

Yuma School Readiness Indicator #3 Worksheet

Step 1: Discuss the indicator and its intent. Make sure all participants understand how improvement in this indicator will positively impact the lives of children.

Indicator #3:	Number and percentage of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars
Intent:	Increase in the number of children with special needs/rights who enroll in high quality inclusive regulated early learning programs

Step 2: Review the statewide trend and benchmark.

Indicator:	Number and percentage of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars
Baseline:	53% of all children (birth-5 years) with special needs/rights enrolled in Quality First are in an early care and education program with a Quality First rating of 3-5 stars
Benchmark:	20 percentage points increase (Increase by 20% over baseline the number and percentage of children (birth-5 years) with special needs/rights enrolled in an early care and education program with a Quality First rating of 3-5 stars.) State Year 2020 Benchmark: In Arizona, 73% (2244) children (birth-5 years) with special needs/rights will be enrolled in an early care and education program with a Quality First rating of 3-5 stars

Step 3. Review the county and regional baseline data. (*see data summary sheet*)



Step 4. Review anticipated increase in 3-5 Star child with special needs/right enrollment based on current QF programs' anticipated progress.

Proposed percentage increase for SFY 2020	Target total number of children with special needs/rights in 3-5 star in 2020	Est. children with special needs/rights increased to meet benchmark in 2020		
55%	157	0		
70% (~15 % increase from baseline)	200	43		
80% (~25 % increase from baseline)	228	71		
90% (~35 % increase from baseline)	257	100		
100% (~45 % increase from baseline)	285	128		

Step 5. Review controllable variables:

- Maximize use of Quality First enrollments for centers/homes (reduce unused slots)
- Increase number of centers/homes in Quality First
- Work with Quality First (3 5 stars) programs to increase number of special needs children enrolled
- License capacity of Quality First (1 5 stars) programs to increase number of special needs children enrolled

Step 6. Set the aspirational and attainable Yuma benchmark.

Indicator:	Number and percentage of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars
Baseline:	In <u>Yuma</u> region, 55% (157) of all children (birth-5 years) with special needs/rights enrolled in Quality First are in an early care and education program with a Quality First rating of 3-5 stars in 2013
Benchmark:	% of children (birth-5 years) with special needs/rights enrolled in an early care and education program with a Quality First rating of 3-5 stars in 2020
	Increase% over the baseline by 2020



School Readiness Indicators 2020 Yuma Regional Benchmark Summary

Indicator #7:	Number/Percentage of children age 2-4 at a healthy weight (Body Mass Index-BMI)
Intent:	Increase the number of children who maintain a healthy body weight

Benchmark Data Source:

Body Mass Index (BMI) is a measure used to determine childhood overweight and obesity. It is calculated using a child's weight and height. Two primary sources of Body Mass Index (BMI) data were considered for this indicator:

- Arizona Women, Infants and Children (WIC) Nutrition Program data: WIC is a federally funded program providing residents with nutritious foods, nutrition education, and referrals. WIC serves pregnant, breastfeeding, and postpartum women, and infants and children under age five who are at nutritional risk and who are at or below 185 percent of the federal poverty guidelines. This program measures BMI of all enrolled 2-4 yr. old participants for all regions of the state. WIC data is available for non-tribal regions and the Navajo Nation Regional Council (with tribal permissions) through the Arizona Department of Health Services (DHS). Data for tribal regions is available (pending tribal permissions) through the Intertribal Council of Arizona (ITCA) or tribal authorities. WIC serves a very large number of low-income 2-4 year olds and their families in Arizona; however, it does not measure the BMI of all Arizona children, only those enrolled in the WIC program. Some regions may be better represented by WIC data than others. Specifically, those communities with large percentages of the population at or below 185 percent of the federal poverty guidelines will have better measurement with the WIC data.
- Arizona Health Care Cost Containment System (AHCCCS): The Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. Individuals must meet certain income and other requirements to obtain services. Data is collected through AHCCCS for all participants, but this data is not currently available in a standardized report, and access to the data requires permission from AHCCCS.

Data source selected:

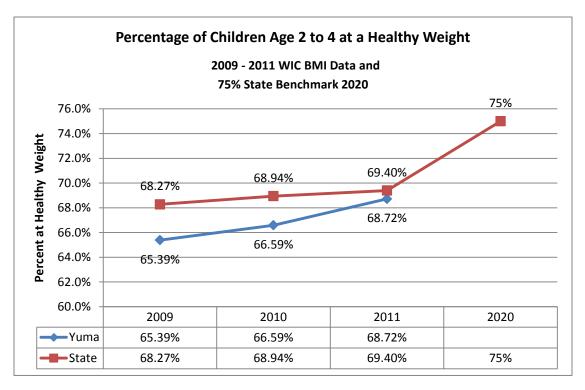
There currently is no data source that measures the BMI of all Arizona children. However, WIC data from DHS and ITCA (pending tribal permissions) were identified as best data sources for this indicator because consistent data are available for all regions and the WIC program serves a large number of Arizona 2-4 year-olds (105,968 in the initial data pull).

Baseline (Region and State):

- 2010: Yuma 67% (2,639) of children age 2-4 at a healthy body weight
- o 2010: Arizona 69% (72,521) of children age 2-4 at a healthy body weight

Trend Line (Region and State):

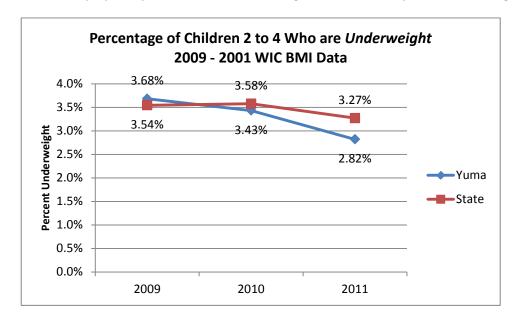
Graph 1: Percentage of children age 2 to 4 who are at a healthy weight (based on body mass index-BMI). Data displayed is presented for both the region (identified with diamonds) and state (identified with blocks) for years 2009 through 2011. The state benchmark for 2020 (75%) is also presented in this graph.

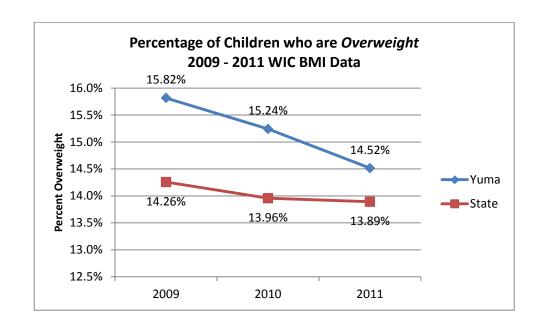


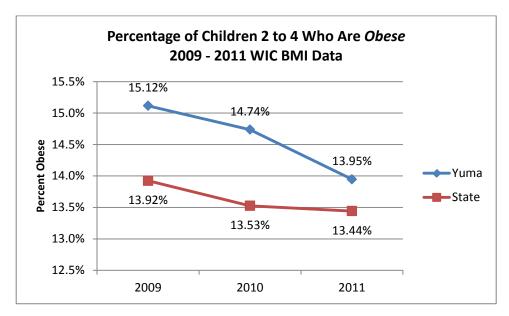
Benchmark (Region and State):

- 2020: Yuma XX % of children age 2-4 at a healthy weight (BMI) (NOTE: To be set by Regional Council)
- 2020: State 75% of children age 2-4 at a healthy weight (BMI)

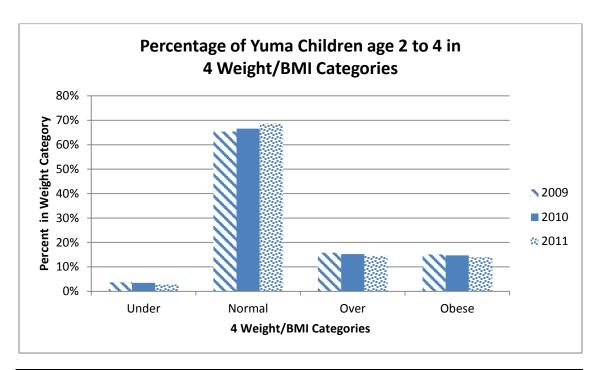
Graphs 2 - 4: Percentage of children age 2 to 4 who are *Underweight*, *Overweight* or *Obese* (based on body mass index- BMI). Data displayed is presented for both the region and state for years 2009 through 2011.







Graph 5: Yuma children age 2 to 4 presented in four weight categories (based on body mass index-BMI). Data displayed compares percentages for years 2009 through 2011.



Yuma: Percent and number of children in each weight category for years 2009-2011									
Year	Under	Over	Obese						
2009	3.68% (N=142)	65.39% (N=2522)	15.82% (N=610)	15.12% (N=583)					
2010	3.43% (N=136)	66.59% (N=2639)	15.24% (N=604)	14.74% (N=584)					
2011	2.82% (N=114)	68.72% (N=2779)	14.52% (N=587)	13.95% (N=564)					



School Readiness Indicators 2020 Yuma Regional Level Benchmark Summary

Indicator #10:	Percentage of families who report they are competent and confident about their ability to support their child's safety, health an well-being.						
Intent:	Increase the number of families who report they are competent and confident to support their child's safety, health and well-being.						

Data sources considered:

First Things First 2012 Family and Community Survey

Data sources recommended for Benchmark:

• First Things First Family and Community Survey data is collected every three years. The Family and Community Survey is designed to measure many critical areas of parent knowledge, skills, and behaviors related to their young children. The survey contains over sixty questions, some of which were drawn from the national survey, What Grown-Ups Understand About Child Development¹. Survey items explore multiple facets of parenting. There are questions on overall knowledge of the importance of early childhood, questions which gauge parent knowledge of specific ages and stages, parent behaviors with their children, as well as parent practices related to utilization of services for their families.

For the purpose of the development of Indicator 10 composite score, a sub-set of nine items was selected (see table 1 below for Indicator 10 measure). These nine items were selected because they encompass parent knowledge, parent self-report of their own levels of competency and confidence around the parenting of their young children, and parent behaviors, all of which are of key importance to support a young child's safety, health and well-being. Five of the items selected are *knowledge-based questions* that directly assess a parent's level of knowledge of key developmental areas. Two of the items selected specifically ask parents to rate their level of competency and confidence in their ability to support their child's learning, cognitive development, safety, health and overall well-being. Lastly, two items inquire about parent behaviors around the key early literacy activities of reading, telling stories and singing songs with their children. The table below (2) presents the cut points used for each of the 9 items. Six or more responses (out of nine) meeting the cut point was the composite score criteria. The scoring was determined based on the national survey key and on early childhood development research and best practice.

¹ CIVITAS Initiative, ZERO TO THREE, and BRIO Corporation, Researched by DYG, Inc. 2000. What Grown-ups Understand About Child Development: A National Benchmark Survey. Online, INTERNET, 06/20/02.

Table 1: Indicator 10 Measure								
Knowledge-based questions	Parent's self-rating of competency and confidence	Parent behaviors						
(01) When do you think a parent can begin to significantly impact a child's brain development?	(06) I am competent and confident about my ability to support my child's safety, health, and well-being.	(08) During the past week, how many days did you or other family members read stories to your child/children?						
(02) At what age do you think an infant or young child begins to really take in and react to the world around them?	(07) I am competent and confident about my ability to	(09) During the past week, how many days did you or other family members						
(03) At what age do you think a baby or young child can begin to sense whether or not his parent is depressed or angry, and can be affected by his parent's mood?	support my child's learning and cognitive development.	tell stories or sing songs to your child/children?						
(04) Children's capacity for learning is pretty much set from birth and cannot be greatly increased or decreased by how the parents interact with them.								
(05) In terms of learning about language, children get an equal benefit from hearing someone talk on TV versus hearing a person in the same room talking to them.								

Table 2: Data Summary											
		Knowledge-based questions				Parent's self-rating of competency and confidence		Parent behaviors			
	Sample size	Question 1	Question 2	Question 3	Question 4	Question 5	Question 6	Question 7	Question 8	Question 9	Baseline: Percentage competent and confident
Cut Points		Prenatal	Right from birth	Up to 1 month	Definitely False	Definitely False	Strongly agree	Strongly agree	6 or 7 days	6 or 7 days	6 of 9 met
Statewide	3707	32%	35%	51%	63%	44%	93%	90%	51%	51%	42%
Yuma	150	40%	56%	55%	69%	45%	95%	93%	35%	42%	51%

Baseline (2012 Family and Community Survey):

Yuma: 51% of families report they are competent and confident about their ability to support their child's safety, health and well-being. State: 42% of families report they are competent and confident about their ability to support their child's safety, health and well-being.

Benchmark 2020:

Yuma: XX% of families report they are competent and confident about their ability to support their child's safety, health and well-being. **State:** 52% ² of families report they are competent and confident about their ability to support their child's safety, health and well-being.

² State baseline for Indicator 10 was 63% and benchmark was set at 73% (10 % increase) initially; however after correcting for data skewness (including weighting) the new baseline for state is 43%. We are in the process of working with state advisory committee and FTF board to reset the benchmark. The 56% state benchmark presented here is based on the 10% increase that was set as target.