacity. State support might be a particular need in communities with limited wealth. The exact structure of the role could vary, and some staff people might support collaborations in more than one community. Importantly, any state support should be structured to encourage collaboration across sectors; collaborations in other states have foundered when they are seen as solely the project of one oversight agency, meaning that local providers accountable to other agencies may not have incentive to participate.

Another important element of organization-level collaboration is that it be agenda-driven. Multiple informants talked about the importance of identifying common issues on which group decision-making would add value, and then actually making group decisions on that issue. Those issues have to be locally-driven rather than state imposed. But informants generally agreed that if it's just "a webinar or book study" it will not succeed. In the end the group only works if each participant sees it as in their selfish best interest to participate; providers and schools simply do not have enough capacity to continue the work as a favor to someone else.

One informant described an attempt at collaboration that devolved into a coordinating body because people were uncomfortable with a collective agenda. That informant also said that participants could be defensive and avoid hard questions – and that data was seen as a threat because of the issues it might raise. This informant said that in their community a lot of kids were showing up to kindergarten unprepared, but that the early childhood community was not working well together.

A challenge collaborations face is turnover in personnel. Because positions can be hard to fill (as discussed later in this report), turnover can be a problem – and that can impact collaborative structures. But some providers pointed out that having collaborative structures is actually a way of minimizing the impact of turnover in any one program. If the system as a whole supports a network of relationships, then when any one participant is replaced the rest of the network has a better chance of successfully integrating the new entrant.

Some informants emphasized that collaboration between public schools and diverse early childhood providers has value not only for its operational benefits, but for the message it sends to families. If families see early childhood providers and K-12 schools working together, it reinforces the idea that all of the providers have the child's best interest at heart – and are working as a team to promote that child's success.

The work is not easy, because it requires flexibility and change of a kind that can be hard for providers with limited capacity fulfilling mandates from distant governments. But informants noted that disconnects among providers end up hurting families, as it reduces the continuity of services.

Kindergarten Transitions Grants

Wyoming's Preschool Development Grant includes funding for communities to support kindergarten transition processes. The grants are administered by Wyoming Kids First, and the grant application process launched in April 2021. Grant activities include aligned professional learning across preschool and kindergarten, and support for cross-sector partnerships and family engagement. Communities could apply for planning grants or implementation grants, depending on the status of their work to date. Thirty-two communities expressed interest, 14 submitted complete grant applications, and five grants were awarded.

Opportunities for State Support

There are some local functions where informants would welcome state assistance. These included:

- Better guidance on information sharing. While in many instances family permission will be required to share information, providers could use better guidance on exactly what information they can share under what circumstances, and exactly what permissions they need.
- Better guidance about the transition process. This could include providing frameworks with definitions of kindergarten readiness, and best practices in assessment. Similar frameworks

have been developed in other states, and work best as a collaborative effort between the state and expert practitioners. The final result would be strictly voluntary, but interested communities would benefit from the guidance.

- The federal Preschool Development Grant (PDG) includes a strand of work relating to transition implementation that addresses this issue directly.
- The PDG also includes grants to communities to support improved kindergarten transitions (as described above), known as Kindergarten Transitions Grants. Awards were made to communities in the summer of 2021. Lessons learned from the implementation of those grants should be useful to the ongoing work of improving transitions.
- Multiple informants believe the lack of a definition of kindergarten readiness is a meaningful operational roadblock. PDG-sponsored work to revise the state’s Early Learning Guidelines and Foundations will address this issue and should provide useful guidance to districts and community providers.
- Better support for coaching. Multiple informants expressed a view that state-sponsored professional development – in its current form - is not effective, and one noted that coaching would be more effective.
 - If the state develops frameworks for assessment practice or other elements of instruction, those frameworks could be used to inform the design of coaching or professional development initiatives.
- Synthesizing needs assessment requirements. Multiple providers are required to conduct needs assessments, but one informant pointed out that these assessments are all overlapping and inconsistent – meaning that local agencies are duplicating efforts, and not producing consistent data.
- Better support for the process of evaluation. This issue will be discussed further later on, but the federally required process of evaluating children for IDEA eligibility is one that numerous informants discussed as an ongoing challenge. In multiple communities there is a sense that the evaluation practices of the Child Development Center (CDC) and the school district are not well aligned, which causes problems for both the CDC and the district – as well as the families. But multiple informants noted that the state has an essential role to play in trying to make these practices more consistent.
- Better data, and support for the use of data. One challenge informants noted is that if data are not meaningful to the people collecting them, the data may be inaccurate; this could be a problem for state policymakers. Other data challenges are discussed later in this report, including issues relating to the burden of data collection for home visitors.

Informants noted that the state’s siloed approach to early childhood can reinforce barriers among local early childhood providers, which in turn inhibits the ability of providers to work together on behalf of families. That said, informants acknowledged that the territoriality and scarcity mindset⁵ of local providers is not solely a product of state government fragmentation; some of it comes from their lack of capacity.

⁵ Mullainathan, S. and Shafir, E. *Scarcity: The New Science of Having Less and How It Defines Our Lives* (New York: Picador, 2013).

B. Issues Relating to Specific Sectors

This subsection will focus on four key local actors who would be impacted by any changes in state-level governance: the Child Development Centers, school districts, county Departments of Health and local public health nursing offices that implement home visiting programs, and child care providers.

Regardless of how well they collaborate with others in their community, leaders from across the state collaborate with each other. There are statewide networks of role-alike personnel that share information, network, and provide various kinds of support. Those networks are potentially an important resource as the state seeks to build capacity.

i. Child Development Centers

Child Development Centers are independent centers that can provide a variety of services – but in early childhood governance, the CDCs are discussed primarily in their role as provider of services funded by IDEA. There are 14 CDCs around the state, and they offer services in both Part C (0-3) and Part B (3-5). Those services are currently overseen directly by the Department of Health’s Behavioral Health Division, and the Department of Education also has responsibility for the oversight of Part B funds (as required by federal law).

The Current Temperature

Multiple informants from different sectors expressed dismay at the level of acrimony that characterized the exchanges between CDC leaders and the Department of Education during legislative hearings over the winter of 2020-21. It is outside the scope of this transition report to try to apportion responsibility for that acrimony, but understanding its root causes – and finding ways to have more constructive conversations – will be an important part of the work going forward. Both the CDCs and WDE have a critical role to play in the Wyoming early childhood system, and the next few years will be frustrating and disorganized for the entire Wyoming early childhood community if their relationship cannot be improved.

One goal of this transition report is to help create a framework in which the role of the CDCs can be discussed in a constructive manner. It is clear at this point that at least some members of the CDC community have a deep-seated lack of trust in the WDE. Outside of the CDCs there are those who believe that this lack of trust in WDE should not be the primary driver of policy – particularly not in the face of a well-thought-out consensus among the rest of the field. But whether that is true or not, the CDCs’ distrust of WDE is a truth that must be accounted for in any plan for moving forward. It cannot be assumed away, and it will not dissipate simply because a transition report recommends that it do so.

The Task Force Recommendation

The issue of whether or not IDEA oversight should be consolidated in the WDE was one of the most discussed aspects of the 2020 Wyoming Early Childhood Governance Task Force. In the final Task Force vote an overwhelming majority of voting members believed that oversight of Part B special education

should be consolidated within the Department of Education, and the entire Task Force believed that Part B and Part C should be overseen by the same state agency.⁶

The Task Force did say the following about a potential expansion of WDE's role:

- Importantly, the Task Force's recommendation speaks only to a change in oversight at the state level; the Task Force did not make recommendations regarding the relationship between school districts and Child Development Centers. The Task Force would like to see this issue addressed as part of the transition planning to having IDEA services at the Department of Education. Specifically, the Task Force would like to see WDE, CDCs, and school districts work together to establish requirements for transparency and public engagement that would govern the process of changing the approach to delivery in any community. The Task Force believes communities potentially impacted by changes in WDE's approach –or by any proposed shift in service delivery – should have the opportunity to weigh in before any final decisions are reached.
 - WDE and the Department of Health informed the Task Force at its December 4 [2020] meeting that their position is that under current Wyoming law, the state has the power to move services from school districts to CDCs and vice versa. This would remain true if oversight responsibility is consolidated into WDE, and the recommendation above speaks to how the Task Force would like WDE to go about exercising that power.
 - WDE also indicated in the December 4 meeting that it contacted the OSEP [the U.S. Department of Education's Office of Special Education Programs] to ask about the method by which it could contract with CDCs. Currently CDCs are able to enter into a single contract with the state and are not required to contract with each individual school district in its region. WDE represented to the Task Force that it had confirmed with OSEP that this approach could continue if WDE assumed sole oversight responsibilities over IDEA.
 - The Task Force recommends that WDE remain in close contact with OSEP as a key part of a successful transition of IDEA functions.

The issue of when or how services might be transferred from CDCs to school districts may be the most highly charged issue in the entire governance process, and understandably so; the stakes are existential for the CDCs. This transition memo acknowledges that tension and seeks to propose a framework for managing it – one that protects the state's interest in ensuring the best possible IDEA services in each community, and one that is respectful of the role the CDCs play and the capacity they bring.

Key Issues to Address at the Local Level

Numerous informants talked about ways in which inconsistencies in state policy can create tension at the local level. There are a few specific examples that it will be important for the state to address, regardless of the state's agency oversight configuration. There are other related issues where improved

⁶ The Department of Health made the same recommendation in 2018, as reported by the legislative Management Audit Committee. Management Audit Committee, Early Intervention Education Program, Phase 2 (February 9, 2018), p. ix. Retrieved from <https://wyoleg.gov/progeval/REPORTS/2018/EIAPP2-2-9-2018.pdf>.

coherence in state policy – and improved support from the state – could help the CDCs and their local partners work together more effectively.

Consistency in Evaluations and Identification

While in some communities consistency in evaluation is not seen as a problem, in some it is. Some school district special education staff believe that the CDCs are over-identifying students for IEPs. Several commented that they believe the overidentification is in response to incentives from the state and did not blame the CDCs for doing so. One district informant explained that in that informant's understanding, the way the state structures CDC funding gives the CDCs incentive to serve as many children as possible with low-intensity issues – meaning that CDCs will overidentify some children, but not provide needed services to children with the most intense needs. This informant made clear that in the informant's view the problem was with the state funding structure, not the behavior of CDCs.

Other districts reported that they thought their local CDCs lacked skills training, and one district informant said they did not believe the CDC evaluators were qualified. One district informant said that CDCs may be limited in who they can hire as evaluators, and that those evaluators will end up focusing on the disabilities in which they are most expert – leaving gaps in identification where the evaluators do not have expertise. Some district informants reported that their teachers could tell that the CDCs were not helping their children, and believed that the CDCs lacked the expertise to provide adequate services.

CDCs, for their part, do not believe that they are overidentifying children; they believe that their identification practices are appropriate, and that they are doing a good job of serving children. One informant noted that a legislative service audit was conducted due to reports of overidentification, but that the audit found that identification rates were appropriate.⁷ Another CDC director argued that certain categories of IEPs are in fact overidentified, but that the issue is one of state law rather than CDC practice.

It is noteworthy that in many communities there appeared to be a lack of understanding between CDCs and school districts about evaluation practices. The two are using different evaluation forms and receive different trainings, meaning that children and families have different experiences in each. Regardless of what state agency is responsible for Part B and Part C, informants expressed a desire to see these inconsistencies resolved. One informant said that lawyers are sometimes taking advantage of the discrepancies, playing the CDC and district against each other.

Adding a layer of complication to that disconnect is the fact that there can be substantial variation among districts in their protocols – which can be a real challenge for CDCs that work with more than one district. Both CDCs and district staff network frequently with peers in other regions and districts, which can help best practices spread. But both groups largely indicated that the state is not as consistent as it could be, which leads to frustrating variation at the local level.

⁷ Management Audit Committee, Early Intervention & Education Program, Phase 1 (September 19, 2016). Retrieved from <https://www.wyoleg.gov/progeval/REPORTS/2016/EIEP9192016.pdf>. See also Shanor, D. & Hamel, S., Wyoming Department of Education: Memorandum regarding Early Childhood Education to the Joint Education Interim Committee (September 27-28, 2018). Retrieved from https://wyoleg.gov/InterimCommittee/2018/04-2018092715-01_WDEMemoEarlyChildhoodEd.pdf.

One CDC informant recommended funding for collaborative training to help providers and districts work together. One district informant indicated a desire to have collaborative training with their CDC, but said the CDC was not interested.

Consistency in Payment

CDC informants reported that per-child payments are lower for CDCs than school districts for the same or similar services. While CDCs are passionate about the benefits of having local non-profits engaged in serving families, they also believe they are getting shortchanged. In the CDC community there is a strong desire to see parity with school districts on reimbursement.

It is widely understood that CDCs and school districts utilize different funding streams with different incentive structures – but the relationship among those funding streams is not at all clear to either school districts or CDCs. Several informants acknowledged that they are not sure what an “apples to apples” comparison of school district and CDC funding would even look like, or how per-child spending actually compares on a per-hour or per-day basis. Establishing a set of shared facts on that subject is likely a necessary precursor to actually establishing parity.

In addition to differences in per-child reimbursement, the recent budget cuts suffered by CDCs was surely noticed by all stakeholders. One district informant raised the possibility that the cuts sent a message about the state’s view of CDCs. Relatedly, a different informant pointed out that cuts over the years have created concern among the CDCs that the program is in jeopardy.

Staffing

The differential payment levels can contribute to difficulties in retaining staff. Some CDCs struggle to retain staff; school districts can pay more and offer better benefit packages. While some CDCs report that they are able to retain some employees who prefer the non-profit setting to working for school districts, there are many places where it is hard for CDCs to compete for talent.

That struggle for the CDCs takes place in a larger context where in some communities the entire early childhood sector can find it difficult to hire and retain staff. Some communities have a hard time attracting people to move there more broadly, and districts also hire staff away from each other. In a favorable employment environment early childhood jobs are not necessarily seen as desirable given their low salaries. One informant said that better pay in Colorado and Utah is drawing some staff away from Wyoming communities.

One practice that has emerged in some communities is sharing staff. For example, if both the CDC and the school district need a part-time speech pathologist, they might recruit one together and share the cost. This is not a universal practice, but in the places where it has taken place informants reported that it has been helpful. In other communities either the CDC or the school district has decided not to participate in partnerships of this type, which may mean that position goes unfilled.

There are real challenges to shared staff, however. One school district informant noted that districts may not have any financial incentive to share staff, and that the ongoing supervision of shared positions can be very challenging – especially if districts are concerned they will not be able to access the position’s capacity when needed. Another school district informant noted that these staff can be the

face of an organization to certain constituencies, and that organizations may not want to share that face.

CDCs and their Relationships with School Districts and Other Providers

Regardless of whether CDCs are under the umbrella of WDE, they will continue to interact with school districts. As might be expected, the relationship between CDCs and school districts varies substantially across the state. Indeed, because CDC and school district boundaries are not coterminous, many CDCs have relationships with multiple school districts – and can see variation even within their region.

The role of the CDCs themselves varies from place to place. One informant said they had urged the CDCs to think about wraparound services and the evolving needs of families; while not all CDCs have done so, some clearly have, providing home visiting and other services beyond IDEA. In some communities other early childhood providers were grateful for their partnerships with the CDC, and felt like the CDC worked hard to bring services to other settings when it could.

The relationships also vary. One district informant said that the relationship with their CDC had improved, and that the CDC does good work on transition. This informant said that the district and CDC conduct collaborative observations, and that the providers have a good connection with the families; the CDC then partners with the district to make handoffs to the district's teachers, creating a seamless experience for families. Another CDC informant reported working closely with their school district.

In other places, though, the work remains siloed. As one informant pointed out, the state does not create any real incentive for collaboration, so when it happens it has to come from the local partners – and in some communities the relationships are bad. In several communities a CDC informant has expressed interest in partnering with the district, but has been rebuffed by the district; in other communities district informants reported the opposite is true. One district informant who was seeking better collaboration with their CDC indicated that the local collaboration is important regardless of what happens at the state level.

These interviews largely took place over the course of summer 2021. Some CDCs close for the summer, like school districts; others remain open. One private provider indicated that CDCs closing for the summer separates them from Head Start and child care providers who remain open. This same private provider indicated that its local CDC came across to other providers as unaccountable, and that it did not appear to be doing a good job of working with families.

One CDC informant pointed out that the CDCs are expected to do a lot with no resources. Without dedicated funding to support collaboration and transitions, this informant indicated that it can be easy to feel like the CDC is isolated from other providers. Another CDC informant pointed out that while CDCs end up working in partnership with many different providers, they are not really supported to provide a true “glue function” that brings those providers together.

As part of the interview process, several school district officials were asked directly if they were interested in taking over the IDEA functions and replacing the CDC as the local grantee – which the CDCs have identified as their worst-case scenario. Most districts said they were not interested, and would prefer to focus on building the CDC's capacity and establishing better partnerships. That response was

not universal, however, and the CDCs’ fear that there are districts gunning for their responsibilities is not unfounded.

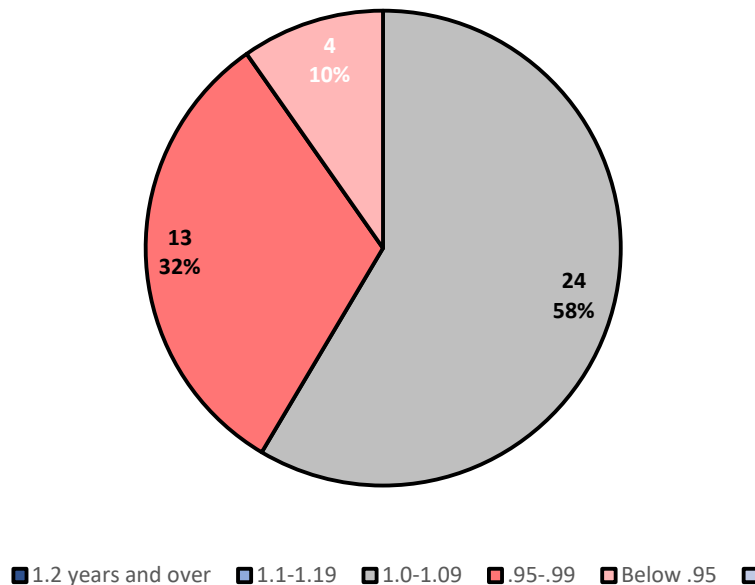
A fuller discussion of the concerns about moving oversight of the CDCs to WDE appears later in this report.

ii. School Districts

One overarching question when it comes to school districts and early childhood is whether the district’s leadership understands the value of early childhood education. Some informants – from inside and outside school districts – reported that their local district leadership was deeply committed to early childhood, and had invested meaningful resources in both early childhood and K-2. Other informants – from inside and outside school districts – discussed district leaders who did not see the value and did not invest in the early years.

There are numerous pressures that act on school district leaders to cause them to focus on the later years.⁸ But particularly in Wyoming, those early years are absolutely critical to school district success, because in Wyoming third grade test scores are incredibly predictive of high school outcomes. The chart below shows that in Wyoming, almost every district produces between .95 and 1.1 years of growth in an academic year:

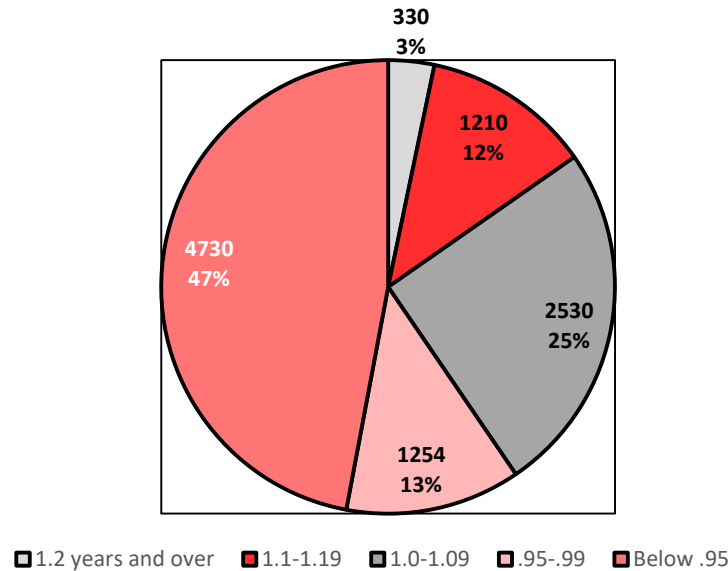
Student Assessment Annual Growth by District
(Reading, Wyoming Data)



⁸ Regenstein, E., *Why the K-12 World Hasn’t Embraced Early Learning*. Foresight Law + Policy (February 2019). Retrieved from: https://www.flpadvisors.com/uploads/4/2/4/2/42429949/why_the_k12_world_hasnt_embraced_early_learning.pdf_final.pdf.

Overall, the distribution in Wyoming is much narrower than nationally; in Wyoming 90% of districts produce growth rates between .95 and 1.1 per year, whereas nationally that percentage is only 38%:

Student Assessment Annual Growth by District
(Reading and Math, National Data)



And the two districts with the lowest growth rates in Wyoming are both districts with high overall achievement, which can make it difficult to produce high growth rates.

What this means is that a cohort of children that is on track in third grade is extremely likely to finish high school still on track. But it also means that a cohort of children that is even a year behind at the end of second grade will likely not be caught up by the end of high school. And while the data on how children are doing before third grade is quite limited, the state does have third grade data. In 2020-21 Wyoming’s third grade assessment results were as follows:⁹

Subject	Percent Below Basic	Percent Basic	Percent Proficient	Percent Advanced	Percent Basic & Below	Percent Proficient & Advanced
Math	25.03%	24.48%	26.77%	23.71%	49.51%	50.49%
English Language Arts	26.41%	23.31%	32.88%	17.40%	49.72%	50.28%

Third grade data has been largely consistent since 2013-14; the percentage of students Proficient and Advanced in Math has been between 49.48% and 53.49%, and the percentage of students Proficient and Advanced in English Language Arts has been between 50.28% and 61.96%.¹⁰ If current growth trends

⁹ Wyoming Department of Education Assessment Reports. Retrieved from: [https://portals.edu.wyoming.gov/Reports/\(S\(ubbrdgnb03d2wgaegfrsuil1\)\)/Public/wde-reports-2012/public-reports/assessment/pawsresultsstatelevelaggregated](https://portals.edu.wyoming.gov/Reports/(S(ubbrdgnb03d2wgaegfrsuil1))/Public/wde-reports-2012/public-reports/assessment/pawsresultsstatelevelaggregated).

¹⁰ Wyoming Department of Education Assessment Reports. Retrieved from: [https://portals.edu.wyoming.gov/Reports/\(S\(ubbrdgnb03d2wgaegfrsuil1\)\)/Public/wde-reports-2012/public-reports/assessment/pawsresultsstatelevelaggregated](https://portals.edu.wyoming.gov/Reports/(S(ubbrdgnb03d2wgaegfrsuil1))/Public/wde-reports-2012/public-reports/assessment/pawsresultsstatelevelaggregated).

hold, these percentages should be expected to hold relatively steady as this cohort moves through the system. For the state to see meaningful improvements it will require a focus on the years prior to third grade.

Some districts have developed successful kindergarten readiness programs, which they report to be popular. These programs sometimes include shared professional development involving district teachers and community-based early childhood providers; there can be cultural differences between those groups that in some instances makes it hard for them to work together, but there are reports of successful collaboration. Some districts also provide transportation, meals, and other services to support preschool-aged children.

The connection between early childhood and schools is particularly important for teachers in the K-2 years, and informants offered mixed reviews of how districts handle those years. In some communities, strong district leadership has led to thoughtful practices in the K-2 years. In other communities those years were described as a backwater, isolated from district power structures.

Some districts have a full-time liaison to early childhood providers, and in general early childhood providers spoke very favorably of those programs. They found these staffers to be a helpful resource who did a good job of connecting programs and families. One district informant emphasized the importance of schools having empathy for parents of children transitioning into kindergarten. A different district informant emphasized the importance of home visiting, which the informant said was especially critical in communities with a highly transient population.

In other communities communication between the district and early childhood providers is more challenging. One CDC informant said that some districts really get it, and other districts really don't. Several informants discussed how personnel changes at districts can mean substantial changes in how the district engages with the early learning community (for both better and worse). One provider indicated that districts may think they know more than they do, but not actually be sensitive enough to how young children develop – particularly in social-emotional domains.

Another issue touched on above is consistency among school districts. As noted previously, numerous informants recommended that the state develop frameworks to help districts and their partners address some of their major functions – potentially including transitions, assessments, curriculum, and more. Of course, developing the frameworks is only a first step, and frameworks are only likely to be successful if there is dedicated capacity to support implementation. While districts with higher resource levels may be well positioned to successfully execute implementation, other districts might need help from the state.

iii. Private Child Care

Child care is a critical part of local early childhood infrastructure, and has suffered mightily during the pandemic. While the Task Force's recommendations reinforced the idea that DFS will continue its oversight at the state level, it is important to briefly address child care as an essential part of local early childhood ecosystems.

The competitive dynamic among child care providers is an evolving one, and varies from community to community. Some providers said that they have been able to collaborate effectively with other child

cares, in part because demand in their community far exceeds supply.¹¹ That means that all of the providers will be full, and the only question is whether they can match families with the services that best meet their needs. In these communities there can be wait lists for parents to obtain child care services.

One of the reasons that the supply of child care can be limited is that the market for child care is a difficult one.¹² One informant noted that the expectation in Wyoming is that child care will be very cheap, and that the state offers limited subsidies; that creates pressure to keep wages low. This is particularly true for providers working with infants and toddlers, where the expenses are higher due to the added intensity needed for successful staffing.

But those low wages can make it difficult to maintain staff. Some providers acknowledged how difficult it is to build capacity when staff can leave for higher-paying jobs, including at school districts.

Another barrier to maintaining staff is how hard the job is. One informant pointed out that the job can be isolating. That same informant argued that state trainings for child care providers are so bad that they discourage providers from staying in the job; this informant made the case that the supports designed to help staff stay in the profession are sometimes having the opposite effect.

While the demand exceeds supply, that does not mean that all providers work together effectively. One informant pointed out that child care providers are in fact competitors, and in some communities that spirit of competition predominates.

In some communities the timing of child care availability is a significant issue. Workers in mines and hospitals often keep unusual hours, and informants noted that providers sometimes cannot meet those needs. A recent national report indicated that 34% of Wyoming parents may need care during non-traditional hours – and 65% of working single parents.¹³

Some informants pointed out that a lack of affordable child care can have a major impact on a local workforce. One informant pointed out that some parts of the state may only be affordable to families if both parents are in the workforce – which places pressure on the child care system.

One informant criticized the draft transition report for paying inadequate attention to child care. This critique is certainly grounded in reality: the draft transition report did not say much about child care, certainly in comparison to its importance within local early childhood systems. The same is true of this final report. The reason for that is that this report has focused on state governance – and within that, has focused primarily on the most contentious issues within the conversation about state governance. At no point during the Task Force’s deliberations was there any serious conversation about moving child

¹¹ The assertion that demand exceeds supply is included here based on the statements of informants. The state is currently using Preschool Development Grant funds to try to develop more accurate data about the relationship between supply and demand in communities across the state.

¹² Regenstein, E. and Strausz-Clark, C., *Improving Parent Choice in Early Learning*. American Enterprise Institute (January 2021). Retrieved from: <https://www.aei.org/wp-content/uploads/2021/01/Improving-Parent-Choice-in-Early-Learning.pdf?x91208>.

¹³ Schilder, D., Willenborg, P., Lou, C., Knowles, S., and Jaramillo, J., *Comparing Potential Demand for Nontraditional-Hour Child Care and Planned Policies across States*, Urban Institute (July 2021). Retrieved from: <https://www.urban.org/sites/default/files/publication/104601/comparing-potential-demand-for-nontraditional-hour-child-care-and-planned-policies-across-states.pdf>.

care out of the Department of Family Services, nor did any informants advocate for that change during the process of developing this transition report. Thus, it is important to emphasize that this transition report was focused on the issues where there is the greatest disagreement within the early childhood community; within the early childhood community, at least, the need for better-funded child care is not a point of contention.

iv. Home Visiting – County Offices

Another important part of local early childhood systems is home visiting, which was addressed by the Task Force: the Task Force recommended that DFS take on a stronger leadership role in home visiting, although the state and county public health nurses who conduct home visits would remain at the Department of Health and their respective county agencies. This transition report therefore looked at the current oversight of home visiting, including at the local level. Models for public health nursing are described further in III.B.iii below.

Public health nurse home visiting is provided by nurses who are employed by the state, counties, or independent county health departments. Each of those independent county offices were contacted to be interviewed for this transition report. These county offices generally believed that they were able to provide a deeper level of service than counties where the state was responsible for home visiting, largely because they had more capacity; the counties that have taken on leadership in home visiting tend to say they have done so because of their commitment to the service.

For their part, informants at the Department of Health expressed a view that these county health departments do in fact provide high-quality services -- and also that all public health nursing offices provide high-quality home visiting services. The Department informants emphasized that the public health nursing home visiting model being implemented is the same across the state. Informants from both the county health departments and the Department described their working relationship as collaborative and constructive. Multiple informants added that all public health agencies would be able to serve additional families if additional resources were available.

One of the major services home visitors provide is connecting families to other services they need. Some informants felt that this allowed home visiting offices to play a key role supporting collaboration, although they also generally agreed that formal support for structured collaboration would be incrementally helpful, as discussed below in III.A.i. The counties described different methods they use for connecting families to services, and the importance of helping families expedite the process. They generally described having good relationships with school districts and early childhood providers. Multiple informants said that their offices were co-located with the Women, Infants, and Children food program (WIC), and that co-location had led to increased enrollment.

The Task Force's major recommendation with regard to home visiting was for the Department of Family Services to take on a more significant leadership role. That issue will be discussed further in Section III.B.

One informant argued that home visiting's role in the system was not as fully fleshed out as it should have been in the draft report, and that the slice of informants included in the interviews did not reflect the full scope of the state's home visiting system. Here again there is a valid basis for this criticism, as the interviews in the transition report focused on the issues relating to public health nurses. Thus, it is

important to acknowledge that a full description of the home visiting system would require more extensive outreach than the outreach conducted for this focused report. That broader sweep could occur as part of the system planning work contemplated by the Task Force.

III. State Early Childhood Supports

Regardless of how state capacity is configured, the state does have some role in supporting community-level work. In Wyoming many state-level policy leaders believe that state government should play only a limited role, and state government's capacity is shaped in meaningful part by that viewpoint. Thus, whatever role is defined for the state in early childhood will need to prioritize local control and be respectful of the state's prevailing ethos.

A. The Role of State Infrastructure

Ideally, the state will have a coherent overall approach to local early childhood systems – an approach that is respectful of local prerogatives and mindful of the state's limited capacity. While there will appropriately be discussions about the potential role of individual agencies within that larger approach, the coherence of the overall approach is critical to the success of each individual agency.

In discussions with local leaders, the key priorities that emerged for future work included supporting local collaboration, establishing role clarity, capacity building, and communication.

i. Supporting Local Collaboration

Multiple local informants expressed support for the idea that the state might support local collaboration in some form. As noted above, many communities struggle to collaborate because they do not have dedicated capacity to help with that collaboration. Some communities have been able to establish that capacity through local or philanthropic funds, but others with more limited resources have not been able to. This leads to inequality of services for children across the state.

Dedicated funding for local collaboration coming from the state could be very helpful to communities in aligning their systems and practices to help families. The exact nature of the collaboration – and the capacity needs – varies from community to community. But small grants to communities focused on helping them develop coherence in the system could potentially have a substantial impact on family outcomes. Communities and the state could work together to design such a program. The significant interest in the Kindergarten Transitions Grant suggests that there are many communities who would jump at the chance to leverage state funding for this purpose -- if it became available.

ii. Establishing Role Clarity

One issue that came up in most conversations with local informants is the lack of role clarity between providers and the state. These providers said that the lack of clarity about who was responsible for what is a constant source of frustration for them, and leads to inconsistency. Many said that they understand completely that they can and should be held accountable for the use of federal and state resources, but believed the nature of that accountability is unclear in ways that hinder operations.

The way to address this issue could be to have a formal process for identifying key functions of the early childhood system, and then for state and local leaders to work together to delineate responsibilities for executing each of those key functions. The process could honor local expertise while addressing the state’s need to be a responsible steward of public funds. It would identify areas where the state’s oversight function requires it to keep tight control, and other areas where the state will set broad parameters and then leave decisions to local discretion.

While an initial process to bring decisional clarity would likely be well-received, it also is extremely unlikely to get everything exactly right in the first instance. An ongoing process for evaluating how decisional authority is being used would benefit the state and its communities, allowing for continuing adjustments over time. This kind of ongoing conversation could help reduce the regulatory burden on providers by allowing for ongoing evaluation of the costs and benefits of different rules. More than one local informant cited state regulations as an impediment to providers who wish to stay in the field.

Building on the idea of role clarity between the state and communities is the idea of decisional frameworks for certain activities – for example, kindergarten transition¹⁴ – that could be developed by the state and communities collaboratively, for voluntary community use. Particularly for areas where locals have broad discretion, these frameworks could help local leaders use that discretion effectively – and inform state capacity-building efforts.

Importantly, the use of frameworks need not be a step toward state takeover of local decision-making – in fact, it could be just the opposite. While there is an understandable instinct to want to minimize the burden state government places on providers, the lack of frameworks may actually have the opposite effect. For individual providers, making decisions with limited context and guidance can actually be more burdensome. As long as decisional frameworks are developed with strong local input and then kept voluntary, they might make life easier for communities and providers. Moreover, the local leaders involved in creating frameworks can then help inform other local leaders about their benefits.

Indeed, one complaint some local leaders voiced is that “local control” places the burden on community leaders; it also can create inconsistencies from county to county. The field is seeking consistency, and a more structured approach to decision-making could provide that. It could also help to ensure that resources are utilized more effectively.

iii. Capacity-Building

One of the state’s acknowledged roles is in helping to build local capacity through trainings and professional support. This was one of the key priorities for early childhood governance identified by the Task Force. While some informants expressed satisfaction with the state’s approach to trainings, others were more critical. Regardless of the quality of the current offerings, having better frameworks for decision-making could help to inform future capacity-building efforts. This is an area where the state is

¹⁴ Atchison, B. and Pompelia, S., *Transitions and Alignment from Preschool to Kindergarten*, Education Commission of the States (September 2018). Retrieved from <https://www.ecs.org/wp-content/uploads/Transitions-and-Alignment-From-Preschool-to-Kindergarten.pdf>. Some states have developed their own recommendations for policies and practices relating to kindergarten transition. E.g. Illinois Kindergarten Transition Advisory Committee, *Final Report* (September 29, 2018). Retrieved from: <https://www2.illinois.gov/sites/OECD/Documents/Kindergarten%20Transition%20Advisory%20Committee%20Report%20Sept%202018.pdf>.

already spending resources -- so whether or not additional resources are available, rethinking state spending in this area could have an incremental impact.

One informal method of capacity-building that currently takes place is networking among role-alike professionals – such as CDC leaders, Head Start providers, school district IDEA directors, and more. These informal networks are seen by many in the field as a valuable source of information and support. Some informants indicated they would be grateful if the state would provide some resources to support this kind of networking, although they emphasized that it would be most effective if state staff did not seek to insert themselves into the networking process.

iv. Communication

Communication was another area identified by the Task Force as an important priority for early childhood governance. Informants focused on the state’s role in educating families – and public officials – about the importance of the early years. Nationally there is a great deal of information available about the developmental importance of the first five years of life – including the prenatal period, which is addressed by Wyoming’s public health nurse home visiting programs.¹⁵ Individual providers lack the capacity to deliver messages about the importance of the early years, and would like to see that communication come from the state. This messaging could complement the state’s efforts to make it easier for parents to access available services.

Families are the most important factor in a child’s development, and the state’s messaging should always acknowledge their primacy. All early childhood services are voluntary, and parental choice should be a paramount value. Better information about both child development and available services could help parents make more informed choices.

B. Issues Relating to Specific State Agencies

While informants are seeking a reset of the entire relationship between the state and communities, there are also numerous agency-specific issues that need to be addressed for the state to be more effective.

Before discussing the roles and capacities of individual agencies, it is worth noting that this transition report does not provide a detailed analysis of the practical issues that arise when divisions are moved from one state agency to another.¹⁶ In addition to the challenges of integrating different operational systems, each division in state government has its own organizational culture shaped by its work responsibilities and the agencies around it; managing the integration of those cultures requires focused effort. The process of developing this report ended up focusing primarily on the relationship between the state and communities rather than on the mechanics of how change might occur at the state level, and Foresight is prepared to do further work as needed to address those operational issues.

Importantly, other states that have chosen to change governance structures have done extensive work on those issues *after* making the final decision to make a change. New Mexico is perhaps the best and

¹⁵ One leading source of information is the Center on the Developing Child at Harvard University (<https://developingchild.harvard.edu/>).

¹⁶ Practical issues include office moves, personnel/human resources; contracts/legal/regulatory issues, federal grants; information technology; performance measures; and branding/marketing.

most recent example, as the state created a new Department of Early Education and Care that launched in 2020. The state had a little over a year between the signing of legislation creating the Department and its official launch, giving it time to work through the operational issues raised by the transition. The operational issues relating to implementing the Task Force’s recommendation would look somewhat different than the issues relating to creating a new agency, but if the state decides to move forward it should leave some months for the affected agencies to prepare for the change.

i. Department of Education

Before discussing stakeholder feedback on the oversight of IDEA dollars, it is important to understand the legal context. Federal statute states explicitly that IDEA Part B funds must be administered by the state’s education agency. The relevant language is in 20 U.S.C. §1412(a)(11). This subsection – titled “State educational agency responsible for general supervision” – provides that the:

State educational agency is responsible for ensuring that (i) the requirements of this subchapter are met; (ii) all educational programs for children with disabilities in the State, including all such programs administered by any other State agency or local agency—(I) are under the general supervision of individuals in the State who are responsible for educational programs for children with disabilities; and (II) meet the educational standards of the State educational agency; and (iii) in carrying out this subchapter with respect to homeless children, the requirements of subtitle B of title VII of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.) are met.

While an exception is provided for children who have been convicted as adults under state law and are incarcerated in state prison, that does not impact the administration of state preschool programs. Accordingly, Part B preschool programs must continue to be administered by the Wyoming Department of Education.

In contrast, IDEA Part C specifically authorizes states to designate the lead agency for Part C funding. In 20 U.S.C. §1437(a)(1)¹⁷, states are authorized to apply for grants to provide Part C services – and the federal law specifically provides that “The application shall contain ... a designation of the lead agency in the State that will be responsible for the administration of funds provided under section 1433 of this title.” Accordingly, states have flexibility to designate their lead agency – and the power to change their lead agency if they so choose. Different states have chosen a wide variety of lead agencies – including agencies responsible for health, economic security, education, human services, and developmental services.¹⁸

Wyoming law establishes at the Department of Health a division that is designated as an intermediate educational unit, which then has statutory responsibility for contracting with developmental preschool service providers.¹⁹ This arrangement appears to be unique among states, and means that WDE’s oversight responsibilities with regard to IDEA are different than those of state education agencies in other states.

¹⁷ Retrieved from <https://sites.ed.gov/idea/statute-chapter-33/subchapter-iii/1437>.

¹⁸ Early Childhood Technical Assistance Center. Retrieved from: <https://ectacenter.org/partc/ptclead.asp>.

¹⁹ Wyoming Statutes §21-2-701 et seq. Retrieved from: <https://wyoleg.gov/NXT/gateway.dll?f=templates&fn=default.htm>.

A number of local informants noted that WDE has in the past struggled to maintain consistent staffing for early childhood special education, although they generally thought the situation has stabilized in the last few years. Margee Robertson – the current Special Education Programs Division Director – was generally praised by providers, even by one who said that she did not come to the job with a special education background. Provider informants did say that WDE reaches out to talk to providers to solicit feedback and has moved toward trying to partner with providers (rather than having a “gotcha” mentality).

But providers also said that the WDE and Department of Health are not always on the same page in their instructions to the field, which can put providers in a difficult position. One informant still found WDE’s turnover and inconsistencies to be an issue, and said that WDE’s lack of capacity had limited its ability to help with problem-solving at the local level.

WDE’s oversight of existing IDEA programs was also cited as a potential issue by some district informants. One informant said that WDE’s oversight of special education is data-based, not cyclical, meaning that WDE has focused heavily on the lowest-performing districts over an extended period of years. While high-performing districts note that they hear from WDE regularly and can tell that WDE is studying their data, it is clear that some districts are under a microscope and others are not.

A challenge for the CDCs is that they may not feel understood by the WDE. The WDE’s primary local relationships are with school districts, and CDCs believe that if the WDE was responsible for overseeing them that they would always be secondary partners from the WDE perspective. District informants pointed out that their own relationships with WDE have been complex, and district informants did not assume that WDE would take the side of districts in any dispute between schools and CDCs.

Looking at WDE more broadly, one school district informant said that the Department’s staffing seems to have stabilized, and that it has sought to get the right people in place. But this informant said that WDE’s information collection can be disorganized across divisions, and that it’s not always clear that WDE has a good understanding of what it will do with the information it receives. The informant found that to be a barrier to trust and understanding.

A different school district informant pointed out that WDE’s turnover and inconsistency has been frustrating to districts; in this informant’s view, WDE has often hired staff without the right background for their role. This informant acknowledged WDE’s efforts to be collaborative but overall said there is a lot of negativity between the WDE and districts.

One CDC informant praised Amy Reyes, WDE’s Early Learning Specialist, and urged WDE to take a more aggressive role in educating school district leaders about the importance of early childhood. This informant also pointed out that ESSA requires school districts to collaborate with Head Start providers²⁰ and hoped to see WDE support implementation of this requirement. Another informant pointed out that WDE tried to do training for principals regarding kindergarten transition, but said that many principals reported that the work seemed too hard.

²⁰ 20 U.S.C. §6322. Retrieved from:

<https://uscode.house.gov/view.xhtml?req=%22shall+develop+agreements+with+such+Head+Start+agencies%22&f=treesort&fq=true&num=0&hl=true&edition=prelim&granuleId=USC-prelim-title20-section6322>.

One question raised by an informant is how a changeover to WDE would be administratively structured. Federal law describes the state education agency overseeing a “local educational agency,” and the definition of local educational agency includes “intermediate educational units.”²¹ Under Wyoming state law the Behavioral Health Division of the Department of Health (BHD) is designated as the “intermediate educational unit” overseeing the CDCs²² -- the other local educational agencies are all school districts. If the oversight function was moved to WDE then potentially the “local educational agency” would be housed at WDE, leading one informant to question whether WDE could oversee itself.

According to Margee Robertson of WDE, in her conversations with OSEP officials they have emphasized that the general supervision responsibilities of the state remain the same regardless of the state’s administrative structure. This means that the WDE as the state education agency must ensure that children receive the services required under IDEA. Her understanding is that the placement of the “local educational agency” for the CDCs – whether it be in the WDE or another agency -- will have no impact on WDE’s ongoing obligation to ensure that children receive the required services. If policymakers have concerns about this issue further clarity could be sought from OSEP, which has an ongoing responsibility to monitor WDE.

Section IV provides a more detailed discussion of the political considerations inherent in deciding whether to move oversight of special education to WDE.

ii. Department of Family Services

The Department of Family Services plays two critical roles in the early childhood system that were discussed by the Task Force: one as a supporter of child care, and another in providing child protective services. The Task Force’s recommendations included that DFS should take on Quality Counts from the Department of Workforce Services, and that it should also play a greater leadership role in developing home visiting policy. Numerous informants from the field described their relationship with DFS as a good one.

Child Care

While some informants felt like the child care system is underfunded and broken, they generally had praise for the DFS front-line staff working on child care licensing. One informant said that while DFS understands the basics of the system it has not been able to support capacity-building at the local level, although that informant noted the agency’s lack of funding was a key factor.

One informant said that DFS’ typical response to a bad child care incident is to pass a statewide policy responding to that incident – which then creates extra regulatory burden for other providers, and not necessarily in a manner that would prevent repeat incidents. Roxanne O’Connor of the Department of Family Services agreed that incidents do lead to rule changes, and noted that providers have the opportunity to be part of the rulemaking process. She said that in 2021 DFS has been updating its child care licensing rules, and that approximately 100 participants have engaged in public meetings and the

²¹ 34 C.F.R. §300.28. Retrieved from: <https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-300/subpart-A/subject-group-ECFR0ec59c730ac278e/section-300.28>.

²² Wyoming Statutes §21-2-702. Retrieved from: <https://wyoleg.gov/NXT/gateway.dll?f=templates&fn=default.htm>.

Department’s comment process. She emphasized the importance of continuously engaging with the field to hear feedback and re-assess existing rules.

Another informant said that while DFS understands child safety, it does not necessarily understand education or special education.

A timely frustration with DFS during the interview period was the requirement for background checks of child care personnel. While informants understood the rationale for the requirement they were very frustrated at how long the actual checks were taking – particularly considering how hard it is to hire and retain for child care positions in the first place. Roxanne O’Connor of DFS acknowledged the frustration of providers, and said that DFS has been trying to improve the portions of the process that it controls – including developing an on-line submission system for the documents accompanying fingerprint cards. She added that DFS has also been facilitating conversations with the Department of Criminal Investigation – which is responsible for the fingerprinting cards – to improve the process further.

One informant suggested that the implementation of federal COVID funds was leading to tension between DFS and providers, and suggested that this relationship be addressed in any ongoing work to improve state oversight of local programs.

Child Protective Services

Informants described DFS’ child protective services as chronically understaffed. Informants who had experience working with both child care and child protective services staff generally reported that they had better relationships with the child care staff. One school district informant noted that child protective services should include schools – which may know a lot about children – but generally did not.

One informant said that DFS’ weak oversight of child protective services suggested that it would not be able to add value to state home visiting policy.

Overall, informants were concerned about the possibility that being too strongly connected to DFS would be an issue for home visiting. Some families are already sensitive to the idea of having a governmental employee come to their home to provide parent coaching; informants generally believed that if families perceived home visiting as connected to child protective services, they would be even more reticent. One informant said that people think of DFS as taking away kids, although other informants noted that under Wyoming law they do not actually have that power. In some communities home visiting has been widely embraced as a parental support, and informants were concerned about losing ground.

iii. Department of Health

The Department of Health has oversight of two key elements of the early childhood system that were discussed by the Task Force: early childhood special education, and public health nurses who conduct home visits.

Individuals With Disabilities Education Act

The Task Force’s recommendation that IDEA oversight be transferred to the Department of Education appeared to be based on a belief that divided authority was creating a structural disconnect; it did not appear to be a criticism of the Department of Health’s current staff. Interviews with informants largely tracked along the same lines.

A number of local informants did say that they thought the WDE and DOH had monitoring processes that they saw as disconnected. DOH does conduct monitoring (including on-site monitoring), and one informant said that any disconnect between DOH and WDE was likely caused by shifting interpretations at WDE. Some informants noted that when programs being monitored did not like the answer they received from one agency, they might try the other to get a more favorable response.

CDCs generally reported having positive relationships with the Department of Health. One CDC noted that Health does a very strong job with birth to three, but was not as strong at the instructional aspects of working with 3-5 year olds. More than one CDC echoed the recommendation of the Task Force by saying that oversight of Parts B and C should be housed in the same agency.

Under the existing structure, WDE is responsible for monitoring BHD’s compliance with IDEA – including whether children ages 3-5 are receiving required services. According to Margee Robertson from WDE, the most recent monitoring report of BHD – released in June 2021 -- found BHD out of compliance with IDEA requirements. WDE monitors BHD as a system, and this most recent monitoring report found non-compliance in each of the 14 regional CDCs. Robertson indicated the BHD has been working collaboratively with WDE to develop a corrective action plan for ensuring that the CDCs come into full compliance, potentially including cross-cutting technical assistance and professional development on issues that have been a struggle systemwide.

One informant said that WDE has had a responsibility and funding to provide technical assistance and professional development to CDCs, but that it has not offered that assistance. A WDE informant responded that the WDE provides assistant and support to all local education agencies, including BHD; BHD then delivers trainings and information to its contractors, the CDCs. WDE maintains a professional development network, which at the time of this report had produced guidance documents and 57 professional development sessions; according to WDE, all of these sessions are relevant to early childhood, and many of them have specific early childhood content.²³

One informant noted that while CDCs have expressed concern that they might face funding cuts if their oversight was moved to WDE, the Part C program has actually suffered significant budget cuts in recent years while under the auspices of DOH. At one stakeholder engagement session a stakeholder made a statement that if the Task Force’s recommendation were implemented, the CDCs would lose all state funding for IDEA services; a representative of DOH clarified that this would not be the case.

²³ The sessions are available on-line at <https://wyominginstructionalnetwork.com/professional-development/waves/>.

Home Visiting

In 2016 the Wyoming legislature identified three public health nursing delivery choices for counties:

- In 18 counties, public health nursing offices are overseen by the state, utilizing a cost-sharing arrangement between the state and counties.
- In one county, state employees staff the public health nursing office while the county pays a proportionate share for staff salaries.
- In three counties, county employees provide services with support from state funding.

In Campbell County the county oversees public health nursing services without any state funding, although the county does receive other state funding for home visiting.

The Department of Health provides clinical oversight and supervision for the 19 counties implementing the first two models. According to Department of Health informants, county public health agencies implement eight essential public health nursing services and/or functions as outlined in memoranda of understanding between the county and state (excluding Campbell County), including Maternal and Child Health (MCH) services. The Department informants indicated that all county public health agencies implement MCH services through contracts with the Department of Health regardless of their public health nursing delivery model. As noted previously, the Task Force’s recommendations anticipated that public health nursing home visiting would remain at the Department of Health.

Wyoming law provides for prenatal and follow-up home visiting services for pregnant women and families of infants.²⁴ According to Department of Health informants, the Department transitioned in 2021 to a new evidence-based home visitation model – Maternal, Early Childhood, Sustained Home Visiting (MECSH) – to be implemented by all county public health agencies. This model is implemented through the Wyoming Hand in Hand Home Visitation Program.

An informant from the Department of Health Public Health Nursing United indicated that the decision to adopt the MECSH model statewide was made because the Department wanted to implement an evidence-based model that would provide proven outcomes for Wyoming outcomes. The Department informant indicated that data from the previous models did not show improved outcomes. But multiple informants noted that the transition during COVID was difficult. One county informant indicated that the program appears to be placing expectations on front-line staff that may be inconsistent with what families actually want, and also expressed concern that the trainings were not as useful as they could be.

One key ongoing issue that Department of Health informants said they are monitoring– and that other informants also flagged – is the data collection burden on home visitors. Several informants noted that if home visiting models require too much data collection, then the interaction between home visitors and family can feel like an interrogation of the family -- rather than an attempt to help the family with its parenting, which is what the program is intended to be. A Department of Health informant said that the Department is trying to manage that burden and ensure that all of the data being collected are useful enough to justify their inclusion.

²⁴ Wyoming Statutes §35-27-101 et seq. Retrieved from: <https://wyoleg.gov/NXT/gateway.dll?f=templates&fn=default.htm>.

Part of the problem with making data-informed decisions is that the state’s medical record system apparently makes it hard to actually use the data. Multiple informants indicated that the state’s medical record system is difficult to work with.

As noted previously, independent county health departments generally described their relationship with the Department of Health as positive. Independent county health departments have certain flexibilities that county public health nursing offices managed by the Department of Health may not; for example, state data privacy policies prohibit public health nurses from texting the families they’re working with, but independent county health departments are not subject to the same requirement.

One ongoing challenge for home visitors is that because they play such an important connecting role, other entities often look to take advantage of their capacity. Some informants connected to the home visiting system noted that their capacity is not in fact unlimited, and in some instances home visiting is only one of their job duties. Accordingly, some informants said that managing the expectations of partners is sometimes a challenge. Some informants noted that given the many responsibilities public health nurses take on, it may be hard to retain them without paying them more.

Other Department of Health Programs

The Department of Health oversees the State of Wyoming's Early Hearing Detection and Intervention (EHDI) program. Newborn hearing screening is mandated in legislation.²⁵ Dr. Bradley Hartman Bakken, Coordinator of the Wyoming EHDI Program, said that the Early Education and Intervention Program (EIEP) contracts for mandated statewide EHDI services through Child Development Center (CDC) Region 11. EIEP has immediate oversight of the Wyoming EHDI Program, which is how EHDI is connected to the state's early intervention program (Part C).²⁶ Additionally, Dr. Hartman Bakken said that through contracts with EIEP, the Wyoming EHDI Program assists CDC regions in the state with their hearing screenings and administers the Wyoming Children's Hearing Aid Program.

According to informants at the Department of Health, The Wyoming EHDI Program also works closely with the Wyoming Department of Health, Newborn Screening and Genetics Program, hospitals, and midwives to ensure all babies born in Wyoming are screened for hearing loss and metabolic and genetic conditions soon after birth and receive appropriate follow up and/or diagnosis. The Wyoming EHDI Program and Wyoming Newborn Screening and Genetics Program jointly collect fees from hospitals and midwives to fund each program and rely on the same committee, whose membership is defined by State statute, to vote on changes to fees and/or the specific screening tests for each program. Close collaboration between these early screening programs is essential, warranting further discussion about the implications of moving the EHDI Program and the possible benefits of the program remaining at the Department of Health.

Dr. Hartman Bakken urged that if special education oversight is moved to WDE that there be specific discussion about how that might impact the state's EHDI program, and how best to position the EHDI program for ongoing success. Other informants identified the same issue.

²⁵ Wyoming Statutes §35-4-801, -802. Retrieved from: <https://wyoleg.gov/NXT/gateway.dll?f=templates&fn=default.htm>.

²⁶ Dr. Bakken added that the program is self-funded, and fulfills the requirements of two federal grants awarded to the State by the U.S. Department of Health and Human Services. One is through the Health Resources and Services Administration and the other is through the Centers for Disease Control and Prevention.

iv. State Advisory Council

The Head Start Act requires all states to have a State Advisory Council, which brings together early childhood leaders to make recommendations on key issues.²⁷ The Council has struggled to carve out a productive niche in the Wyoming early childhood landscape. This is not uncommon, as many states have had a hard time making effective use of their required Council.

The Council itself has been working to develop an agenda that will improve its impact. One key aspect of the work is identifying agenda items where Council feedback would actually make an operational difference. If Council members believe that their input matters, they are more likely to participate and to find the meetings rewarding. A key measurement of impact will be whether something that affects families will change as a result of the Council's conversation.

Those agenda items will likely be issues on which a state agency (or agencies) is responsible for issuing rules or guidance, and on which the input of a broad group of stakeholders will help inform the policy. The potential reward for the agency is that it may make better policy – and that by the time the policy is adopted, it will already have meaningful buy-in from the field. To achieve that reward does require a willingness to open up decision-making processes to outsiders, which can run some risks.

One way to think about the role of the Council is to engage it when initiatives are 25% or 75% of the way into their development. Early on in the process an agency may have a directional sense of where it wants to go; the agency can float that direction to the Council, get feedback, and open a dialogue about the proposed policy. Once information has been collected and the policy is nearing completion, the agency can share a draft synthesis of its findings to see how those resonate with stakeholders. These checkpoints can honor stakeholder expertise while still preserving agency decision-making prerogatives.

At the outset, it may make sense for the Council to build trust with agencies by attempting to add value on any issues that the agencies believe the Council could help with. If those conversations are successful and agencies start to see the Council as a forum that adds value, it may at some point make sense for the Council to prioritize its work and focus on areas where its impact can be greatest.

Note that these recommendations regarding the Council are based not on interviews with local informants. Instead, they are based on participation in Council meetings, conversations with Council leaders, and experience with Councils in other states.

²⁷ 42 U.S.C. §9837b(b). Retrieved from: <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/hs-act-pl-110-134.pdf>; As described above, the Council should not be confused with the Early Childhood Governance Task Force, a special-purpose advisory group created and dissolved in 2020.

IV. Addressing the Biggest Issues: IDEA and Leadership in Home Visiting

The two most sensitive issues raised in the Task Force report were the potential consolidation of IDEA oversight within WDE, and the potential new leadership role for DFS in home visiting. This section addresses in greater depth each of those issues.

A. Oversight of the CDCs

For early childhood leaders that are not CDCs, consolidating the oversight of IDEA at WDE is a logical change that has the promise of bringing greater operational consistency. For the CDCs, consolidating the oversight of IDEA is seen as an existential threat. There is no simple way to harmonize these conflicting worldviews. This section will attempt to offer a frame for doing so, consistent with the Task Force’s recommendation that WDE be given responsibility for IDEA oversight.

There are a few core ideas that help to frame this discussion.

- The local relationships between CDCs and school districts are complex and varied, and multiple informants identified ways in which having two different oversight agencies makes those relationships more complicated. It is understandable that stakeholders would want to see oversight consolidated in a single agency. Indeed, the key problems at the local level – disparities in student identification and funding – can be fairly described as structural problems; structural problems demand a structural solution.
- Federal law gives WDE oversight responsibility of Part B special education for 3-5 year olds (and for older children as well). Thus, if the state believes that IDEA oversight should be housed in a single agency, there is and will always be only one option: the WDE.
- The state has greater flexibility with regards to Part C, and across states there are a range of models for Part C oversight. But Wyoming stakeholders – including the CDCs – feel strongly that Part B and Part C should be housed in the same agency.
- It is undisputed that if the state wanted to eliminate the CDCs altogether, it could have already done so – or could do so now, without moving IDEA oversight to the WDE. The fact that the state hasn’t done so suggests to many non-CDC leaders that if the state’s real goal was to eliminate the CDCs it would have done so through other means.

These structural reasons all help to explain why the Task Force’s recommendation is rational, and reasonably calculated to improve the system.²⁸

The rationality of the Task Force’s recommendations does not mean that the CDC reaction to it was irrational. Indeed, the CDC reaction was quite logical. As one CDC informant pointed out, to them the legislative process that followed the Task Force report felt “like a hostile takeover.” A distillation of comments from the CDCs –and others -- suggests the following analysis:

²⁸ The fact that the Task Force’s recommendations were rational does not mean that they were the only possible recommendations. For example, the CDCs have pointed out that other states have gone in different directions – including North Dakota, which recently moved some Part B-related functions from its Department of Public Instruction to its Department of Human Services. The Task Force’s belief was that, in Wyoming, consolidation in the Department of Education made the most sense.

- The primary working relationship for WDE at the local level is with school districts. The WDE has had decades to build relationships with school districts, and while they may disagree with each other at times they each fundamentally accept the other's role.
- There are school districts that would like to take over IDEA responsibilities from their local CDC.
- If there were to be a dispute between a school district and a CDC, the CDCs are concerned that the WDE would feel pressure to side with the school district.
- If a school district took over responsibility for IDEA services from a CDC, that would create a precedent that could lead other school districts to seek a similar takeover – even ones that are not currently interested. Even if other CDCs remained in operation it could reduce the influence of the CDCs on state policy.
- Once a school district has taken over responsibility for services from the CDC, it is unlikely that services would ever be returned to the CDC (if the CDC is able to remain in business without providing IDEA services). In many communities there has been a substantial local investment in CDCs, and community leaders would hate to see that be lost.
- Moreover, the WDE's primary mandate is to K-12 education. So if it were ever pressured to find budget cuts, services for younger children – particularly 0-3 – might well be the first place the WDE looks.

All of these points are potentially valid. While some school district informants were skeptical that the WDE would reflexively side with districts in a dispute against CDCs, from the perspective of the CDCs – who have so much less of a working relationship with WDE – that supposition seems entirely reasonable.

The exercise, then, is to find a set of circumstances under which the consolidation of IDEA oversight into WDE would not represent an existential threat to the CDCs. Indeed, as one CDC informant pointed out, a consolidation of IDEA oversight at WDE should be designed to make things *better* for the CDCs. This transition memo will discuss how that might be accomplished.

Some specific actions that would improve the likelihood of success for a consolidation of IDEA authority at WDE include improving funding, creating consistent expectations, offering improvement supports, and establishing fair and transparent processes in the event a change of service providers is needed. The more of these actions the state is able to take, the higher the likelihood that a shift of IDEA responsibility to WDE would be successful.

- *Creating consistent expectations and incentives.* It is likely true that consolidating oversight at WDE would make it easier for the state to enforce a consistent set of expectations across IDEA programs. But the development of those consistent expectations should honor the expertise of all parties involved: current WDE staff, current Department of Health staff, school districts, CDCs, and others. The consistent expectations should not be imposed by administrative fiat, they should be generated through a collaborative and inclusive process with the field.
 - WDE is always obligated to monitor the quality of special education services. When new expectations are established, the monitoring will need to reflect those new expectations – for both CDCs and districts.
- *Creating consistent funding.* According to the CDCs, they receive lower per-pupil funding than school districts. This contributes to a systemic imbalance in resources that limits the ability of

CDCs to provide services. In states around the country there is a long history of states underfunding providers and then criticizing the providers for inadequate performance.

- One challenge in establishing consistent funding is that there is not even real agreement on what an “apples to apples” comparison of CDC and district funding would look like. The two providers use different funding sources, provide a range of services, and serve children with varying needs. So a logical first step is to bring together a group of CDC and district leaders to reach agreement on how to calculate an apples to apples comparison. Once that framework has been established, a neutral party with expertise in finance should conduct that analysis.
- In one of the stakeholder engagement sessions, some local stakeholders emphasized that this should be led by the state, and that state government has the primary responsibility for ensuring consistency. These local stakeholders were supportive of having the conversation, and agreed that local stakeholders should be involved in the process.
- *Support processes so that lower-performing CDCs have the opportunity to improve.* The federal framework for IDEA contemplates that if providers are under-performing, there should be supports available to help them improve their work. Only after providers have been given a real chance to improve and been unsuccessful should the state consider changing responsibility for providing the services.
 - In communities where the relationship between the school district and CDC is currently dysfunctional, it would be hard to argue that the state (or the parties involved) has done everything they can to ameliorate the situation. Providing clear and consistent expectations, addressing resource issues, and offering support are steps the state should take before taking punitive action against any local actor; if the state does not take those steps, then arguably the real responsibility for the failed local conditions lies with the state. And that is particularly problematic in the current configuration of authority, in which “the state” is represented by two different agencies – neither of which is necessarily empowered or positioned to fully solve local problems when they arise.
 - For this work to be successful, WDE must have adequate staff capacity. One possibility if WDE takes over responsibility for IDEA would be to move over the current Department of Health staff, which would provide some continuity and stability. If that happens, though, WDE would need to have an intentional strategy for integrating the new staff and leveraging its expertise. Moreover, it would need to establish roles focused on supporting local improvement that are designed to meet the needs of struggling CDCs.
- *Fair and transparent processes for CDC oversight that preclude the possibility of the state shutting down CDCs without public engagement.* As the Task Force wrote:

The Task Force would like to see WDE, CDCs, and school districts work together to establish requirements for transparency and public engagement that would govern the process of changing the approach to delivery in any community. The Task Force believes communities potentially impacted by changes in WDE’s approach –or by any proposed shift in service delivery – should have the opportunity to weigh in before any final decisions are reached.

For this to be true, there should be processes established by law or regulation that govern any potential change in local IDEA service provider – and offer an opportunity for the public to weigh in on that potential change before it is finalized. This principle is arguably agency-agnostic; it should be considered best practice regardless of which state agency is in charge. A shift in authority to WDE could provide an opportunity to revisit and strengthen these practices.

- Because of federal law, WDE already has in place processes that require providers to provide correction plans in the case of non-compliance – with escalating oversight if the plan is not successfully implemented.²⁹ The redirection of funds as a graduated consequence occurs only after other less dramatic steps have been given a chance and failed. A state law transferring authority to WDE could also include language reinforcing this approach and ensuring protection for providers, while still making clear the ability of WDE to execute its responsibilities under federal law.
- If at the end of a set of graduated consequences a change turned out to be needed, the state would have to be cognizant of where capacity will actually come from. Many communities have a hard time hiring – and in some communities, if a school district took over responsibility for IDEA services it might need to think about hiring the CDC’s former staff. The state should not assume that making a change in service providers will automatically improve performance, and should focus on creating the conditions that are likely to lead to successful outcomes for children.

For its part, the WDE staff engaged in the Task Force process have consistently expressed a desire to have a strong working relationship with the CDCs. Indeed, the WDE and CDCs already work together because of the WDE’s oversight role. WDE staff have also consistently expressed an openness to having collaborative processes for developing new policies and oversight procedures.

A commitment to trust-building is also an important part of the equation. If WDE has the authority over the CDCs, then it must take the lead in seeking to build that trust. The legislature and other stakeholders should be actively engaged in supporting that process. Accountability works best when the accountable have trust in their oversight body; that is not absolutely necessary – and can wax and wane over time – but should be the state’s aspirational goal.

At this point the potential benefits of consolidation identified by the Task Force – and the potential harms identified by the CDCs – are both speculative. The Task Force report and the CDCs’ legislative advocacy represent two very different visions of the future; each is grounded in reasonable beliefs, but neither is inevitable. To some degree the dispute over which agency should be responsible for IDEA oversight has distracted from an arguably more important question, which is how to fix a system that is widely understood to not be working properly. This report is meant to help re-center the conversation, to focus on what it would mean to have a more highly functioning system.

²⁹ WDE noted relevant guidance from the U.S. Department of Education. Knudsen, W.W., Memorandum to Chief State School Officers and Lead Agency Directors regarding Reporting on Correction of Noncompliance in the Annual Performance Report Required Under Sections 616 and 642 of the Individuals with Disabilities Education Act, U.S. Department of Education Office of Special Education and Rehabilitative Services (October 17, 2008). Retrieved from: <https://sites.ed.gov/idea/idea-files/osep-memo-09-02-reporting-on-correction-of-noncompliance/>.

Policymakers will need to consider whether this framework properly balances the interests of the CDCs with the interests of the rest of the system. Neither of those interests are likely to change dramatically in the foreseeable future, and the balance between them is widely seen as being set incorrectly at this time. The potential balance described in this report is surely imperfect, but hopefully it can at least provide a starting point for rethinking how the state might approach this important work.

B. Leadership in Home Visiting

The Task Force recommendation called for the Department of Family Services to take a stronger leadership role in building a coherent state approach to home visiting. At the time, DFS was not the state grantee for federal home visiting funds under the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV); in 2021, however, DFS submitted a successful grant for MIECHV funds. That better positions DFS to bring organization to the state's home visiting approach.

While DFS is now the grantee of federal funds, it will be subcontracting out much of the service provision. As noted previously, public health nurses will continue to play a key role, and will remain with their current employers. The Department of Family Services and the Department of Health have already started conversations about how they will work together, which is promising.

What is likely needed, though, is a broader conversation led by DFS that also engages partners from the field – as well as parents and families. The state's home visiting system should be designed to meet the needs of families; it is already doing that in many ways, but there is room for greater clarity and precision. The conversation should also include health care providers – including obstetricians and gynecologists, pediatricians, hospitals, and other medical professionals who wish to contribute. Because home visiting begins prenatally, professionals who work with pregnant women play a critical role in the home visiting system.

Once there is a strong consensus about the needs of the field, DFS and the Department of Health can develop an operational plan about how to meet those needs. That operational plan should include clear roles for both Departments, as well as for county health offices and other key partners. That operating plan would address current concerns in the field about fragmentation.

The Task Force had additional recommendations for the buildout of a coherent home visiting plan:

- To understand the impact of different models, and try to build a coherent framework that helps match families with the model that best meets their needs;
- To preserve a focus in the home visiting system on family and community health;
- To strengthen partnerships with other programs, including child welfare; and
- To continue coordinating with other agencies, given the cross-disciplinary nature of home visiting – and the number of services with an in-home component that are not considered home visiting services.

One important aspect of planning is the distinction between behind-the-scenes system design and public messaging. As noted previously, one concern raised by multiple stakeholders is the idea that home visiting must be seen as distinct from child protective services; if families do not distinguish between the two, they might not take advantage of the benefits home visiting offers. For its part, DFS is aware of this concern and indicated that it is not looking to brand home visiting as a DFS project.

It is also worth noting that in 21 other states, the agency with responsibility for child protective services also has at least some responsibility for funding or administering home visiting.³⁰ As DFS ramps up its role in home visiting, there may be lessons that could be learned from some of these other states about how to manage the relationship between home visiting and child protective services. If DFS is interested, further study could be conducted on that issue in 2022.

V. Conclusion

The 2020 Wyoming Early Childhood Governance Task Force proposed a direction for change in Wyoming’s early childhood system. The Task Force’s recommendations were meant to bring greater coherence to the system, and help the state define a role for itself that would be helpful to community-level leaders. The goal of realigning the state role to improve family experiences and child outcomes is still widely shared within the early childhood community, and should remain a priority for the state.

After the Task Force report was issued, it was clear that the hottest-button issue was how the state would oversee the Child Development Centers. Indeed, that issue had been a contested one for years, and the Task Force report sparked a new round of conversations on the topic in the Legislature. This report will hopefully help policymakers, providers, and others hold constructive conversations in the future about the role of the CDCs – and how the state can best oversee and support them.

In addition to oversight, there are other issues to be resolved in any governance change – including the proper state role in overseeing home visiting. And if any changes are sought there will be practical and cultural issues to address in a transition; those issues are not addressed fully here, although the contents of this report should help accelerate that conversation.

The draft of the transition report recommended a set of possible next action steps. Those stakeholders who commented on the possible action steps generally agreed with them, and no stakeholders objected to them. Accordingly, the recommendations for next steps are the same in the final report as in the draft report. They include:

- Convening a group of state officials, school district leaders, and CDC leaders to develop a systematic approach to consistent child evaluation that reflects developmental best practices and complies with all relevant laws and regulations;
- Convening a group of CDC and school district leaders to create the framework for an apples-to-apples funding comparison;
- Convening a conversation about the state’s goals for its home visiting system, and then developing an operational plan to meet those goals; and

³⁰ Overviews of individual state approaches to governance – including their oversight of home visiting – is available from the Education Commission of the States at <https://www.ecs.org/early-care-and-education-governance-state-profiles/>. Information about home visiting oversight is available from the federal Health Resources & Services Administration at <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-state-fact-sheets>. Information about the oversight of child welfare is available from the U.S. Department of Health & Human Services’ Child Welfare Information Gateway at https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspList&rolType=Custom&RS_ID=16.

- Further study of the operational issues in state government that would need to be addressed if a transition in oversight responsibilities were to proceed.

The stakes are very high for Wyoming. Young children need improved services, and the state's resources are limited. Continuing the conversation about governance will require thoughtful consideration of how to structure and manage change – and a recognition that maintaining the status quo comes at a cost, one being paid every day by providers and families. The years ahead present an important opportunity, and hopefully this report will help Wyoming take advantage of that opportunity.

Appendix: List of Conversations

Foresight is grateful to all of the people whose insights have contributed to this report. While their wisdom is reflected throughout the document, any errors or logical flaws are solely the responsibility of the author.

All informants were promised that their individual comments would remain confidential, to allow them to speak freely. All references to specific informants in the text of the report were pre-cleared with those informants.

Several people were particularly helpful in identifying other contacts to speak with. These included Shelley Hamel, Quentin Rinker, Becca Steinhoff, Michelle Sullivan, and Angie Van Houten.

In-person conversations

Kayci Arnoldi, Director of Special Services, Sweetwater County School District #1

Kendra Barney, Early Childhood Liaison, Sheridan School District #1

Susan Carr, Director, Compass Center for Families

Elizabeth Cassidy, Executive Director, Sheridan County YMCA

Trista Cross, Lead Registered Nurse, Sweetwater County Public Health

Alan Demaret, Assistant Superintendent, Sweetwater County School District #2

Lisa DiBernardi, Head Start Director, Sweetwater County School District #1

Amanda Bird Hoffert Gilmartin, MD, Medical Director of Pediatrics and Chief of Medical Staff at
Evanston Regional Hospital*

Jane Glaser, Executive Director, Campbell County Public Health

Francie Gregory, Executive Director, Weston County Children’s Center/Region III Developmental Services

Angie Hayes, Director of Differentiation and Early Childhood, Natrona County School District

Lori Kapales, Director of Education, Child Development Center of Natrona County

Reba Lindblom, Nurse Manager, Campbell County Public Health

Kim Lionberger, Director, Sweetwater County Public Health

Cristy Pelham, Executive Director, Sweetwater County Child Development Center

Theo Powers, Owner/Director/Teacher of I Can Preschool

Marsha Riley, Executive Director, Child Development Center Region II

Alisha Rone, Executive Director, Child Development Center of Natrona County

Traci Turk, Special Services Director, Sheridan County School District #2

Jenn Vegors, YWCA Early Care and Learning Center Director, YWCA of Sweetwater County

Kendra West, Executive Director, Evanston Child Development Center

Mark Zaback, CEO, Joan Bank of Wyoming* (Casper)

Shauna Zornes, Director, Lincoln Uinta Child Development Association

Remote conversations (by telephone or video call)

Bradley Hartman Bakken, Coordinator, Late Onset Hearing Loss Screening System, Wyoming Early
Hearing Detection and Intervention Program

Lachelle Brant, Office of Governor Mark Gordon

Landon Brown, State Representative, District 9

Samin Dadelahi, Chief Operating Officer, Wyoming Community Foundation

Jen Davis, Office of Governor Mark Gordon

Kathy Escobedo, Early Intervention and Education Program Unit Manager, Wyoming Department of Health*

Shelley Hamel, Chief Academic Officer, Wyoming Department of Education

Ted Hanson, Outreach Program Director, B.O.C.E.S. Region V

Stacey Kern, Director of Special Services, Carbon County School District #1

Shannon Kenny, Special Education Teacher, Teton County School District

Anna Kinder, Executive Director, Casper Natrona County Health Department

RJ Kost, State Senator, District 19

Nina Lenz, Parent (Jackson)

Daniel Mayer, Executive Director, B.O.C.E.S. Region V

Amber Merritt

Julie Nash, Executive Director of Student Services, Teton County School District

Matt Petry, Senior Administrator, Behavioral Health Division, Wyoming Department of Health

Jodie Pond, Director of Health, Teton County Health Department

Quentin Rinker, Uinta County Early Head Start Director

Margee Robertson, Division Director for Special Education Programs, Wyoming Department of Education

Korin Schmidt, Director, Wyoming Department of Family Services

Steve Slyman, Director of Individualized Instruction, Albany County School District

Deana Smith, Education Consultant, Wyoming Department of Education

Interviewees marked with an asterisk (*) have changed jobs or retired since the interview.

In addition to individual conversations, a number of group conversations were held with specific groups or organizations. These included the following:

May 13, 2021: A group of leaders from Child Development Centers including Cyndi Fisher, Francie Gregory, Davey Hough, Shauna Lockwood, Marsha Riley, Sue Sharp, Jaime Stine, and Shauna Zornes.

September 10, 2021: Leaders from the Department of Education including Shelley Hamel, Amy Reyes, Margee Robertson, and Deana Smith.

September 15, 2021: A group of leaders from Child Development Centers and the Department of Health including Kim Caylor, Cyndi Fisher, Francie Gregory, Laurene Hines, Ragen Latham, Shauna Lockwood, Matt Petry, Marsha Riley, Alicia Rone, Sue Sharp, and Jaime Stine.

September 20, 2021: Leaders from the Department of Family Services including Kristie Arneson, Roxanne O'Connor, and Lindsey Schilling.

September 22, 2021: Leaders from the Department of Health including Stefan Johansson, Ragen Latham, Matt Petry, Stephanie Pyle, and Angie van Houten.

December 20, 2021 and January 18, 2022: Leaders from the Department of Education including Shelley Hamel, Margee Robertson, and Deana Smith.

In the September conversations discussion included an oral summary of findings to date, including potential recommendations.

Written feedback on the draft circulated in October was received from Candice Frude, RJ Kost, Danielle Marks, Roxanne O'Connor, Stephanie Pyle, Marsha Riley, Quentin Rinker, Sara Serelson, Sue Sharp (on behalf of a group of Child Development Center leaders), Deana Smith, Michelle Sullivan, Angie Van Houten, and also from two anonymous stakeholders.

Two stakeholder engagement forums were held to solicit feedback. The attendees on November 30 included Kayci Arnoldi, Marnie Camp, Geoffrey Dean, Alan Demaret, Shannon Hillibush, Penny Hotovec, Lori Kapeles, Roxanne O'Connor, Sheila Ricley, Marsha Riley, Alisha Rone, Deana Smith, Traci Turk, and Tricia Whynott. The attendees on December 2 included Stoney Busch, Elizabeth Gandhi, Jennifer Hiler, Laurene Hines, Stacey Kern, Ragen Latham, Matt Petry, Sheila Ricley, and Brianna Romero.