Chapter 1: Value of Early Education

All Minnesota children should have access to a system of high-quality early care and education programs. Children who are healthy and successful socially, emotionally, and academically have a better chance of becoming economically productive and engaged adult citizens.

Children who attend programs that are inclusive of peers with different abilities, cultural backgrounds, and a range of economic backgrounds benefit from a variety of language models, increased respect for diversity, and preparation for life in an inclusive society.¹

In Minnesota, young children have the opportunity to start building their learning skills in preparation for kindergarten and overall school success through various state programs that promote school readiness. Some of these programs have been designed to meet the specific developmental needs of children in poverty and help their families provide a healthier environment for them. Children with high needs² who participate in well-designed early childhood programs are likelier to be ready for kindergarten and further succeed in their educational pathways.

The purpose of Nourishing Our Children for Success is to provide community leaders easy-to-access, meaningful data about early childhood in order to make informed decisions.
SUPPORTS IN PLACE
Minnesota values supporting young children through publicly-funded programs and services so that they are at their optimal health and ready to learn. Some examples include Early Childhood Health and Developmental Screening (ECS), the Early Childhood Indicators of Progress (ECIPs), and the Kindergarten Entry Profile (KEP). Each of these initiatives provides guidance and early identification of child needs. Although data from each of these programs are not yet included in the ECLDS, they constitute important foundations for other services and programs.

EARLY CHILDHOOD SCREENING KINDERGARTEN COHORT, 2017-18

41% Age 3

40.3% Age 4

18.2% Age 5

.5% After Age 5

Notes:
- Kindergarten cohort report reflects selected state fiscal year and looks back to determine age at which children were screened.
- Children served through Early Childhood Special Education (ECSE) may be screened within ECSE.
- Children may be screened multiple times within a year, based on parent request.
- Data reflects children enrolled in public schools only; does not include children screened who attend private schools.
- Kindergartners attending charter schools not required to receive screening, unless the charter elects to provide a program, Minnesota Statutes 121A.16.
- Represents only screenings completed by Head Start or Child and Teen Checkups and submitted to districts.
Minnesota children receive a free early childhood screening by their school district prior to entering public kindergarten.

Through the Early Childhood Health and Developmental Screening program (ECS), children must receive a free early childhood screening between age 3 and no later than 30 days after entering public kindergarten or within 90 days to attend other early learning programs. The screening requirement may be met by completing a comparable screening through a school district, Head Start, Child and Teen Checkups, or a health care provider. Screening is a simple process that measures a child’s developmental status, and a child may be referred for a more in-depth health assessment, diagnostic assessment, or educational evaluation as a result of ECS.

Children and their families may also be referred to free early learning opportunities and resources, such as Early Childhood Special Education (ECSE), Head Start, Early Childhood Family Education (ECFE), prekindergarten programs, early learning scholarships, and/or home visiting programs.

Programs and services that assess the development and learning of young children may do so in a variety of ways. Decades of research has shown that the most thorough assessments of young children address multiple areas or “domains” of learning and development. The Early Childhood Indicators of Progress (ECIPs), Minnesota’s early childhood learning standards, are a common set of developmentally appropriate expectations for children age birth to kindergarten aligned with kindergarten academic standards. The ECIPs are used in all areas of the early childhood system, as well as all Minnesota programs (aligned with Head Start Early Learning Outcomes Framework). This provides consistency and coherence for children, families, teachers, and administrators. ECIPs parent guides (https://education.mn.gov/MDE/dse/early/ind/) offer ideas for simple activities families can do to help children gain knowledge and skills.
In many Minnesota elementary schools, kindergarten teachers complete some form of assessment to understand the status and needs of their new students. This helps them plan effective lessons and understand the unique needs and abilities of each child. Minnesota has a Kindergarten Entry Profile (KEP) initiative that gathers data at kindergarten entry from kindergarten classrooms that volunteer to participate. In recent years, the data collected has been used to pilot the alignment of assessment tools to one another and the ECIPs. This work ensures that kindergarten teachers using these assessments with young children are measuring the same thing. The KEP data are not currently used for state-level analysis because it is voluntary and they are not representative of all kindergartners in the state.

[Read More About ECIPS](https://education.mn.gov/MDE/dse/early/ind/)

EARLY CHILDHOOD INDICATORS OF PROGRESS

ECIPS

- Approaches to Learning
- Language Communication and Literacy
- Mathematics
- Physical Movement
- Social Systems
- Social Emotional
- Scientific Thinking
- The Arts

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When assessing children’s learning and development, standards must take the unique needs of dual-language learners into account. Learning two or more languages is an asset, and children need to be supported to use both their home language and English. There are many ways early educators may use ECIPs with dual language learners, including celebrating the cultural and linguistic diversity of children and their families, supporting children’s fluency in their home language or honoring home languages if staff are not proficient in that language, using best practices to teach English, establishing a culturally responsive learning environment across domains, supporting children’s language development through play and talking, and reading and singing together in both English and home languages.

**KEY FINDINGS**

- Children who participate in quality early care and education programs are more likely to be successful in school, graduate from high school, enroll in higher education and professional training, become productive adult citizens, and be less likely to enter the criminal justice system.

- Minnesota children may receive free health and developmental screening starting at age three to identify potential needs of children and provide supports to meet those needs.

- The Early Childhood Indicators of Progress (ECIPs) can help programs serving young children ensure they are addressing all of the relevant domains of child development.

- Minnesota’s Kindergarten Entry Profile (KEP) has piloted the alignment of a variety of classroom level assessments administered within the first 8-10 weeks of the kindergarten year and aligned to the ECIPs.

2 Children with high needs refers to a variety of demographics, such as poverty, residing on Indian lands (reservations), having a disability or developmental delay, being an English language learner, living in a high-crime community, having an incarcerated parent, or having a parent with a disability. Center on the Developing Child (2007). Early Childhood Program Effectiveness (In brief). Retrieved from https://developingchild.harvard.edu/.

3 Screening data is collected in the Minnesota Automated Reporting Student System called (MARSS). It collects student data required by the Minnesota Department of Education.

4 According to Minnesota Statutes 120A.20, 121A.17, 121A.15 (https://www.revisor.mn.gov/statutes/cite/121A/pdf): A child is eligible for kindergarten when he/she is at least 5 years old by September 1st of the child’s enrollment year, has received early childhood health and developmental screening, and has received medically acceptable immunizations.
End of Chapter 1