

### **WASHINGTON DC: Draft**

- # % of children 0-5 years receiving dental screenings and education in childcare settings;
- # % of children 0-5 years receiving vision screenings and education in childcare settings;
- # % of children 0-5 years receiving hearing screenings and education in childcare settings;
- # % the of children gaining access to mental health services through the provision of Child Care Health Consultation (CCHC) support;
- # % of childcare providers adhering fully to Universal Precautions;
- # % of childcare providers who are nationally accredited;
- # % of children 0-5 years in childcare settings referred to comprehensive early childhood services;
- # % of children 0-5 years who practice behaviors that promote their health and safety;
- # % of children 0-5 years receiving mental and socio-emotional health services in childcare settings.

### **HAWAII: Draft**

- Ⓟ Number and rate of child death (age 1-5) due to unintentional injuries.
- Ⓟ Child abuse and neglect incidence rate (2 indicators: reported and confirmed).
- Ⓟ Number and percentage of children under age 6 living in low- income working families (below 200% poverty threshold)
- Ⓟ Children under age 6 with no parent in the labor force
- Ⓟ Number and percentage of children ages 0-5 who have lived in foster care within the past year.
- Ⓟ Average annual cost of child care/preschool for infants and young children
  - ▶ 2 indicators: annual center-based facility cost and annual family child care home cost
- Ⓟ Number and percentage of preterm births (less than 37 weeks gestation)
- Ⓟ Number and percentage of children ages 0-2/3 who are biologically at risk or developmentally delayed ages 0-2 in Early Intervention programs.
- Ⓟ Number and percentage of live births in which mothers received late or no prenatal care.
- Ⓟ Births to mothers who reported: smoking, alcohol, and drug use during pregnancy. (3 indicators)
- Ⓟ Percentage of children fully immunized by age 2.
- Ⓟ Number of insured/uninsured
- Ⓟ Number/percentage of Healthy Start children at environmental risk
- Ⓟ Number/percentage of children (ages?) who receive homeless shelter or outreach services
- Ⓟ Number and percentage of children entering kindergarten ready for school.
- Ⓟ Percent of child care/early education teachers/staff with AA degree or higher and/or training in CCEE
- Ⓟ Ratio of number of licensed child care/early education slots to # of children by county

### **IDAHO**

- HEALTH GOAL: Families of young children have a regular health care provider who oversees their health care and refers them to other services and resources, as needed
- # of children enrolled with a Healthy Connections Provider
- # of outreach strategies implemented to reach families with information about CHIP
- % of children in poverty on Medicaid

- # of children less than three screened for development
- # of health education initiative tools and resources distributed
- # of children enrolled in Infant Toddler

**MENTAL HEALTH GOAL:**

Families of young children have access to social and emotional screening, and when needed, assessment and age-appropriate follow up care.

- # of screening tools available for professionals to use in regional areas
- # of professionals trained on the DC:03 diagnostics tool
- # of referrals for EC mental health
- Increase in resources to develop SOC for early childhood
- # of partners working on EC MH system development

**EARLY CARE AND LEARNING GOAL:**

Young children have access to high quality child care, when needed.

- # of providers enrolled in the professional development system.
- # of providers receiving quality training
- # of providers graduating with CDA, AA and BA degrees
- # of training opportunities for EC
- # of policy changes to improve access to quality child care.
- # of children enrolled in 619

**PARENT EDUCATION GOAL:**

Families and caregivers of young children have access to information, resources and support to help them raise healthy, strong children.

- # of web links created
- # of collaborative efforts to disseminate information to families
- # of community organizations offering parent education in documents, newsletters or through classes
- # of parent education programs listed in the 2-1-1 database
- # of policy changes to support families of young children

**FAMILY SUPPORT AND SELF SUFFICIENCY GOAL:**

Families, communities, businesses, and the state work together to establish strategies and procedures that support families of young children.

- # of aligned state plans
- # of partners working together to support Early Learning Guideline work
- # of families on IDEA accounts
- # of faith-based and community organization resources listed on 2-1-1
- # of child care programs implementing Strengthening Families

**INDIANA**

*Currently measured*

- immunization rates
- the rates of preventable morbidity
- uninsured children under age 5
- uninsured children under 200% of federal poverty level

- uninsured children over 200% federal poverty level
- the number and percent of children receiving dental care (only includes children with Medicaid, SCHIP, or Hoosier Healthwise)
- the rate of early enrollment in Part C
- the number of resources listed on the Early Childhood Meeting Place (<http://earlychildhoodmeetingplace.indiana.edu/>) clearinghouse website
- the number of hits to the website and its links
- the number of community resources listed on the website
- the number of professional development opportunities offered throughout the state listed on the website
- the number of young children expelled from early care or early education settings due to behavioral problems
- the number and percentage of children enrolled in Medicaid who are assessed for social-emotional development through the EPSDT program
- the percentage of children fully immunized by age 2
- the number and percentage of births to teens
- the number and percentage of children under age 5 in single parent households
- the death rate due to injury of young children
- the number and percentage of eligible women, infants and young children enrolled in WIC
- the capacity of licensed, accredited child care/preschool facilities
- the rates of child abuse and neglect

*to be added in the future*

- the number and percentage of children under age 5 with medical homes
- the number of post-secondary programs designed specifically to train mental health providers to work with young children.
- the number of mental health providers trained to work with young children
- the number and percentage of eligible families in SCHIP
- the number and percent of eligible children that apply for Hoosier Healthwise, CSHCS, WIC, and SCHIP
- the number of state and local agencies, organizations and facilities represented in Sunny Start Core Partner membership
- the number of licensing rules which follow the recommendations for SIDS prevention and incorporate Standards from Stepping Stones to Using Caring for our Children
- the number of hits to the calendar link [electronic version of a developmental calendar for children 0-5 added to the Early Childhood Meeting Place website] will be measured
- the number and percentage of parents reporting receipt of early literacy information as measured on the Early Childhood Meeting Place website survey
- the adult to child ratio in licensed, accredited child care/preschool facilities
- the number and percentage of children in licensed, accredited child care/preschool facilities

## **NEVADA**

1. By summer 2008, a leadership body will be developed that will ensure that state policies support early childhood programs in such a way that early childhood programs are coordinated and have the needed resources to be effective in the state of Nevada.

2. By June 2010, improve data communication between agencies and programs that serve children age birth to five.
3. By July 1, 2009 state and local child care licensing regulations will be strengthened.
4. Increase standards for educational requirements, skills, compensation and experience of early care and education providers in all settings within the field (e.g., privately owned, non-profit, public pre-k, Head Start, etc.).
5. By July 1, 2009, child care providers will show a statistically significant increase in their knowledge of health, developmental and behavioral issues.
6. By July 2008, the majority of service providers will report a noticeable increase in communication with other providers from the previous 12 months.
7. By July 1, 2009, the number of practitioners that incorporate the "seven medical home" model core components will be equivalent to the national average
8. By September 1, 2009 medical/health care practitioners will show a statistically significant increase in the number of referrals made to other child and family resources from a baseline collected in summer of 2008.
9. :By August 2009 there will be an increase in medical home usage in Nevada by 20 percent from a baseline collected in the 2008 BRFSS
10. By September 2009, Nevada will develop a common vision and plan for developing an integrated and comprehensive behavioral health system across agencies
11. Families can readily find out about and access services that meet their basic needs (having sufficient means to maintain housing, food and medical care ).
12. By July 1, 2009, increase the number of quality parent education programs available by 20 percent based on a baseline to be compiled in 2008
13. By summer 2010, there will be a statistically significant increase in the number of parents who participate in parenting education programs that rate the parenting education program as being of high quality from a baseline collected in the fall of 2008.

## **OKLAHOMA**

Outcome 1: A statewide comprehensive and coordinated system of early childhood services meets the needs of families with young children.

-10 new champions for children in Oklahoma.

-Increased awareness of what it means to be school ready.

-Increased awareness that school readiness issues are related to core values (e.g., equal opportunity).

-Increased awareness of link between school readiness and future outcomes (e.g., crime rates, economic development)

- Increased investment in early childhood programs/services.
- Increased grass-roots mobilization focused on early childhood issues.
- Increased advocacy related to school readiness issues.
- Increased partnerships and collaborative efforts related to school readiness.
- Policies and systems have been developed with consideration of a comprehensive, interdisciplinary understanding of school readiness.
- Increased awareness among parents of where to call for resources and high quality information
- Sustained utilization among parents of the toll-free line
- Increased awareness of protective factors among providers and families
- Increased awareness of family support and local resources
- Improved systematic implementation/incorporation of protective factors in provider-family interaction
- Earlier interventions for at-risk families
- Increased utilization of local family support services/programs
- Increased awareness of early childhood issues among elected officials in Oklahoma
- Increased number of elected officials in Oklahoma actively supporting policies that benefit young children and families
- Public policies in Oklahoma support young children and their families
- Increased awareness of best practices and policies that support and enhance school readiness efforts
- Increased number of policymakers designing and implementing policies that support and enhance school readiness efforts
- The SSO office is fully staffed
- Work is completed in a timely and efficient manner.
- Increased funding
- SSO communities develop coalitions made up of business leaders, local government, non-profit agency representatives, faith community, early childhood community and families
- SSO communities develop an outcome-driven strategic plan based on their needs assessments
- Increased awareness of partners and communities regarding evaluation methods and utilization
- Increased number of evaluations conducted by partners and communities
- Increased utilization of evaluation results to inform decision-making and system-building activities
- Increased awareness of best practices related to school readiness programs and policy
- Increased adherence to best practices identified in issue briefs
- School readiness programs and polices are compared to best practice models and held accountable
- Resources are allocated effectively and efficiently

Outcome 2: Families nurture, teach and provide for their young children.

- Increased awareness among parents of parenting education courses
- Increased knowledge, skills and abilities among parents related to raising their child in a healthy environment
- Increased attendance in parent education courses
- Increased application of knowledge gained from parenting courses to every day activities with children
- Increased awareness of family support and local resources

- Earlier interventions for at-risk families
- Increased utilization of local family support services/programs
- Increase in number of businesses whose employees believe they have a family friendly workplace
- Increased awareness and utilization of career and educational opportunities among parents
- Increase in parent literacy
- Parents obtain jobs that will improve the likelihood of becoming economically self-sufficient
- Reduction in the Oklahoma teen pregnancy rate
- Raise income eligibility rates for social services

Outcome 3: Children will be born healthy and remain healthy.

- Percent of pregnant women receiving early prenatal care increases
- Positive results will show in birth outcomes
- Decrease in percentage of children and families without health insurance coverage
- Increase in the number of providers accepting SoonerCare (Medicaid)
- Increase in access to providers in rural areas
- Increased number of pediatric specialists
- Increased knowledge and awareness among families related to their physical and mental health
- Increased utilization of health related resources and services
- Increased awareness among providers of benefits gained by utilizing consultants
- Increased requests for health consultation in early care & education programs
- Child care health consultation available statewide
- Decrease in staff turnover
- Increase in the number of child care facilities with written health and safety policies in place
- Increase in playground safety improvements
- Increase in the number of DHS subsidized children with special needs enrolled in child care
- Reduction in unintentional injuries in early childhood programs
- Increased awareness of health and safety issues among child care providers and parents
- Insurance reimbursement available for professionals providing parent education on chronic diseases & prevention
- Lead screening available statewide when needed
- Reduced rates of childhood unintentional injuries and deaths
- Increased knowledge and awareness of resources and services among parents of children with special health care needs
- Increased utilization of services
- Increased awareness of health/mental health issues affecting children
- The number of infant mental health specialists and child psychiatrists are sufficient to meet demand
- Earlier interventions by families/providers
- Decrease in expulsion rates (from early childhood programs)
- Decrease in staff turnover
- Increased requests for interdisciplinary consultation
- Providers have sufficient resources to meet the needs of children with challenging behaviors

Outcome 4: Families with young children are able to find and afford high-quality early care and education programs.

## Indicators Work Group 6: ECCS Grantee Meeting, March 12-13, 2008

- Increased number of child care facilities with a 2 & 3 star rating
- An early childhood professional credential is established and compensation for early childhood teachers is increased
- Fund established to assist early childhood programs with improvements to their facilities
- Transition plan developed and in place for children moving from an early childhood program to school
- Increased knowledge and understanding of early learning and developmentally appropriate practice in the schools
- Technical assistance and support available for schools when needed
- Increased application of developmentally appropriate practice in classrooms
- Increased awareness/knowledge of all components that comprise “ready schools”
- Increased awareness of resources and tools available for self-assessment and improvement planning
- Increased application of the selected tools/resources in planning and assessment
- Ready schools meet the needs of children and their families
- Increased number of families are able to meet the cost of early education programs
- Increased early education program participation rates among families with young children
- Increased business support of child care costs