



FIRST THINGS FIRST

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2012 Regional Forums Proposed Statewide Benchmarks for School Readiness Indicators

In June 2012, eight Regional Forums were held across the state to solicit feedback from Regional Partnership Council Members on the proposed statewide benchmarks for the 10 School Readiness Indicators for 2020. Fifty-six Regional Partnership Council Members participated in the forums, along with First Things First staff. The forums provided an overview of the benchmarking process, informed participants of who served on the sub-committees that proposed the statewide benchmarks and the timeline for the Policy and Program Committee who will forward their final recommendations to the First Things First Board in August 2012.

Participants were also initially briefed and provided an opportunity to discuss the process for selecting regional level benchmarks, which will begin in fall 2012.

Comments and questions from participants at the forums on the proposed benchmarks for each of the 10 School Readiness Indicators are as follows:

1. #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical:

- Attendees understood the rationale and the process being used to determine this benchmark but the discussion was on how they could determine progress regionally if there is not any data or won't be any data for a few years.
- What tools will be used to assess? There was significant discussion on how the kindergarten readiness assessment tool would be applied to dual language speakers and how it will consider issues of poverty and disparities especially in tribal regions. Suggestions to consider other data such as the rate of retention of children in kindergarten.
- Need to consider additional key measures as some regions do not have Quality First (QF). Factor in measures such as high school graduation rates, incarceration rates and unemployment.
- There is concern that the timeline to obtain baseline data for this indicator is too long and that baseline parameters are needed now.
- Concern about the developmental appropriateness of using a kindergarten entry assessment (or some type of assessment tool), and how results from such an assessment will be used to keep children out of kindergarten or to label them.

2. #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars:

- There was a general discussion about QF and funding constraints and how they were 'forced' to fund it after the state level funding was cut. There is finite funding for the QF program, so how many providers will have access to be 3–5 stars by 2020?
- 10 – 20% increase by 2020 is a very small increase over the current baseline.
- There are very few providers with 3 star ratings and above right now.
- It was important to discuss the nominator and denominator for this indicator. Asked if all children in child care should be considered in the denominator?
- Consider giving QF ratings to accredited schools without cost/assessments.
- Need to determine if this is a static measure, i.e., existing pool of children in QF centers/homes vs. overall number of children in the state with increased access. Consider also measuring number of slots with increased access.

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:

- Benchmark to increase by 1% by 2020 is not enough. Recommendations are for a 3-5% increase.
- Consider how data on non-regulated special education classrooms (on public school campuses) can be captured for this indicator.
- Not enough 3–5 star providers.

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:

- There was discussion about how median income was going to be measured and how accurate it would be.
- Because of income disparities within regions, how will that be used for comparison of median income within varying sized communities?
- Need more providers at 3–5 star ratings to make this indicator meaningful.

5. % of children with newly identified developmental delays during the kindergarten year:

- Considerable discussion at all forum sessions on how the wording for this indicator is still not correct. What is this measure really trying to tell us and what is the desired outcome? Reconsider and then draft the indicator and benchmark.
- There is still uncertainty about First Things First's role in early intervention (IDEA, Part C and Part B systems).
- There is also concern that we would never be able to get data that is accurate which reflects what we were hoping to accomplish. Regions might be able to measure progress within their boundaries even if it was not applicable at the state level. Consider other data sources; home visiting programs, pediatricians, Indian Health Services Maternal Child clinics, public health nurses, etc.
- Consider not only number screened or not screened, but also the number of children who actually received services.
- If the Arizona Early Intervention Program is not well-established in a particular region/area, that data will not be reflective in some rural and tribal communities.

6. #/% of children entering kindergarten exiting preschool special education to regular education:

- There was agreement that this would be reasonable but some stated that it would not be reflective of all kids who come into kindergarten from special education because of migration into the area from other states.
- How can data be captured on children with special needs enrolled in private schools?

7. #/% of children age 2-4 at a healthy weight (Body Mass Index):

- There seemed to be agreement with this process and the measures for this indicator. Concerned about the disparity of data in tribal communities and suggested that tribal Women, Infants and Children Program (WIC), Indian Health Services (IHS), Inter-Tribal Council of Arizona (ITCA) and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program data was included.
- Consider data for 5-12 year old age range and trending data over age span.

8. #/% of children receiving at least six well child visits within the first 15 months of life:

- There was considerable agreement with this benchmark and the key measure. The complexity of the well child visits was discussed but most felt that the benchmark was a good reflection of the indicator.
- Consider including data from Indian Health Services (IHS) and insurance companies.

9. #/% of children age 5 with untreated tooth decay:

- There was general agreement with this benchmark even though they expressed regret and not being able to aspire to greater progress on this measure. They felt that reaching a benchmark of 32-34% by 2020 is “insufficiently aspirational”.
- Need to include information from Indian Health Services (IHS).

10. % of families who report they are competent and confident about their ability to support their child’s safety, health and well-being:

- There was general agreement and some discussion on the concepts being considered for this indicator and understanding the complexity of measuring it.
- Consider including child abuse and neglect data.