School Readiness Indicators

The following set of 10 School Readiness Indicators provide a comprehensive composite measure to show whether young children are ready for success as they prepare to enter kindergarten. These Indicators were adopted by the First Things First Board to guide the work of FTF over the next several years.

FTF’s commitment to young children means more than simply funding programs and services. It means having a shared vision about what being prepared for kindergarten actually means and identifying a collective set of strategies that work together to ultimately improve outcomes for children. This is achieved by putting in place the supports, services, and resources regionally and across the state that will establish a high quality early childhood system. The focus should be on how the strategies build upon each other, and existing resources. This starts with identifying prioritized needs and assets for the next three years and determining the indicators to change—what do you want to be different.

The information contained in this matrix will be most helpful when keeping the following system building questions in mind:

- What do your prioritized needs and assets tell you about the population to target? Are there multiple target populations? Can and should all the target populations be the focus (providers—those serving children/families, caregivers, children, geographic areas of need)? If not, how do you prioritize? Are there some groupings or service gaps around ages (infants, toddlers, preschool aged children) and levels of intervention (universal, early intervention, intensive intervention) that are resonating?
- Based on your prioritized needs, what do you want to impact? How do your prioritized needs and assets align to the indicators? Do your priorities align with more than one indicator?
- What research/evidence do you need to reference that may help draw some conclusions about the priority areas selected? How do these impact your strategy considerations?
  - Infrastructure and capacity?
  - Coordination opportunities?
  - Policy issues at the local level?
  - Other funding streams to maximize and partner?
  - Are there quality aspects that need to be a focus—professional development, qualifications of staff, education and professional development, etc.?
  - When addressing these aspects of system building, how do those change/modify/expand how you are thinking about the target populations?

### School Readiness Indicators

**Intent, Alignment and Measures**

For more information on development of the Arizona Early Childhood System Model and FTF Priority Roles

Please visit: [Ready for School - Set for Life - Creating the Model Early Childhood System](#)

**Related Strategies**

The strategies listed are suggested strategies that align with the School Readiness Indicators and will likely contribute to meaningful progress on indicator benchmarks over time. It is important to note that strategies included cover multiple goal areas. Determining the appropriate strategies for a region is dependent on the prioritized needs and populations identified as the primary target. This list is not intended to be inclusive, and other FTF strategies not listed may also lead to progress toward benchmarks.

**Short Term Key Measures**

The Key Measures listed below are measures that FTF may use to collectively track short term, interim progress toward achieving benchmarks on School Readiness Indicators. (These measures do not replace the School Readiness Indicators and although they will be tracked on a regular basis, they will not be benchmarked. They are not intended to have a 1:1 alignment with any one particular strategy nor do they directly correlate with the School Readiness Indicator.)
<table>
<thead>
<tr>
<th>School Readiness Indicators</th>
<th>Intent, Alignment and Measures</th>
<th>Related Strategies</th>
<th>Short Term Key Measures</th>
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<td>1. #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical</td>
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<td><strong>Intent</strong> of indicator is to increase the number of children with equal opportunity to be successful and school and close the achievement gap before kindergarten entry. <strong>Aligned</strong> to 4 Priority Roles in areas of Early Learning, Professional Development, and Family Support and Literacy <strong>Data</strong> is not currently available, but may be available from the FTF external evaluation and through implementation of a child level assessment system in a longitudinal statewide early childhood data system with data aggregated at the statewide and local levels.</td>
<td>• Quality First&lt;br&gt;• Quality First Child Care Scholarships&lt;br&gt;• Pre-Kindergarten Scholarships&lt;br&gt;• Inclusion of Children with Special Needs&lt;br&gt;• Mental Health Consultation&lt;br&gt;• Child Care Health Consultation&lt;br&gt;• Expansion: Increase slots and/or capital expense&lt;br&gt;• Scholarships TEACH&lt;br&gt;• Scholarships non-TEACH&lt;br&gt;• FTF Professional REWARDS&lt;br&gt;• Community Based Professional Development Early Care and Education Professionals&lt;br&gt;• Recruitment – Stipends/Loan Forgiveness&lt;br&gt;• Workforce Capacity – Therapist Scholarships&lt;br&gt;• Care Coordination/Medical Home&lt;br&gt;• Oral Health&lt;br&gt;• Nutrition/Obesity/Physical Activity&lt;br&gt;• Developmental and Sensory Screening&lt;br&gt;• Home Visitation&lt;br&gt;• Native Language Enrichment&lt;br&gt;• Family, Friends &amp; Neighbors</td>
<td>• % of early care and education settings with a Quality First rating of 3-5 stars&lt;br&gt;• # FFN providers reporting increase in confidence and competence in caring for children as measured using the CCATR (Child Care Assessment for Relatives) tool&lt;br&gt;• #/% of children with newly identified developmental delays during kindergarten&lt;br&gt;• % of families with children birth through age five who report reading to their children daily&lt;br&gt;• #/% of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development</td>
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1. **#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical**

- **Intent** of indicator is to increase the number of children with equal opportunity to be successful and school and close the achievement gap before kindergarten entry.
- **Aligned** to 4 Priority Roles in areas of Early Learning, Professional Development, and Family Support and Literacy
- **Data** is not currently available, but may be available from the FTF external evaluation and through implementation of a child level assessment system in a longitudinal statewide early childhood data system with data aggregated at the statewide and local levels.

### Related Strategies
- Quality First
- Quality First Child Care Scholarships
- Pre-Kindergarten Scholarships
- Inclusion of Children with Special Needs
- Mental Health Consultation
- Child Care Health Consultation
- Expansion: Increase slots and/or capital expense
- Scholarships TEACH
- Scholarships non-TEACH
- FTF Professional REWARDS
- Community Based Professional Development Early Care and Education Professionals
- Recruitment – Stipends/Loan Forgiveness
- Workforce Capacity – Therapist Scholarships
- Care Coordination/Medical Home
- Oral Health
- Nutrition/Obesity/Physical Activity
- Developmental and Sensory Screening
- Home Visitation
- Native Language Enrichment
- Family, Friends & Neighbors

### Short Term Key Measures
- % of early care and education settings with a Quality First rating of 3-5 stars
- # FFN providers reporting increase in confidence and competence in caring for children as measured using the CCATR (Child Care Assessment for Relatives) tool
- #/% of children with newly identified developmental delays during kindergarten
- % of families with children birth through age five who report reading to their children daily
- #/% of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development
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| 2. ##/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars | • **Intent** of indicator is to increase the number of children with access to affordable high quality early learning programs.  
• **Aligned** to 2 Priority Roles in area of Early Learning  
• **Data** will be available through the FTF Quality First data system at the statewide and regional levels. | • Quality First  
• Pre-Kindergarten Scholarships  
• Quality First Child Care Scholarships  
• Expansion: Increase slots and/or capital expense  
• Mental Health Consultation  
• Inclusion of Children with Special Needs | The School Readiness Indicator is also appropriate as a short-term indicator. |
| 3. ##/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars | • **Intent** of indicator is to increase in the number of children with special needs who enroll in high quality inclusive early learning programs.  
• **Aligned** to 1 Priority Role in area of Early Learning  
• **Data** is not currently available, but may available through the FTF Quality First data system at the statewide and regional levels. | • Quality First  
• Pre-Kindergarten Scholarships  
• Quality First Child Care Scholarships  
• Inclusion of Children with Special Needs  
• Mental Health Consultation  
• Child Care Health Consultation  
• Scholarships TEACH | • % of children birth to five screened for developmental or sensory delays  
• #/ratio of children with special/needs rights enrolled in early care and education programs participating in the QIRS system  
• % of early care and education settings with a Quality First rating of 3-5 stars##/% of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development  
• ##/% of children expelled from early care and education services |
| 4. ##/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars | • **Intent** of indicator is to increase the number of families that can afford high-quality early learning programs by reducing the tuition cost per child so that it is no higher than 10% of the regional median family income.  
• **Aligned** to 1 Priority Role in area of Early Learning  
• **Data** is not currently available, but may available through the FTF Quality First data system at the statewide and regional levels. | • Quality First Child Care Scholarships  
• Pre-Kindergarten Scholarships  
• Quality First | • ##/% of eligible families with children ages five and younger receiving child care subsidies enrolled in programs rated at 3 stars or higher in Quality First  
• # children on DES wait list  
• amount of public or private funding available for early care and education programs  
• Current cost of early care and education for families as a proportion of the median income for a family of four |
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| **5. % of children with newly identified developmental delays during the kindergarten year** | **Intent** of indicator is to decrease the number of children who are not screened and identified with developmental delays until after they have already entered their kindergarten year. Use of the term “developmental delay” is not intended as a narrowly defined eligibility category; rather it is used in the broadest sense to include preschool moderate or severe delay in cognitive, physical, communication, social/emotional or adaptive development, and preschool speech language delay. It is also likely that this indicator will initially trend upward as awareness increases about the importance of early identification and intervention. | **Inclusion of Children with Special Needs**  
**Consultation: Language and Communication**  
**Quality First**  
**Prenatal Outreach**  
**Physician Education & Outreach**  
**Mental Health Consultation**  
**Health Professionals Education and Outreach**  
**Developmental and Sensory Screening**  
**Child Care Health Consultation**  
**Care Coordination/Medical Home**  
**Recruitment – Stipends/Loan Forgiveness**  
**Workforce Capacity – Therapist Scholarships**  
**Home Visitation**  
**Family Support – Children with Special Needs** | **# of children with a medical home**  
**% of children birth to five screened for developmental or sensory delays**  
**#/ of communities with a shortage of primary care medical, mental health and therapy providers (SLP, OT, PT) providers.**  
**#/ of children receiving Part C, AZEIP or Part B, preschool special education services** |
| **6. # of children entering kindergarten exiting preschool special education to regular education** | **Intent** of indicator is to increase the number of children who transition to kindergarten without an identified special need due to timely screening, identification and delivery of effective intervention services prior to their kindergarten year. | **Inclusion of Children with Special Needs**  
**Consultation: Language and Communication**  
**Quality First**  
**Recruitment – Stipends/Loan Forgiveness**  
**Workforce Capacity – Therapist Scholarships**  
**Prenatal Outreach**  
**Care Coordination/Medical Home**  
**Developmental and Sensory Screening**  
**Comprehensive Preventative Health Programs**  
**Home Visitation**  
**Mental Health Consultation**  
**Child Care Health Consultation**  
**Family Support – Children with Special Needs** | **# of children with a medical home**  
**# of primary care physicians using standardized developmental and health screening tools**  
**% of children birth to five screened for developmental or sensory delays**  
**# of parent initiated referrals for developmental screenings and service**  
**#/ of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development**  
**#/ of children expelled from early care and education services** |
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| 7. #/% of children ages 2-5 at a healthy weight (Body Mass Index-BMI) | **Intent** of indicator is to increase the number of children who maintain a healthy body weight.  
**Aligned** to 1 Priority Role in area of Health  
**Data** is currently obtained in conjunction with an oral health strategy funded through the AZ Department of Health Services, but may be available in the future through other strategies and studies. | **Physician Education & Outreach**  
**Nutrition/Obesity/Physical Activity**  
**Comprehensive Preventative Health Programs**  
**Child Care Health Consultation**  
**Care Coordination/Medical Home**  
**Food Security** | **#/% of children with recommended dietary guidelines of fruits and vegetables**  
**#/% of children who are physically active at least 5 days/week**  
**#/% of children with health insurance**  
**#/% of children receiving appropriate and timely oral health visits**  
**#/% of health care providers utilizing a medical home model** |
| 8. #/% of children receiving timely well child visits | **Intent** of indicator is to increase the number of children with consistent well child visits where there is higher opportunity for immunizations, appropriate screenings and early identification of development delays, other medical healthcare, and support for family members to understand their child’s health.  
**Aligned** to 1 Priority Role in area of Health  
**Data** is obtained through the Arizona Health Survey conducted by St. Luke’s Health Initiative | **Prenatal Outreach**  
**Physician Education & Outreach**  
**Health Professionals Education and Outreach**  
**Health Insurance Enrollment**  
**Developmental and Sensory Screening**  
**Comprehensive Preventative Health Programs**  
**Child Care Health Consultation**  
**Care Coordination/Medical Home**  
**Home Visitation** | **#/% of children without health insurance**  
**# of children with a medical home**  
**#/% of communities with a shortage of primary care medical providers** |
| 9. #/% of children age 5 with untreated tooth decay | **Intent** of indicator is to increase the number of children who begin at an early age and regularly visit an oral health professional to receive preventive oral healthcare and services necessary to treat tooth decay.  
**Aligned** to 1 Priority Role in area of Health  
**Data** may be available through the AZ Department of Health Services, but may also be available in the future through other strategies and studies. | **Prenatal Outreach**  
**Physician Education & Outreach**  
**Oral Health**  
**Nutrition/Obesity/Physical Activity**  
**Health Insurance Enrollment**  
**Comprehensive Preventative Health Programs**  
**Child Care Health Consultation**  
**Care Coordination/Medical Home**  
**Home Visitation** | **#/% of children who received at least one preventative dental service within the past year**  
**#/% of children with oral health screening by age 1**  
**#/% of communities with a shortage of primary oral health care providers.** |
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| 10. % of families who report they are competent and confident about their ability to support their child’s safety, health and well being | ● **Intent** of indicator is to increase the number of families who report they are competent and competent to support their child.  
● **Aligned** to 1 Priority Role in areas of Family Support and Literacy  
● **Data** is currently obtained as a composite of several measures in the FTF Family and Community Survey. | ● Prenatal Outreach  
● Oral Health  
● Nutrition/Obesity/Physical Activity  
● Injury Prevention  
● Home Visitation  
● Parent Education Community-Based Training  
● Crisis Intervention  
● Family Resource Centers  
● Family Support Coordination  
● Parent Outreach and Awareness  
● Native Language Enrichment  
● Family, Friends & Neighbors  
● Family Support – Children with Special Needs  
● Community-based Literacy  
● Reach Out and Read | ● % of families are satisfied with the availability and quality of information on early childhood services  
● % of children birth to five screened for developmental or sensory delays  
● % of families that report they understand basic health information and services needed to make appropriate health decisions |