

MAINE

1. Children under five in poverty (pages 3 and 7)
2. Eligible children supported with child care subsidy (page 7)
3. Eligible children served by Early Head Start and Head Start (page 7)
4. Available quality child care slots (page 7)
5. Health insurance coverage for children 0-5 years of age (page 9)
6. Age appropriate immunization for children (19-35 mos) (page 10)
7. Substantiated child abuse and neglect for children birth to age five (page 10)
8. Early Care and Education Providers a) with a bachelor's degree; b) listed on the Maine Roads to Quality professional development registry (page 13)
9. Access to early oral health preventive care (developmental indicator in partnership with Maine Oral Health Program)
10. Quality, community collaborative preK programs
11. Timely access to prenatal care (Maine Title V and Home Visiting program indicator)
12. Behavioral Health Consultation for early care and education providers (Developmental indicator in partnership with Children's Behavioral Health Services, Maine Association for Infant Mental Health and THRIVE System of Care Project in Tri-County area)
13. Family Literacy (children read to at home) (developmental indicator with Raising Readers)
14. Developmental Screening (developmental indicator with Maine AAP, Office of MaineCare Services)

MINNESOTA: Draft

Child and Family Indicators of Health and Well-being

1. Percent of children entering kindergarten demonstrating proficiency in five developmental domains: personal and social development, language and literacy, mathematical thinking, the arts, and physical development and health (MDE)
2. Percent of families with young children with incomes greater than 200% of poverty (Census, ACSurvey)
3. Percent of families with children with affordable housing (paying less than 30% of income for housing) (See above)
4. Percent of children in out-of-home placement (DHS)
5. Percent of children immunized on appropriate schedule (MDH)
6. Number of children with elevated blood-lead levels (MDH)
7. Teen birth rates and subsequent births to teen parents (MDH)
8. Rates of obesity for 2-5 year olds (WIC)
9. Number of children with possible hearing, vision, developmental & socio-emotional problems identified at Early Childhood Screening (MDE).
9. Percent of children with special health care needs with "all needs" met for specific health care services (Minnesota sample from (National Survey of Children with Special Health Care Needs, MDH)
10. Percent of child with disabilities who demonstrate improved knowledge and skills and demonstrate the use of appropriate behaviors

System Indicators of Quality and Access

1. Number and percent of children age 0-2 and 3-4 enrolled in early childhood programs and licensed family child care rated as high quality by DHS and MDE (Parent Aware and TBD)
2. % of early childhood teachers with BAs in child development
3. Family Friends & Neighbor (FFN) providers attending FFN- related early childhood events or activities.
4. Professional development indicator TBD (child care)
3. Participation rates in ECFE and other parent education models (MDE, and TBD)
4. Number of businesses offering living wages and paid parental leave. (Jobs Now and MDES)
5. Percent of children and families covered by health insurance (MDH)
6. Percent of children who receive regular well-child examinations (DHS and MDH)
7. Percent of pregnant women receiving early and regular pre-natal care (MDH)
8. Number of children being serviced through publicly funded mental health services compared to estimated need (DHS).
8. Percent of children participating in Early Childhood Screening (MDE)
9. Percent of eligible children birth to 5 who receive Part B and Part C early intervention services; percent of those receiving services in inclusive settings. (MDE)
10. Percent of newborns identified with hearing problems and diagnosis by 3 months of age; and percent enrolled in early intervention by 6 months of age (MDH)

Emerging indicators:

Emerging indicators are other key indicators important to the school readiness of young children but are currently difficult to measure and track at the state level. Following is a list of potential emerging indicators that are currently under discussion.

Early Learning

Systems Indicator:

Professional Development

Family Friends & Neighbor

Language and literacy, English as a Second Language (ELL) learners

Family Support

Child and Family Indicator: Father engagement

Systems Indicator: Home Visiting

Health/Mental Health

Child and Family Indicator

Adult and child mental health?

Prenatal exposure to alcohol

Oral, vision, hearing

Special Needs/Early Intervention

“Children who go through screening and are identified or referred to other programs who don’t qualify

for early special education.”

MONTANA

Primary Indicators

Population under 18

Population under 5

Ready Families

Primary

- Adequate prenatal care (at least 80% of expected prenatal visits)
- Percent of 0-5 year olds below FPL who are uninsured

Secondary

- Number of children under 5 in families participating in TANF (Temporary Assistance to Needy Families)
- Number of homeless families with children enrolled in Head Start
- Children 0-5 with medical home

Ready Communities

Primary

- Number of child care centers accredited by NAEYC (National Association for Family Child Care)
- Number of child care centers accredited by NAFCC (National Association for Family Child Care)
- Capacity of licensed child care programs
- Percent of registered voters who voted in the last general election
- School Lunch Program participation rate

Secondary

- Number of children receiving child care subsidies
- Children in low-income households where housing costs exceed 30 percent of income

Ready Services

Primary

- Children under 18 enrolled in Medicaid (%)
- Children under 18 enrolled in CHIP (%)
- Children under 18 enrolled in Medicaid or CHIP
- Immunization rate for 19-35 month olds who are seen by a health care provider (4:3:3:1:3 [4 doses diphtheria, tetanus & pertussis; 3 doses polio; 3 doses H. influenza type b (Hib); 1 dose measles, mumps & rubella; 3 doses hepatitis B])
- Number of substantiated cases of abuse
- Number of substantiated cases of neglect
- Number of children enrolled in Medicaid with EPSDT (Early and periodic Screening, Diagnosis and Treatment)

Ready Schools

Primary

- Number of 3-5 year olds enrolled in Special Education
- Full-day Kindergarten availability rate

- 4th grade reading proficiency rate
- Achievement gap in reading proficiency (White/American Indian)

Secondary

- 4th grade math proficiency rate
- Achievement gap in math proficiency (White/American Indian)

Ready State

Primary

- Annual Medicaid spending per enrolled child
- Percent of babies born weighing less than 2,500 g
- Percent of children ages 3-5 attending nursery school, pre-school or Kindergarten
- Percent of all children affected by asthma

Secondary

- Number of SIDS (Sudden Infant Death Syndrome) cases

Ready Child

Primary

- Number of children who received services for early intervention (Part C of Individuals with Disabilities Education Act (IDEA))
- Number of 0-5 year olds identified as having developmental delays
- Percent of tracked newborns with hearing screening completed by 1 month of age (in hospital or as outpatient)
- Children with fewer than 2 out-of-home placements before age 6
- Children ages 1-5 receiving dental care in the last 12 months
- Obesity in WIC children

Secondary

- Percent of Head Start-enrolled children with a source of continuous accessible dental care

Risk Measures

Primary

- Births to mothers who smoked during pregnancy (% of all births)
- Juvenile violent crime rate
- Violent crime rate (all ages)
- Children living in extreme poverty (50%)
- Births to teen mothers (fertility rate for girls age 12-19)
- Blood lead levels

Secondary

- Racial diversity (percent of children 0-5 who are non-White, non-Hispanic)

NORTH DAKOTA: Draft

- Increased number of providers who are trained and utilize the mental health screening toolkit.
- Increased number of primary care givers, providers and families that are informed about and trained to monitor and provide prevention, intervention and treatment services to children in their care.
- Establishment of a Medicaid waiver to assure coverage of comprehensive mental health

services for all eligible North Dakota children.

- Reduce the number of children expelled from childcare or schools due to behavioral problems.
- Increase the number of statewide Positive Behavioral Support programs.
- Increase awareness about mental health needs of children and the strategies needed to address them.
- Increased number of families seeking individualized and/or group support services.
- Provide affordable, accessible, and appropriate parenting education opportunities for all parents through a number of access points (e.g., the early education system, pediatric healthcare system, community and faith-based organizations, childcare providers, childcare health consultants and the public health system.)
- Educated parents will help to shape and improve the system and the system quality.
- Increase number of parents participating in accessible, state supported parent leadership trainings.
- Increase the number of parents participating on new and/or existing boards, commissions, and taskforces.
- Systems would improve and quality would improve due to increased parental involvement and leadership.
- Establishment of a state level network for parenting education.
- Routine positive media messages about parenting education occur.
- 20% of licensed child care programs will receive 0-3 introductory ELG training by December 31, 2009.
- 20% of licensed child care programs will receive 3-5 introductory ELG training by December 31, 2009.
- Three to five key early childhood messages will be defined and agreed by leading early childhood organizations (NDAEYC, Head Start, NDCCPI, Children's Caucus, etc.) by December 31, 2009.
- Strategies to establish a state-funded child care nurse consultation services will be implemented by December 31, 2009.
- All levels of childcare licensing rules will incorporate a pre-service training requirement by December 31, 2009.
- A training and trainer registry will be developed and promoted by December 31, 2009.
- A practitioner registry will be developed and promoted by December 31, 2009.
- 25% of early care and education practitioners will participate in training that is included in career pathways by December 31, 2009.
- Strategies to establish a state-funded quality improvement and rating system will be implemented by December 31, 2009.
- Information from a minimum of three national organizations and ten states with a substantial rural population will be researched.
- Proposed revisions of ECS Administrative Policies will include required relevant annual training for child care licensors, ECS regional supervisors, and the ECS Administrator.
- Written materials from meetings and/or focus groups which include projected benefits, drawbacks, and other information to consider when administering child care licensing at the regional or state level.
- Information will be available from a minimum of ten states with a substantial rural population regarding their experiences, benefits, and drawbacks to administering child care licensing at the regional or state level.

- Flow chart will be developed with narrative describing the proposed internal peer monitoring process.
- All successful programs will be provided in at least one community in each region statewide.
- There will be a 25% increase in the number of home visits allowed/funded to provide closer monitoring and to assure progress.
- There will be coordinated care among in-home providers to assure no duplication and to not overwhelm families with multiple visits.
- There will be an increase of 50% funding to County Social Services for increasing in-home care and assistance to families and children.

NEBRASKA

Indicator 1: Percent of licensed child care providers receiving child care subsidy.

Indicator 2: Number of licensed child care slots per 1000 Nebraska children ages birth through age eight.

Indicator 3: Percent of children with verified disabilities being served in Part C and/or Part B.

Indicator 4: Rate of infants per 1000 with permanent childhood hearing loss (a) prior to three months of age and (b) prior to 12 months of age.

Indicator 5: Number of Nebraska children (1-8 years) who die of an unintentional injury, per 100,000 children.

Indicator 6: Rate of substantiated child protective services cases per 1,000 of Nebraska children (0-8).

Indicator 7: Percentage of Nebraska children (0-8) with family incomes less than 100% of the federal poverty threshold.

Indicator 8: Percent of Nebraska children (0-8) do not have health insurance coverage.

Indicator 9: Percent of children 19 through 35 months, who have received the 4:3:1:3:3:1 immunization series.

Indicator 10: Percent of new mothers who experienced maternal depression related to their most recent pregnancy

Indicator 11: Percent of mothers who participated in parenting classes during their most recent pregnancy.

Indicator 12: Percent of Kids Connection eligible Nebraska children receiving mental health treatment.

Indicator 13: Number of children in licensed and license exempt childcare that are served by the USDA Child and Adult Care Food Program.

Indicator 14: Percent of early care and education providers with quality rating 5-7

Indicator 15: Percent of Kids Connection eligible children, who received an EPSDT exam during most recent state fiscal year.

Indicator 16: Ratio of licensed physicians and licensed dentists to the number of children, and shortage areas.

Indicator 17: Percent of teachers, directors, and teacher aides in licensed childcare with at least a two-year degree in early childhood.

Indicator 18: Number and percent of young children identified with a permanent childhood hearing loss (PCHL) achieving communication and social skills commensurate with their cognitive abilities age at 1, 3, 5 and 7 years of age.

Indicator 19: Percent of at risk children (0-6) with blood lead levels greater than 10 milligrams

per deciliter.

Indicator 20: Percent of families of young children identified with permanent childhood hearing loss involved in a parent to parent support program.

Indicator 22: Number of children 0-8 years old, and/or families with children 1-8, served by the Telehealth System for mental health needs.

Indicator 21: Percentage of infants who have a medical home at the time of diagnosis of permanent childhood hearing loss (PCHL).

Indicator 23: Rates of expenditures for early mental health-related programs by source, service and number of children served.

WYOMING

A. Decrease child abuse and neglect rate.

B. Increase the percentage of children receiving dental care prior to age 5.

C. Increase the percentage of children receiving periodic well child checks.

D. Increase the percentage of children with health insurance.

E. Increase the immunization rate at 2 years of age.