

**PROCEEDINGS  
OF THE RESIDENCY ROUNDTABLE:**

**BIRTH TO THREE INDICATORS**

**The Brown Palace Hotel  
Denver, Colorado**

**October 8<sup>th</sup> – 9<sup>th</sup>, 2003**

***Sponsored by:***

The David and Lucile Packard Foundation  
The Ewing Marion Kauffman Foundation  
The Ford Foundation

***Hosted by:***

Rhode Island KIDS COUNT

***Participating States:***

Arkansas, Arizona, California, Colorado, Connecticut, Kansas, Kentucky, Massachusetts, Maine, Missouri, New Hampshire, New Jersey, Rhode Island, Vermont, Virginia, Wisconsin

***Purpose:***

This meeting was the fourth in a series of small work sessions to help states make accelerated progress in selecting and/or developing school readiness indicators in priority areas. Participants include data and policy staff from state departments including Education, Health, Human Services and Governor's Offices as well as state school readiness team members from child policy organizations, universities, Early Intervention programs, Head Start and Early Head Start. The Roundtable focused on school readiness indicators for children from birth to age three. Indicators reflected state investments in programs and policies for young children and families as well as child outcomes. Participants received background materials prior to the meeting in order to inform the discussion. Materials in the briefing binder are available on the Initiative website at [www.GettingReady.org](http://www.GettingReady.org).

***Meeting Objectives:***

- Identify issues that are critical to the development of children from birth to age three, including family environment, community conditions, child characteristics, and service systems for young children and their families.
- Consider a set of school readiness indicators that reflect child outcomes (physical well-being, social and emotional development, language and literacy, and cognitive development of infants and toddlers) as well as systems outcomes (disparities in access to services, state policies and programs that affect young children and families).

- Select priority indicators to track progress in supporting the development of young children from birth to age three.
- Identify potential data sources for indicators of children's school readiness from birth to age three.

**Wednesday, October 8, 2003**

**Welcome and Opening Remarks**

**Elizabeth Burke Bryant  
Executive Director  
Rhode Island KIDS COUNT**

**Bruce Atchison  
Vice President of Policy and Programs  
Colorado Children's Campaign**

Ms. Burke Bryant opened the meeting, marking the start of the fourth Residency Roundtable of the School Readiness Indicators Initiative. The purpose of these meetings is to collect our expertise in one room to build our understanding of important issues and highlight essential data and indicators in critical areas. Our past Roundtables looked at indicators of social and emotional development, language and literacy, and cognition and approached to learning. This meeting will address the need for specific indicators for children ages birth to three.

The first day of the meeting will be grounded in research and policies at the state and national levels. We will then brainstorm potential indicators together for prioritization the next day.

Indicators are different for every state. We recognize that our different policy environments necessitate the creation of diverse indicator lists. It is essential that indicators reflect the state policy work happening in the state. That in mind, we still benefit from sharing indicator development strategies across states.

Bruce Atchison welcomed the participants to Colorado, a national leader in school readiness work. Although Barbara O'Brien, Executive Director of the Colorado Children's Campaign, could not be with us due to another event, she sent her regards.

## **Developing Policies to Support Young Children and Families**

**Joan Lombardi**  
**Child and Family Policy Specialist**  
**The Children's Project**

Ms. Lombardi's presentation addressed four areas:

- Challenges as we focus on birth to three indicators and policy
- The current policy context
- What we know about early development and the status of infants and toddlers
- A policy framework for prenatal to age 3

Challenges for birth to three indicators and policy include the diversity of policy needs, the complexity of 0-3 policy, a lack of a cohesive policy agenda, and the perspective the birth to three is a private issue. The No Child Left Behind legislation, rising health care costs and welfare reform are all important pieces of the policy context.

Early development research shows that a drive to development is inborn, propelling the human infant toward learning and mastery. The opportunities for growth that enrich the early years also bring with the vulnerability to harm. People, especially parents and other caregivers, are the essence of the infant's environment and the degree to which they protect, nurture and stimulate shape early development

The steps to Better Baby Care include creating safe and healthy care, family centered care, and developmentally appropriate care, and making critical investments (Early Head Start, standards-based programs and paid family leave).

Next steps in developing policies to support young children and families include:

- Build awareness about the status of infants and toddlers
- Assure that outcomes are rooted in developmental principles
- Focus on family conditions and community service/system outcomes that have an impact on development
- Come to consensus around a policy agenda for prenatal through three

***Ms. Lombardi's presentation is attached.***

### ***Additional Points:***

- Ms Lombardi is concerned that the indicators and outcomes work will be reduced to what children know and can do. Good indicators for birth to three should include family, community and service system factors.
- A range of indicators is needed to support the development of children and families.

- Some confusion exists around outcomes and accountability. The terminology around the issue is a problem. Readiness assessments that are connected to Kindergarten assessments are fine as long as they are not used to place children or screen them out of services. Assessments of readiness before children enter kindergarten communicate to providers and policymakers that efforts to improve readiness must be made before children get to school. The existence of these assessments connotes that children are becoming school ready or school unready from birth.
- Ms. Lombardi said that the National Head Start Reporting System is having a negative influence on the Head Start system. She is concerned that the presence of reporting requirements and their connection to continued funding of the program may make the assessments biased. She cautioned that assessments should be used to guide curriculum but should not be connected to funding decisions and should not create barriers to healthy infant/toddler development.
- The integration of the school readiness domains is even more critical with infants/toddlers than with preschool age children; we absolutely cannot leave out the social emotional context because infant/toddler development emanates from social emotional development. We have a great deal of work to do to help people understand this integration, especially for infants and toddlers.
- Rates of development are more than just 'ages and stages' but we cannot hold programs accountable for individual child development. Instead, we should frame it as family and community conditions are for infants/toddlers what "know and can do" skills are for preschoolers. The culture of early childhood includes families, diversity, caring attitudes and a holistic approach. With babies in the picture, we are forced to think in developmental terms.
- Despite some residual hesitation about birth to three being a private issue, the public is finally with us. There is a new receptivity, seen in better access to preschool, but no message on what we want for infants and toddlers.
- Because the policy context around infant/toddler issues is so diverse and advocates cannot have deep knowledge about all of the issues, coalitions are essential. Coalitions should choose specific policies and focus attention and effort on them.
- Unlike the issue of preschool, we cannot say universal child care for all. Instead, we can advocate for universal family leave for all. If we do push universal access, we must ensure that funding is tied to it.
- Because of No Child Left Behind and the increased emphasis on third grade scores, principals and superintendents are finally paying attention to young children. Discussion is shifting from closing the achievement gap to preventing the achievement gap. We need to develop preschool entry data comparable to Head Start entry data, which shows that children are already behind on entry.
- For early childhood health care policy, we need more data on the return on investment on early health care, i.e. doula services.

- Fifty to sixty percent of children ages 0 to 2 are in nonparental care, including kith and kin arrangements and family child care. This is a dramatic number of children and a dramatic number of hours in care. The public is not aware of the high percentages.
- Advocates should use the difficult times to plan. At the federal level, legislation is not moving and nothing is expected to pass this year. Despite the fact that some of the legislation affects infants and toddlers, such as TANF reauthorizations provisions for parents of children under 1, babies are being left out of the policy conversations. At the state level, there is no clear policy agenda. New voices are needed to help lawmakers understand child development.
- The term “ready for school” is a misnomer; we really want children to be “ready to learn”. Infant and toddler development is a combination of nature and nurture. There are tremendous opportunities for growth and tremendous vulnerability. At this age, children learn from their interactions with people. Personal interactions are an inherent part of the curriculum.
- The amount of growth that happens in the first three years is not understood by the public.
- Grandparent care is a new and widening phenomenon.
- According to a Civitas poll, there is a lack of awareness of the importance of daily interactions on early child development. The poll also revealed that there are a variety of opinions on child care and that the topic is very emotional for parents. Parents need more than knowledge about child development to help their children. Living situations, including poverty and housing, interact with their knowledge development.
- Additional breakdowns of child poverty data for infants/toddlers can be found on the Better baby Care website: [www.betterbabycare.org](http://www.betterbabycare.org).
- The best indicator of a child’s school success is the parents’ educational level. We need to focus policy on increasing access to post-secondary education.
- Despite the existence of clear and convincing data on the effectiveness of Early Head Start, it is not affecting policy.
- When advocates are talking about child care subsidies, they need to look at the percentage that goes to infants/toddlers. CCDBG neglects infants/toddlers. Of the \$9 billion in funding, a third goes to infants/toddlers, but there are no quality protections.
- When we talk about Better Baby Care, we are talking about what every infant should have. We are asking ourselves, “what policies support a nurturing family?” the scope of the issue includes paid family leave, prenatal care, which is the beginning of a medical home, and providing a stable, permanent home for babies in foster care. We should use the Better Baby Care framework to frame indicators.

- We need to define what we mean when we say standards. Are we talking about basic health and safety standards or program standards, teacher qualifications and group size, or outcomes standards/early learning standards? For the basic standards, we should all use the National Health and Safety guidelines. For example, Massachusetts had access to a health teacher consultant written into law.
- When we develop consumer education, we must focus on quality. Rather than pitting child care investors against family support and home visiting advocates, we can use child care to promote family support and parenting education. When we are designing provider supports, we cannot forget kith and kin care. Anyone watching children should have support around development, especially infant/toddler care providers.
- Higher education is not prepared to teach infant/toddler development; some schools only offer one course specific to that age group. To address the situation, New Jersey is developing an infant/toddler credential and Ohio is providing infant/toddler specialists in their resource and referral agencies.
- Looking forward, we must ensure that social/emotional development is not an add on. We also need to include community and service system indicators for infants/toddlers to counterbalance cognitive indicators. Other initiatives are important pieces of the infant/toddler movement. America's Babies, a new report from Zero to Three, includes specific information for states. The Better Baby Care Project is now in fifteen states and additional funding is being raised.
- The Early Head Start Outcomes Framework provides useful program outcomes and information on parent/child relationships.
- Ms. Lombardi has a new book, *Hello Benny*, that discusses infant development from the baby's point of view. Another helpful publication is *Baby Basics*, a low-literacy version of "What to Expect..." which is available in English and Spanish.
- Early Head Start is more than a program, it is a concept and a way of understanding services. Therefore, we should fund more Early Head Start programs with state dollars and TANF.
- When we are advocating for infant/toddler policies, we should be more emotional.

### **Questions/Discussion**

Dana Naimark (Arizona) asked how to get the business community involved before kindergarten when they are only thinking in terms of academic indicators. Ms. Lombardi replied that we must practice "developmentally appropriate" advocacy. Don't try to make them forget about the alphabet, but talk about the connection.

Patricia Skelton (California) suggested that there is some resistance to government intervention into the development of babies. Infant and toddler care is seen as the responsibility of the family. Ms. Lombardi suggested dealing with that issue by framing the conversation in the family context.

Sue Wilson (Connecticut) noted that, in Connecticut, they use the term “preparation gap” and align it with the achievement gap when discussing universal preschool access. We cannot change 0-3 if we are talking catch up.

Irene Jacobs (Arizona) remarked that the percentage of four year olds in nonparental care is very high. Ms. Lombardi responded that the rate is almost at universal pre-K, but the placements are not high quality.

Yasmine Daniel (New Jersey) asked about forming a cohesive policy agenda among the various camps and constituencies. In New Jersey, the child protection piece conflicts with ‘no parenting police’ and increased child care conflicts with parents staying home. Ms. Lombardi said that there is not a lot of ability to form a policy agenda at the national level. We should share information with each other like we do at these Residency Roundtables. First, we must develop a definition of quality early care. Then we should use coalitions to hammer out the policy agenda as they did in Illinois.

Peter Pizzolongo (NAEYC) stated that infant/toddler caregiving has unique qualities and considerations. Most infant/toddler teachers are hoping to graduate to the preschool rooms, which are seen as more prestigious. As a result, when we improve policies, curriculum and assessment for infants/toddlers, all of the additional responsibilities are put upon the lowest person in the staff hierarchy who does not understand the requirements. As a result, we need to focus on linking these staff to higher education opportunities and experienced colleagues if we want to improve outcomes. Ms. Lombardi replied that giving these providers a better understanding of ages and stages is good, but cannot be used for assessment. A new NAEYC position statement on curriculum, assessment and program evaluation will be out in November and may be helpful on this issue. One good alternative for assessment of infants/toddlers is matrix sampling.

## **Update on State Early Childhood Policy Technical Assistance Network**

**Charles Bruner**  
**Director**  
**SECPTAN Technical Assistance Network**

Mr. Bruner updated participants on the work of the State Early Childhood Policy Technical Assistance Network. SECPTAN provides research-based assistance to states looking to examine policy issues. The network offers research, workshops and presentations on a variety of issues.

Mr. Bruner summarized the many domains that impact the development of young children and should be considered when developing school readiness indicators:

- Physical health and social/emotional well-being, including children with special health care needs
- Child welfare issues, focusing on addressing developmental needs of children who interact with the foster care system
- Health care: pediatric practitioners see virtually every child and have important opportunities for identifying developmental delays and accessing EPSDT services

SECPTAN's future work will address raising and closing the achievement gap and creating school readiness links between health and child welfare

The SECPTAN website, [www.finebynine.org](http://www.finebynine.org), is a good resource for school readiness publications. It also contains the proceedings from SECPTAN's recent workshops on early childhood financing and kindergarten assessment.

***Mr. Bruner's presentation is attached.***

## **Birth to Three Indicators: A Developmental Perspective**

**Theresa Hawley**  
**Consultant**  
**Ounce of Prevention Fund**

Ms. Hawley's presentation discussed the many facets of early child development. She described the volatility and variability of early language, cognitive and social development. Ms. Hawley compared the early childhood assessor to a Foundation Inspector. Little can be learned about a foundation just by looking at it and measuring it once it is poured; to know if the foundation is sufficient, you must know:

- The conditions under which it was poured
- Its internal reinforcement
- The type of soil/rock into which it is built
- The conditions it is likely to face

In the same way, we can learn little from indicator that assess and measure a young child. Indicators that are predictive measure the child's environment and early experiences instead. Of the indicators we know are predictive of school readiness in children ages 0 to 3, we must further narrow the list to include only those that are measurable.

***Ms. Hawley's presentation is attached.***

### ***Additional Points:***

- Policymakers are not thinking about infants and toddlers because they care about them in their own right. They are thinking about them because their well-being and development predict to later outcomes, for example, Lisbeth Schorr's "rotten outcomes".
- When we select indicators, they should be meaningful, measurable and malleable, something we that can change.
- Because children's performance is so variable form day to day, it is extremely difficult to measure what a child can really do. For example, a child may know the alphabet and be able to recite it one day, but may not recite it the next. There is also tremendous variability across children and a wide rang of normal performance. Children have the capacity to catch up to their peers. As children develop, they become obsessed with developing one skill at a time. The order in which they develop skills is meaningless as long as they develop all of the skills. As a result, milestones are only meaningful at their extremes.
- Although the Bayley scale is the gold standard in measuring infant development, even it cannot predict IQ.

- The shifts among the ways babies relate to the world reflect their transformation into real people. In infancy, intelligence is sensorimotor and in toddlerhood, it is persistence. The measurable components of early development are not what we think of as intelligence for older children. Our traditional conceptualization of intelligence, verbal capabilities and processing speed, do not apply until age 4. As a result, we cannot measure anything cognitive in infants and toddlers that is enduring to later development.
- The relationship with the primary caregiver, whether parent or provider, is the primary influence on early social development. Children cannot choose their caregivers, so systems must augment caregiver deficits. In addition, assessments that do not use the primary caregiver as rater are not very reliable because children's behavior is so variable.
- The conditions referred to in the Foundation analogy are the stressors that affect children and families.
- Attachment is the measure of a relationship and should not be used as a measure of the child. Children attach differently to different people. Early attachments do have slight predictive power, but are unstable and change by age. Providing staff:child ratios small enough for infants to form attachments is very expensive.
- Because income can be changed, poverty is a malleable indicator.
- Maternal education is the most powerful predictor of a child's future success. It is malleable, and improving education levels during the child's early years can have a positive effect.
- Parental mental health affects all areas of development, not just social-emotional. The negative effects of parental mental health problems can be mediated by the presence of resources and other supports that act as buffers.
- Language experience is a more powerful predictor of vocabulary development and reading success than socio-economic status. The variance holds through third grade.
- A 2000 study by Dickinson on language experience at home and at school indicated that each have predictive power and both must be high quality.
- As an indicator, language experience is measurable in child care centers. It is also fairly malleable; we can instruct providers not to dumb down their language for kids.
- Child care quality has a small but measurable effect on children across all income levels. It has a particularly strong impact on children from low-income families.

- Maternal sensitivity's effect on child development is twice the size of quality child care's impact. It can be difficult to measure, but has been proven to be malleable, among teen parents, for example. Maternal sensitivity is defined as the parent's ability to read the child's cues and respond appropriately. This interaction can include answering cries, recognizing readiness for engagement, and recognizing need for soothing. Maternal insensitivity is a risk factor. Although children can be difficult to read, a few bad interactions will not ruin a child.
- The health indicators, including birth outcomes, can take a large role in preliminary indicator lists for birth to three because the data is already there.
- Iron deficiency is strongly linked to lead poisoning, so systems should make the connection.
- Receipt of preventive care is highly measurable among Medicaid/CHIP recipients.
- The National Education Goals Panel publication on Early Child Assessment is a good foundation for developing indicators for birth to three.

### ***Questions/Discussion***

Irene Jacobs (Arizona) asked how to translate maternal sensitivity so that policymakers can understand. Ms. Hawley replied that it is hard to talk about the issue without blaming parents, especially for low-income and teen parents. We need to go beyond "helping the mother" and tap into all parents' experience of not being able to handle their child.

Pat Flanagan (Rhode Island) commented that when working with teen parents, we must acknowledge that we are working on adolescent development. With this population, it can be helpful to communicate "I will help you learn."

Fran Basche (Massachusetts) noted that in Massachusetts, the Parent Child Home Program provides home visitation twice a week and focuses on increasing verbal interactions in low-income homes. The results will be measured later with No Child Left Behind test scores.

Julia Herwig (Wisconsin) suggested that caregiver sensitivity should be considered in light of TANF requirements. Because of the work requirements, many children are in child care for very long hours starting at a very young age. As a result, caregiver sensitivity has a tremendous impact for these children. Ms. Hawley responded that the NICHD Survey includes a question for 0-3 that attempts to assess caregiver sensitivity. Ms. Herwig asked whether providing information on curriculum to 0-3 providers take away from their sensitivity. Ms. Hawley replied, no, because the curriculum for 0-3 is the relationship. For example, Early Head start language training is all about listening to the child. Does the caregiver's response relate to the child's questions/context? Non-stop talking by providers that is not responsive probably will not improve language competency.

Sue Werley (Wisconsin) asked how to find the marriage between family and child outcomes. Ms. Hawley responded that we should talk about babies as part of families, but be careful because in the policy arena, we do not want to support the adult.

Charlie Bruner (SECPTAN) asked what we should do about kids on the margin, that 1-5% that falls behind and does not catch up. Ms. Hawley replied that for these kids, we have to ask ourselves what is malleable. We do not catch disabled kids early enough, but some things cannot be prevented at this point. If we increase detection, it will lead to increased rates of disability. This indicator is not necessarily malleable.

Sue Wilson (Connecticut) wondered whether welfare reform policies have been detrimental to infants/toddlers. Ms. Hawley commented that research on Welfare to Work programs has found that for the hardest to employ group on welfare, children do not improve when their parents get jobs. The unstable jobs they are likely to get, coupled with unstable child care arrangements lead to increased family stress. Our desire to help babies without helping parents affects welfare reform policies. Policies that push work first should be viewed as a two-generational issue.

## **Illinois' Birth to Three Outcomes "Menu"**

**Theresa Hawley  
Consultant  
Ounce of Prevention Fund**

Ms. Hawley's presentation described the Birth to Three Project in Illinois, which focused on creating an integrated prevention system for infants and toddlers. The Project developed an outcomes menu that had several purposes:

- To establish a common understanding about which outcomes really matter for infants and toddlers
- To provide communities with a set of possible indicators to use for assessment of the well-being of infants and toddlers
- To provide programs with a set of possible program outcomes to build logic models and program evaluations around

The menu was created by borrowing outcomes and indicators from a number of sources. The project was expanded to the Birth to Five Project with funding from the BUILD Initiative and the current draft of the indicator list reflects the expansion.

***Ms. Hawley's presentation is attached.***

***"Goals, Outcomes and Indicators for 0-3 Prevention Programs" is attached.***

### ***Additional Points:***

- Some of the outcomes chosen for the menu were unmeasurable.
- The caveats around the indicator menu approach include no intention to measure each indicator across the entire state and the option for programs to choose which outcomes/indicators to track within their program to demonstrate effectiveness.
- Not all of the selected indicators are outcomes. Some are inputs. On the issue of children expelled from programs, we do not know if it is the kids or the programs. A Child Care resource and referral agency might want to track the indicator, but not publish it.
- Although the Indicator Menu created discussion when it was released, the outcomes and indicators are not currently being used.
- There were many policy wins through the Birth to Five Project; contact Ann Kirwan at the Ounce of Prevention Fund for more information ([akirwan@ounceofprevention.org](mailto:akirwan@ounceofprevention.org)).
- On the current menu, there are only a few indicators in each category. The indicators are very appealing to KIDS COUNT because they lack indicators on younger kids.
- Among the health indicators, Emergency Room visits for asthma replaced immunization rates as a proxy measure for access to primary care.

- Illinois does not currently have a Kindergarten assessment system, but social/emotional indicators should be included.
- Measuring the percentage of children who receive periodic screening is difficult because it happens in many varied settings.

## **The National Infant & Toddler Child Care Initiative at Zero to Three**

**Dianne Stetson**  
**Project Director**  
**National Infant & Toddler Child Care Initiative**

Ms. Stetson's presentation described the work of the National Infant & Toddler Child Care Initiative, a project of the Child Care Bureau at the U.S. Department of Health and Human Services. The mission of the initiative is to work collaboratively with State and Territory Child Care Development Fund Administrators to effect system-wide improvements in infant and toddler care. The ten states involved in Round One received financial assistance, technical assistance, data support and evaluation assistance. The continuing work of the Initiative can be followed at the project's website, <http://nccic.org/itcc>.

***Ms. Stetson's presentation is attached.***

### ***Additional Points:***

- The goal of the Initiative is to work with states on their agenda.
- The Technical Work Group (TWG) was made up of national leaders who provided Technical Assistance to the states.
- New reports and a searchable database are available at <http://nccic.org/itcc>.
- The project is building logic models to help states evaluate their work. Through participatory evaluation, states being evaluated during the process in order to inform practice.
- The Initiative is working with the Early Head Start national resource Center to expand the Birth to Three Institute. Round 2 of the Initiative is funded, but the number of states that will participate has not been decided.

### ***Questions/Discussion***

Julia Herwig (Wisconsin) inquired about fitting the School readiness Indicators Initiative together with the National Infant & Toddler Child Care Initiative.

Suzanne Williamson (New Jersey) followed up by stating that she hoped to figure out how to blend things together into one system. She noted that the federal backing for the National Infant & Toddler Child Care Initiative lends it some weight and that she hopes to connect its work to her state's Better Baby Care Project. As a result, she hopes that the state will put the National Infant & Toddler Child Care Initiative's recommendation in place.

Sue Wilson (Connecticut) noted that although different initiatives have different frameworks, we can prevent them from becoming silos by maintaining a consistent group of stakeholders.

## **System Indicators of Quality Infant and Toddler Child Care**

**Dianne Stetson**  
**Project Director**  
**National Infant & Toddler Child Care Initiative**

Ms. Stetson's presentation outlined several systems-level indicators of quality child care. They included:

- Curriculum for infants and toddler caregivers
- Infants and toddler caregiver credentials
- Licensing regulations for infant and toddler programs and caregivers
- Infant and toddler child care specialists
- Supports to parents
- Supports to Family, Friend and Neighbor caregivers
- Policies to support quality infant and toddler care
- Availability of Early Head Start
- Early care and education initiatives are inclusive of children 0-3

Ms. Stetson stated that indicators should be research-based, measurable and able to be influenced. She suggested that when selecting priority indicators, we should map what exists, develop a plan, and choose what is possible.

***Ms. Stetson's presentation is attached.***

### ***Additional Points:***

- A curriculum for infants and toddler caregivers is most important. Knowledge of child development allows the caregiver to form appropriate expectations. The basics of infant toddler development can be taught through modules in a variety of venues. Parents and family, friends and neighbors should be included in training.
- When addressing infants and toddler caregiver credentials, it is important to assess what exists and realize that change will take time.
- Regulations should be very specific to the 0-3 age group. For examples of regulations specific to infants and toddlers, refer to the National Child Care Health and Safety Standards.
- Infant/toddler specialists have specific professional development needs that are not always well addressed. Specialists should have the option to work directly with parents.
- Early Head Start programs improve the quality of care in their child care partners. Limited resources have led to priority targeting, but availability must be expanded across the board.
- When choosing indicators, do not pit children against each other based on age. Also, if you choose indicators that you cannot affect, the work will be an exercise in frustration.

## **School Readiness Indicators for Children Birth to Age Three**

**Elizabeth Burke Bryant**  
**Executive Director**  
**Rhode Island KIDS COUNT**

Ms. Bryant facilitated this group session. Participants worked by themselves to identify the birth to three indicators that are currently in place in their states and additional indicators relevant to very young children and their families. Special attention was paid to indicators for high-risk populations. Critical gaps in knowledge about the family factors, community conditions, service systems, and child outcomes for children ages birth to three were explored. Participants then came together as a large group and shared their indicator lists. The full list was turned into a worksheet for use the following day.

***The Indicator Worksheet is attached.***

Thursday, October 9, 2003

**Indicators as a Tool to Improve State Policies and Programs**

**Theresa Hancock  
Policy Associate  
Rhode Island KIDS COUNT**

Ms. Hancock provided the group with issues to consider when prioritizing indicators. Then, using the full indicator list developed the previous day, participants worked in small groups to prioritize the indicators for children birth to three. Using the worksheet, participants were asked to rank each indicator on three criteria: meaningfulness (the connection to children ages birth to three), measurability (the extent to which the indicator can be measured), and communication power (how well the indicator can be understood by a general audience). The product was a prioritized list of indicators for children from birth to three

***Ms. Hancock's presentation is attached.***

***The prioritized indicator list is attached.***

Groups were given the opportunity to report back after the discussion.

Yasmine Daniel (New Jersey) noted that her group struggled with making indicators measurable. They added several indicators in the Ready Schools section relating connection to community services and infant/toddler coursework.

Sue Wilson (Connecticut) stated that her group added a measure on the number of child care arrangements per year to the Social/Emotional section. She added that her group struggled with the term "medical home" and thought it would be very important to avoid jargon and make the term understandable.

Peter Pizzolong (NAEYC) reported that his group also had difficulty with the measurable component and chose some indicators that are not currently measurable but that they hope will drive data systems. The group also struggled with choosing child indicators because they are so variable.

Other comments addressed:

- The challenge of choosing between universal and targeted indicators
- The difficulty of choosing between reporting deficits or strengths
- The confusion on some indicators about whether a smaller number shows improvement or a larger number does
- The need to define terminology and use a common language
- The risks and benefits of collapsing related indicators into indexes

## **Wrap-Up and Next Steps**

**Elizabeth Burke Bryant**  
**Executive Director**  
**Rhode Island KIDS COUNT**

Ms. Bryant thanked all participants for their hard work and deep thinking on indicators for children from birth to age three. As a next step, the prioritized indicators will be collected and shared among participants in the Roundtable as well as state team coordinators of the School Readiness Indicators Initiative. The list will be made available on [www.GettingReady.org](http://www.GettingReady.org) as part of the proceedings of this meeting. Participants will have the further opportunity to work with national experts to narrow the list further as our work progresses. States are encouraged to use the list as an immediate resource for their own indicator lists.