

**MICHIGAN
COMMUNITY CONDITIONS**

Population 0-5
Population 0-5 White NH
Population 0-5 Black NH
Population 0-5 Native NH
Population 0-5 Other NH
Population 0-5 Hispanic
Free Reduced Lunch
Unemployment
Median HH Income
Children in Poverty, Ages 0-4
Children in Poverty, Ages 0-4 White NH
Children in Poverty, Ages 0-4 Black NH
Children in Poverty, Ages 0-4 Hispanic
Single Parent Family, Ages 0-17
Pre 1950-s Housing Stock
Below 200% Poverty, Ages 0-5

PHYSICAL HEALTH

Births - LTA Prenatal
Births - Mother Smoked
Births - Low Birth Weight
Fully Immunized 19-35 mo.
Insured, Ages 0-17
Insured by Medicaid, Ages 0-18
Insured by MiChild, Ages 0-18
Infant Deaths Total
Infant Deaths White NH
Infant Deaths Black NH
Infant Deaths Hispanic
Regular Med. Home, Ages 0-17
Medicaid Elig. Lead Tested, Ages 1-2
Medicaid Elig. ELB, Ages 1-2
Preventable Hospitalizations, Ages 0-1
Preventable Hospitalizations, Ages 1-5

SOCIAL-EMOTIONAL HEALTH

Foster Care, Ages 0-5
Mental Health Services, Ages 0-3
Mental Health Services, Ages 4-6
Emotionally Impaired, Grades K-2

PARENTING EDUCATION, SUPPORT

Births - Mother Without HS Diploma
English Language Services, Ages 5-17

Births - Mother Less Than Age 20
Repeat Births - Mother Aged 15-19
Parents Read to Children 6-7 Days / week

EARLY CARE & EDUCATION

Risk of Developmental Delay, Ages 0-2
Served by Early On, Ages 0-2
Eligible Child Care Subsidy, Ages 0-5
Eligible CC Subsidy, Relative / Aide Care
Head Start, Age 4
MSRP, Age 4
Head Start or MSRP, Age 4
MEAP Reading, Grade 3
MEAP Math, Grade 3
Repeating First Grade
Special Education, Ages 0-5
Parents in Labor Force, Ages 0-5
Child Care Centers - Total
Child Care Centers Accepting Infants
Child Care Centers - Half Day
Group Family Homes
Family Homes - Total
Regulated Programs Nationally Accredited

BASIC NEEDS, SECURITY, SAFETY

Births Paid for by Medicaid
Children on FIP, Ages 0-5
Children on FIP Sanction, Ages 0-5
Children on FAP, Ages 0-5
WIC Children, Ages 1-4
Abuse Victims, Ages 0-5
Neglect Victims, Ages 0-5

NORTH CAROLINA

1. READY COMMUNITIES: HEALTH

- 1A. Percent of children born at a healthy birth weight (>2500 g).
- 1B. Percent of children less than 6 who were screened and had elevated blood lead levels (>=10 micrograms/dL).
- 1C.1 Percent of children <18 years old without health insurance.
- 1C.2 Percent of children 0 to 5 years without health insurance.
- 1D.1 Percent of children (under age 5) receiving preventive care.
- 1D.2 Percent of Medicaid enrolled children receiving preventive care.

2. READY COMMUNITIES: EARLY CARE & EDUCATION

- 2A. Of the regulated early care and education programs serving preschool age children, percent

at 3, 4, and 5 star levels.

2B. Of the children ages 0-5 enrolled in regulated early care and education programs, the percentage in 3, 4, and 5 star programs.

2C. Of the children ages 0-5 receiving child care subsidy, percent in 3, 4, & 5 star early care & education programs.

2D. Percent of children in kindergarten enrolled in special education who were not previously enrolled in Early Intervention (Part C) and/or pre-school special education services.

2E. Number of children who are eligible to receive child care subsidy but are on waiting list.

2F. Percent of at-risk children (4 year olds only) enrolled in high quality pre-k programs the year before they are eligible for kindergarten (includes Public School and 4 and 5 star programs with Head Start, More at Four, Subsidy, and Title 1 children, excluding children with preschool disabilities).

3. READY COMMUNITIES: COMMUNITY & ENVIRONMENTAL CONDITIONS

3A. Percent of children enrolled for free or reduced lunch.

3B. Teen Pregnancy Rate, ages 15-17.

3C. Percent of repeat teen births, ages 10-17.

1CHAMP Child Health Assessment and Monitoring Program

www.schs.state.nc.us/SCHS/champ/

2At risk is defined as eligible for free and reduced lunch. Some categories are estimates and as much duplication has been eliminated as possible.

4. READY FAMILIES

4A. Percent of children entering kindergarten with a regular source of primary care.

4B. Percent of children age 0 to 5 who have a medical home (according to definition used by the American Academy of Pediatrics).

4C. Percent of children entering kindergarten with up to date immunizations.

4D. Percent of children with required immunizations by age 2.

4E. Percent of live births where mother received adequate prenatal care (based on the Kotelchuck Index).

4F. Percent of births to mothers with at least a High School education.

MALTREATMENT BLOCK 4G- 4L (May be refined based on work of surveillance subgroup of Child Maltreatment Leadership Team)

4G. Number of children age 0 to 6 with substantiated reports of abuse and neglect.

4H. Number of children age 0 to 6 with a finding of "services needed".

4I. Percent of parents reporting that anyone in their household has insulted their child (under age 5), by calling the child dumb, lazy or another name like that in the past year.

4J. Percent of parents reporting that their child (under age 5) has been left alone for more than one hour without any adult supervision within the past year.

4K. Percent of parents reporting that their child (under age 5) did not receive all the medical care that the parent felt he or she needed in the past 12 months.

4L. Percent of parents reporting that in last 12 months their child (under age 5) skipped a meal because there wasn't enough money for food?

4M. Percent of children aged 0-5 who are read to every day.

4N. Percent of mothers who experienced abuse before, during or after pregnancy.

4O. Percent of mothers who used alcohol during pregnancy .

4P. Percent of mothers who have someone they can talk with about problems.

4Q. Percent of mothers who report that they were moderately to severely depressed in the months after delivery.

3 Kindergarten Health Assessment is required for all children entering kindergarten (Public Law GS 130A 440).

4 PRAMS Pregnancy Risk Assessment Monitoring System

5. READY CHILDREN

5A. Health and Physical Well-Being - Percent of children entering kindergarten with:

1a. Normal Body Mass Index

1b. Normal Body Mass Index for children ages 2 to 4 seen in NC Public Health Sponsored WIC and Child Health Clinics and some School Based Health Centers

2. Adequate or corrected vision

3. Adequate or corrected hearing

4. Kindergarten children with untreated tooth decay

5. Appropriate fine and gross motor skills.

5B. Emotional and Social Development: Percent of children with developmentally appropriate skills and behaviors in the emotional/social emotional domain.

5C. Cognition and General Knowledge: Percent of children with developmentally appropriate skills and behaviors in the cognition and general knowledge domain.

5D. Approaches to Learning: Percent of children with developmentally appropriate skills and behaviors in the approaches to learning domain.

5E. Language Development and Communication: Percent of children with developmentally appropriate skills and behaviors in the language development and communication domain.

6. READY SCHOOLS

The Kellogg Foundation has funded the Ready Schools Task Force and this section is "Under Construction" until that task Force completes its work.

NEW MEXICO

Indicator: Births to healthy mothers

Indicator: Immunization rates

Indicator: Identification of developmental conditions/Child development screening

Indicator: Unintended child fatalities

Indicator: Child abuse and neglect

Indicator: Percentage of children reading at grade level by the fourth grade.

Indicator: Qualified teachers

Indicator: Access to quality early learning.

Indicator: Children living at or below 100% Federal Poverty Level.

Indicator: Uninsured children

Indicator: Parent partnerships

Indicator: No wrong door

Indicator: Investment strategies

Indicator: Financing plan

RHODE ISLAND

Families in Rhode Island are supported in their roles as caregivers and teachers through effective policies and services.

Families can easily access services in their neighborhoods when they need them.

Families are offered information about activities they can do with their children that promote positive development.

Information and services are available to families where they spend time.

Children are screened early and periodically for developmental risks.

Children get necessary intervention services at the earliest points possible.

Families who need intensive home visiting services receive them.

Children at risk for poor outcomes receive appropriate, comprehensive and timely services.

Families can compare the quality of services on a standardized scale and make informed choices.

The overall quality of early childhood services improves and more high quality programs are available to families.

Families receive the same level of high quality, culturally competent support from all service providers.

Parents are educated and supported in raising their children and are able to access support services in their community.

Children with special health care needs are able to spend time in natural environments with their typically developing peers.

All children in early care and education programs are cared for in a way that supports their development and learning.

Children with challenging behaviors are not excluded from child care. They receive inclusive, stable, nurturing care that supports their development, intervenes appropriately, and prepares them for school.

Children and families receive culturally appropriate anticipatory guidance at well-child visits.

Children have access to oral health care and to behavioral health and medical specialty providers as needed.

Families are partners in their children's health care.

Caregivers interact with children in ways that promote positive development and healthy relationships. They educate and assist families in understanding and promoting their children's social-emotional health.

VERMONT

Outcome: Pregnant women and (their) children thrive

Indicator 1: Percentage of women smoking during pregnancy

Indicator 2: Percentage of WIC-enrolled children (ages 2-4) overweight

Indicator 3: Rate of one year-olds with elevated lead levels

Indicator 4: Rate of maternal depression

Indicator 5: Infant/child mortality rate

Outcome: Children are ready for school (and Schools ready for children)

Indicator 1: Percentage of children ready for Kindergarten in all five domains

Indicator 2: Percentage of regulated early childhood programs that are nationally accredited or

have 4/5 STARS

Indicator 3: Rate of children entering school with an undetected developmental delay

Outcome: Children live in stable, supported families.

Indicator 1: Rate of substantiated victims of child abuse and neglect

Indicator 2: Number of new families at risk (single teen parent – under 20 years and less than 12 years education)

Outcome: Communities provide safety and support for families and individuals.

Indicator 1: Percentage of primary care providers and dentists who accept new Medicaid patients

Indicator 2: Percentage of schools meeting the standard in four areas (school readiness questionnaire)

WASHINGTON

Access to Health Insurance and Medical Homes

- System: Increased number and percentage of children who have medical insurance.
- Parent/caregiver: Increased understanding of the importance of comprehensive health care.
- Parent/caregiver: Increased ability to recognize an emerging issue with child's health or development and connect with appropriate services.
- Child: Increased number and percentage of children that receive recommended preventive care.
- Child: Increased number and percentage of children who have access to comprehensive health care (including medical, dental, mental health, vision, and hearing).

Social-Emotional and Mental Health

- System changes: Increased availability of appropriate and coordinated mental health services for children.
- Parent and caregiver changes: Improved understanding and practice of nurturing behaviors to promote children's optimal social-emotional development and mental health.
- Child changes: Increased number and percentage of children entering kindergarten with social-emotional skills.

Early care and education/child care

- System changes: Increased number and percentage of child care and preschool programs that are quality rated
- System changes: Increased wages for quality child care providers
- System changes: Increased systems' recognition of families' role as the primary nurturer of their children
- System changes: The public sees early childhood education, health, and school readiness as a major contributor of academic success and economic growth
- System changes: Improved ability of families to obtain quality childcare and preschool programs to meet families' needs
- System changes: Increased availability of community resources and support networks for families and caregivers
- Parent and caregiver changes: Increased understanding of what children need for optimal health and development (physical, social-emotional, cognitive, and language)

- Child changes: Increased number and percentage of children entering kindergarten healthy and ready for school, including 1) physical well-being, health, and motor development; 2) social and emotional development; 3) approaches toward learning; 4) cognition and general knowledge; and 5) language, communication, and literacy.

Parenting Information and Family Support

- System changes: Increased availability of parenting education resources and support
- Parent and caregiver changes: Increased stress-reduction skills
- Parent and caregiver changes: Increased knowledge and skills to support children's health and development
- Child changes: Increased number and percentage of children who live in safe, stable, and supportive families