School Readiness Indicators

(includes data sources suggested at March subcommittee meeting discussions)

INDICATOR	DATA SOURCES CONSIDERED	BASELINE DATA SOURCE AND STATUS	TRENDLINE(S)	RECOMMENDED DATA SOURCE TO MEASURE PROGRESS LEVEL AND FREQENCY	RECOMMENDATIONS OR REVISIONS TO DATA SOURCE TO MEASURE PROGRESS	DATA CONSIDERATIONS	BENCHMARK RECOMMENDATION
1. #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical	No data source yet available. ADE, in partnership with FTF and Head Start is defining and determining measures for this indicator	Not yet available	Not yet available	Anticipated data from kindergarten entry assessment (KEA) at school district level; timeline for initial collection is TBD Level: school district Frequency: annually			
	1a. Interim Key Measure: SRI #2 and #3						
2. #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars	2a. FTF QF data	FTF QF preliminary data: As of June, 2011, statewide, 711 or 16% of licensed and certified providers were enrolled in Quality First. They serve about 36,000 children or 30% of those in regulated care or 7% of all children zero through five. 90% of these providers were Rising Stars or Progressing Stars (one or two star).	FTF QF progress assessment data?	FTF QF rating data beginning July 2012 Level: FTF Regions Frequency: annually		What is denominator to use? Children enrolled in QF, or all children enrolled in regulated ECE programs?	

INDICATOR	DATA SOURCES CONSIDERED	BASELINE DATA SOURCE AND STATUS	TRENDLINE(S)	RECOMMENDED DATA SOURCE TO MEASURE PROGRESS LEVEL AND FREQENCY	RECOMMENDATIONS OR REVISIONS TO DATA SOURCE TO MEASURE PROGRESS	DATA CONSIDERATIONS	BENCHMARK RECOMMENDATION
				CCR&R database includes all registered early care and education providers			
				Head Start PIR data can be used to supplement CCR&R data			
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	3a. FTF QF data	FTF QF preliminary data: QF profile reports 1/31/12, Quality First enrolled providers reported serving 2149 children with special needs/rights, this is approximately 6% of the children served by Quality First providers.	Do we have FTF QF data on enrolled children with special needs for more than 2 different years to determine trend line?	FTF QF rating data beginning July 2012 Level: FTF Regions Frequency: annually		What is denominator to use? Children enrolled in QF, or all children enrolled in regulated ECE programs?	
				CCR&R database includes all registered early care and education providers			
				Head Start PIR data can be used to supplement CCR&R data			
4. #/% of families that spend no more than 10% of the regional median family income on quality care and education (those receiving a star	4a. DES Market Rate Survey combined with FTF QF data	DES Market Rate Data: The statewide median cost for a full day of child care is $38.75 for infants, $34.80 for toddlers, and $30.00 for		FTF QF rating data beginning July 2012 Level: FTF Regions Frequency: MRS is released every two years at end of each even year		Consider including parent fee/payment information as part of QF and QF Scholarship data collection in lieu of using Market Rate Survey Consider incorporating QF rating into 2012 MRS	

INDICATOR	DATA SOURCES CONSIDERED	BASELINE DATA SOURCE AND STATUS	TRENDLINE(S)	RECOMMENDED DATA SOURCE TO MEASURE PROGRESS LEVEL AND FREQENCY	RECOMMENDATIONS OR REVISIONS TO DATA SOURCE TO MEASURE PROGRESS	DATA CONSIDERATIONS	BENCHMARK RECOMMENDATION
rating of 3-5)		preschoolers. At these rates, care for a preschool child is about 11% of the median income for a two-parent family and 30% of the income of a single mother. Can use FTF QF preliminary data above to determine ratings					
				Family level income and payment for child care will be available from VSUW database on QF Child Care Scholarships			
5. % of children with newly identified developmental delays during the kindergarten year	5a. ADE Special Education data	ADE - Statewide-4.5% Data delivered annually in September at school district level for previous fiscal year	Can we get trend data from ADE?			Subcommittee possibly recommending different indicator language. What is the denominator?	
	5b. National Survey of Children with Special Health Care Needs		NSCSHCN: How many children have special needs that include emotional, behavioral or developmental issues? (Children and youth who have been			Indicator language may change. Does the national survey ask the right questions to match data to the indicator?	5b. National Survey of Children with Special Health Care Needs

INDICATOR	DATA SOURCES CONSIDERED	BASELINE DATA SOURCE AND STATUS	TRENDLINE(S)	RECOMMENDED DATA SOURCE TO MEASURE PROGRESS LEVEL AND FREQENCY	RECOMMENDATIONS OR REVISIONS TO DATA SOURCE TO MEASURE PROGRESS	DATA CONSIDERATIONS	BENCHMARK RECOMMENDATION
			identified as having special health care needs based on the CSHCN Screener) 0-5 yrs 2001: 10.8 (5.5% special health care needs only) 0-5 yrs 2005/6: 1.4% (7.9% special health care needs only) 0-5 yrs 2009-10: 2.0% (7.6% special health care needs only) http://childhealthdata.org/browse/survey/results?q=1820&r=4				
6. # of children entering kindergarten exiting Part B special education to regular education	6a. ADE - Statewide- 9868	Arizona Department of Education - in process	Can we get trend data from ADE?			Subcommittee possibly recommending different indicator language. What is the denominator?	
	6b. National Survey of Children with Special Health Care Needs		NSCSHCN: How many children with special health care needs have ongoing emotional,				

INDICATOR	DATA SOURCES CONSIDERED	BASELINE DATA SOURCE AND STATUS	TRENDLINE(S)	RECOMMENDED DATA SOURCE TO MEASURE PROGRESS LEVEL AND FREQENCY	RECOMMENDATIONS OR REVISIONS TO DATA SOURCE TO MEASURE PROGRESS	DATA CONSIDERATIONS	BENCHMARK RECOMMENDATION
			behavioral or developmental conditions that require ongoing treatment or counseling? 0-5 yrs 2009/10: 2% 2005/6: 3.6% http://childhealthdata.org/browse/survey/results?q=1825&r=4&g=376				
7. #/% of children ages 2-5 at a healthy weight (BMI)	7a. DHS: Pediatric Nutrition Surveillance System (Annual State WIC – ages 2-4)	Statewide - 14.2% obese 15.7% overweight 2010	Pediatric Nutrition Surveillance System (WIC – ages 2-4) 2010: 14.2; 15.7 2009: 14.7; 16.4 2008: 14.8; 16.5 2007: 14.9; 16.4 Pre 2007 used at risk for overweight http://www.cdc.gov/pednss/publications/index.htm			Would need collaboration with WIC and DHS to exchange data annually in August Affordable care act may change the way data is collected, due to different technology – add to health indicators	

INDICATOR	DATA SOURCES CONSIDERED	BASELINE DATA SOURCE AND STATUS	TRENDLINE(S)	RECOMMENDED DATA SOURCE TO MEASURE PROGRESS LEVEL AND FREQENCY	RECOMMENDATIONS OR REVISIONS TO DATA SOURCE TO MEASURE PROGRESS	DATA CONSIDERATIONS	BENCHMARK RECOMMENDATION
8. #/% of children receiving timely well child visits	8a. AZ Health Survey		National Survey of Children's Health: 2007 0-5 years children who did not receive one or more preventative health visit : 6% 2003 0-5 years children who did not receive one or more preventative health visit : 17.7% http://childhealthdata.org/browse/survey/results?q=355&r=4&g=24	Regional Behavioral Health areas – geographic service areas Anticipated -- Every two or three years		Affordable care act may change the way data is collected, due to different technology – add to health indicators	
	8b. St. Luke's Health Survey	Visited a doctor for a routine checkup or well-child visit in one year or less: State 95% GSA 1 95% GSA 2 89% GSA 3 93% GSA 4 98% GSA 5 95%					

INDICATOR	DATA SOURCES CONSIDERED	BASELINE DATA SOURCE AND STATUS	TRENDLINE(S)	RECOMMENDED DATA SOURCE TO MEASURE PROGRESS LEVEL AND FREQENCY	RECOMMENDATIONS OR REVISIONS TO DATA SOURCE TO MEASURE PROGRESS	DATA CONSIDERATIONS	BENCHMARK RECOMMENDATION
9. #/% of children age 5 with untreated tooth decay	9a. ADHS Office of Oral Health	Statewide - 50% with decay experience 35% with untreated decay, at kindergarten (1999-2003)		Collaborate with DHS to conduct Oral Health Survey regularly (every three years) beginning 2015 Statewide and at county every 3 years		Affordable care act may change the way data is collected, due to different technology – add to health indicators	
	9b. National Survey of Children's Health		2003 NSCH 1-5 years children who did not receive all routine dental care: 8.7% 2007 1-5 years with no preventative dental care in last 12 mo: 44.2% http://childhealthdata.org/browse/survey/results?q=258&r=4				
	9c. AZ Health Survey	Provisionary regional data from the AHS – Percentage of children who already have teeth who have never been to the dentist: State 40% GSA 1 42% GSA 2 41% GSA 3 43%					

INDICATOR	DATA SOURCES CONSIDERED	BASELINE DATA SOURCE AND STATUS	TRENDLINE(S)	RECOMMENDED DATA SOURCE TO MEASURE PROGRESS LEVEL AND FREQENCY	RECOMMENDATIONS OR REVISIONS TO DATA SOURCE TO MEASURE PROGRESS	DATA CONSIDERATIONS	BENCHMARK RECOMMENDATION
		GSA 4 36% GSA 5 40%					
10. % of families who report they are competent and confident about their ability to support their child's safety, health and well being	10a. FTF Family and Community Survey	Preliminary—statewide- 20% of Arizona parents are not aware that their child's first year impacts later school performance. 27% are not aware that children sense and react to parent emotions from birth. 21% are not aware that play is crucial for children under 10 months of age. 47% of parents believe that a child's language benefits equally from watching TV versus talking to a real person.	Example trend data from National Survey of Children's Health Children 0-5 read to daily 2007: 40.7 Children 0-5 read to daily 2003: 43.2 http://childhealthdata.org/browse/survey/results?q=305&r=4	Composite variable by spring 2012 in all FTF regions with over 2000 children under six Every two years			