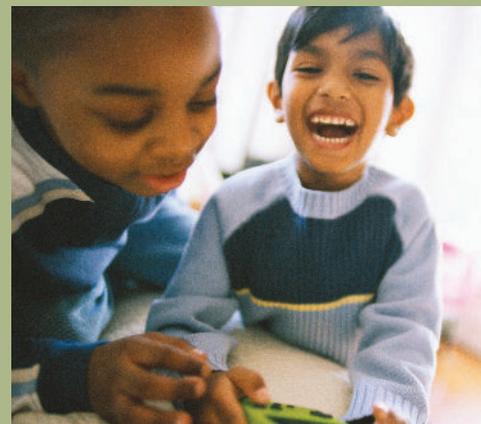




METRICS FOR
EARLY
CHILDHOOD
SYSTEMS:
A NATIONAL
SCAN



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The views expressed here do not necessarily reflect the views of the Foundation.*

METRICS FOR EARLY CHILDHOOD SYSTEMS: A NATIONAL SCAN INTRODUCTION



T HIS REPORT provides the results of a national scan of measures being used by early childhood systems and initiatives to gauge the well-being of young children and their families. The National Institute for Children's Health Quality (NICHQ) and the Center for the Study of Social Policy (CSSP) conducted the study together, with funding from the Robert Wood Johnson Foundation. The purpose of the project was to better understand the state of the field and to identify opportunities to drive improvements in measurement that could help contribute to better early childhood outcomes.

Over the past decade, we have seen the rapid spread of early childhood systems (that is, efforts to integrate a wide range of services—usually including at least early care and education, pediatric care, and family support services—within a given jurisdiction) and initiatives (that is, networks of communities, such as Promise Neighborhoods or Strive Together, employing a common approach to improving the well-being of children, including but not necessarily limited to young children). Each of these efforts has developed its own set of measures to understand and assess children's well-being and to observe changes over time. We reviewed 39 such measure sets, attempting to include as many of the initiatives as possible touching on early childhood and a significant, but by no means exhaustive or representative, sample of state and local early childhood systems. Even this limited scan produced more than 500 measures for review.

Our intention was not to offer judgments about whether some measures are better than others, or to identify a single set of measures that we thought could meet the needs of all of these diverse

systems and initiatives. Rather, we hoped that by looking across many efforts, we might be able to extract some guiding principles, describe some common challenges, and make recommendations about the most important opportunities to advance measurement and data use in the field of early childhood development and care.

WE CLASSIFIED EACH OF THE MEASURES IN THREE WAYS:

DOMAINS separate measures by the aspect of development they address, for example health or learning;

CATEGORIES separate measures that reflect an aspect of child well-being from those that address attributes of services designed to promote well-being;

CONCEPTS bring together metrics that, even if not identical, examine the same basic idea (for example, within the Health domain and the category “Access to and Quality of Healthcare,” there are numerous measures, each using slightly different language, all related to the concept of children having a medical home).

THE REMAINDER OF THIS DOCUMENT IS ORGANIZED AS FOLLOWS:



PART 1

PROVIDES OUR CONCLUSIONS ten high-level observations and recommendations about the state of data use and measurement in the early childhood field, and the actions that would, in our view, be most likely to advance it. This section of the report opens with an explanation of our choices concerning domains and categories. It also serves as an executive summary for readers who are interested primarily in the implications, rather than the details, of the scan.



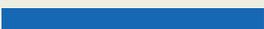
PART 2

IS A SET OF SUMMARY TABLES, one for each of the six domains. Each table lists, in order of frequency, the concepts occurring most frequently within the domain, along with an explanation of differences among measures related to the same concept.



PART 3

DESCRIBES THE METHODOLOGY IN THE METRICS SCAN in greater detail and includes a list of the sources of measures reviewed.



PART 4

A DETAILED LISTING OF ALL OF THE MEASURES REVIEWED organized by domain, and noting the source (that is, the early childhood system or initiative using the measure).

THIS COMPILATION CONSISTS OF METRICS COLLECTED AND REVIEWED FROM THE FOLLOWING SOURCES:

- Association of Maternal and Child Health Programs
- Build Initiative
- Child Trends, Thriving by Three
- Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network
- EC Linc Network
- FSG, Markers that Matter
- Health Resources and Services Administration
- Help Me Grow
- Institute of Healthcare Improvement
- Maternal, Infant, and Early Childhood Home Visiting
- National Center for Children in Poverty
- National League of Cities
- National Network for Oral Health Access
- Pritzker Children's Initiative
- Project LAUNCH
- Project Thrive, State Indicators
- Promise Neighborhoods
- Quality Improvement Center on Early Childhood, Indicators for Child Maltreatment Prevention
- Robert Wood Johnson Foundation, State of Obesity
- State of California, First 5 Ventura County Evaluation Report
- State of Colorado
- State of Florida, Palm Beach
- State of Kentucky, Early Childhood Profile Report
- State of Michigan, Kent County Metrics
- State of Mississippi, Indianola
- State of Mississippi, Promise Community Report
- State of North Carolina, Early Childhood Integrated Data System
- State of North Carolina, Smart Start
- State of Oregon
- State of Vermont, Lamoille Children's Integrated Services Scorecard
- State of Washington, Early Childhood Education and Assistance Program
- State of Washington, King County, Best Start for Kids
- State of Washington, State Department of Health, Office of Family and Community Health Improvement
- State of Washington, State of Children & Families
- State of Washington, World Class Education Goals
- Strive Together
- Title V Maternal and Child Health
- United Nations Educational, Scientific, and Cultural Organization
- ZERO TO THREE



PART 1

OBSERVATIONS AND
RECOMMENDATION

1. DOMAINS OF MEASUREMENT We have organized the measures reviewed into six domains. Three of these are well-known aspects of development: health, learning, and social and emotional development. A fourth includes cross-cutting measures, for example kindergarten readiness assessments, that include multiple developmental factors. The final two domains address the environments – family and community – in which children grow up.

Any set of early childhood measures ought at least to incorporate specific items addressing each of these aspects of development; without doing so the set is incomplete. Nevertheless, there is surely room for different frameworks, and we do not argue that ours is necessarily preferable to others. For example, it would be reasonable to combine learning and social and emotional growth in a single domain, as it's difficult to separate these two areas in young children. We chose to separate them in order to highlight the importance of social and emotional growth, and the relative paucity of measures that address it.

Another difference between our classification scheme and some others stems from our belief that, given the fundamental importance of a child's environment to development, any measurement set ought to include items relating to family and community well-being. We discuss this further in observation/recommendation six further along in this section.

- 2. CATEGORIES OF MEASURES** Within each domain, we have divided measures into two categories. One comprises measures of an aspect of well-being, for example whether a child was born at a healthy weight. The second category includes measures that are generally about access to and/or quality of services that are important within that domain, for example whether a child is covered by health insurance and has a medical home. These categories are similar, but not identical, to the common distinction between “outcome” and “process” measures.

It was challenging, within this scheme, to classify measures of parental attitudes, behaviors, and well-being, for example the frequency with which parents read to young children. These aren’t quite child outcomes, nor are they measures of access to or quality of services. Rather, they reflect essential elements of the parent-child relationship. To take the example just mentioned, we chose to view reading regularly not primarily as an input to learning, but rather as an indicator of a nurturing parent-child relationship that is likely to positively influence development across all domains, not just learning. Accordingly, we included measures relating to parents reading to children in the well-being category within the “Family Context” domain. Others might make a different choice, or even create an entire third category of measures focused on parents rather than children.

- 3. COMMON METRICS - UNIVERSAL** Reviewing numerous sets of measures, each developed by knowledgeable and thoughtful people, has reinforced our sense that there is no ideal, universal set of common measures to be found in early childhood. Even without addressing questions of data availability, which are significant, there are simply too many different concepts related to development to allow us to pick a set and argue that it is “right” under all circumstances. Moreover, when communities join together as a network pursuing a common goal, or when a funder develops a new initiative and recruits interested communities to take part, agreeing on common measures may be an important step. Such groups may well be interested in reviewing and adapting existing sets of measures, but in our experience they are unlikely to adopt measures without changing them.

- 4. COMMON METRICS - FOR NETWORKS AND INITIATIVES** Nevertheless, there is value to common measurement for those working together to pursue a common goal, for example participants in a national initiative that includes many communities. In particular, selecting a small, common core set of well-being measures, as the targets for such an initiative, makes good sense for a host of familiar reasons.

By contrast, however, measures relating to service availability and quality need to be broad and flexible enough to meet the needs of diverse places and initiatives. Different communities will need to do different things, because of their own strengths, challenges, and constraints, in order to make progress towards a common goal. The choice of what to measure, in terms of services and supports, ought to reflect these local priorities. In this category, it would be useful to develop a broader menu of options from which individual communities or initiative participants can choose the measures most relevant to their work.

- 5. LIMITATIONS OF QUANTITATIVE DATA** The measures examined for this project are by definition quantitative. They are very important – and they have reinforced our conviction that data of this kind, taken alone, cannot provide a complete picture of what is happening in an early childhood system. We strongly recommend that systems attend to qualitative data as well. Information about the experiences of families and front-line service providers can provide richness and depth to guide planning and quality improvement efforts, and ought to be an essential component of efforts to improve outcomes.

THE BROADER PICTURE: RECOMMENDATIONS TO PHILANTHROPIC LEADERS

- 6. COMMUNITY CONTEXT** In reviewing multiple data sets containing hundreds of individual measures, we were struck by the relative lack of attention to conditions of community well-being that have very large effects on child development. In keeping with our distinction between direct measures of well-being, and measures of access to and/or quality of services, we thought about this domain in two ways.

Under the “well-being” heading, we might have expected to find measures relating, for example, to community safety; aspects of the physical environment that support healthy development of young children; and the extent of social capital and the level of trust among neighbors in a community. However, there were only a handful of such measures, none of which appeared in more than one of the many measure sets we examined.

In terms of “access and quality,” we looked for efforts to measure the extent to which communities are building systems and enacting policies designed to support early childhood development. Here the picture is somewhat more promising: while no concept appears regularly, several occurred in three or four of the measure sets. Within the “Strong Early Childhood Systems” category, these included measures related to collaboration among providers and data-shar Within the “Policies Supporting Child Development” domain, they included measures related to the availability of child care subsidies.

Taken as a whole, these findings suggest to us a need for further exploration and consensus-building in this domain. Such efforts will have to take on at least two challenges. First, the concepts are difficult to measure, and in most instances cannot be measured at the community level through the use of existing administrative data sets such as public health or education records. Second, it may be that communities and/or initiatives have regarded these issues as being outside the purview of early childhood systems.

Nevertheless, it seems to us that no effort to understand the well-being of young children can be complete without attending to the community conditions that shape so much of their experience. Moreover, under-attending to community-level measures may have the unintended effect of focusing attention on individual challenges, to be met with programmatic solutions, as opposed to collective challenges that cannot be addressed with programs alone. Therefore, we believe that philanthropic leadership could play an important role in supporting the development and adoption of measures of community well-being relevant to early childhood.

7. EQUITY We also found, in these data sets, relatively little attention to equity – that is, to the disaggregation of data by race (and other socioeconomic factors), and to an understanding of the gap between the experience of those groups of children who are doing best and those with the least successful outcomes. Several of the measure sets mentioned the importance of disaggregation, and it is of course possible, even likely, that many of the initiatives and communities whose measures are included in our review are doing other important work to address equity. They may have other means of evaluating their progress. Here we can simply report that the datasets do not provide a substantial amount of information that could be used to understand either the size of the challenge or the direction of change.

Early childhood data is incomplete at best without such information. The partners in this work have discussed the possibility of creating what might be called an “equity index,” in which, whenever possible, each measure used by an initiative would have a companion equity measure, comparing the results for relevant subgroups. There are no doubt many other possibilities, and we think that this is another area in which philanthropic leadership could play an important role in driving positive change.

8. MEASURES OF OVERALL DEVELOPMENT FOR YOUNG

CHILDREN A growing number of early childhood measurement efforts include a measure of the percentage of children who are assessed as being “ready for kindergarten,” either shortly before or shortly after entry. Such measures typically review how the child is doing in several domains, and then produce an aggregate score that can be compared to a standard in order to deem the child “ready” or “not ready.” They have an obvious appeal, both because they condense so much information into a single data point and because they provide a baseline against which schools can measure gains as they attempt to achieve other goals, such as ensuring that children are reading on grade level by the end of third grade. Moreover, data can often be gathered for almost all of the young children in a community, permitting a population-level view of change over time.

By contrast, we do not yet have a similar measure for younger children. The handful of such measures we found tend to be either aspirational (that is, they hold a place within a measure set for a concept recognized as important, but which cannot yet reliably be measured) or limited to children enrolled in a specified program, but unavailable at the population level. As a result, early childhood data sets tend to be strongest at the ends of the age continuum – measuring a variety of health status factors at birth, and then taking a comprehensive look at development at age five – and far weaker in between. Developing a comprehensive measure of whether development is “on track” for children age 2 or 3, and identifying the institutional context in which it could be used for a large number of children, is another potential priority for foundations interested in advancing early childhood measurement.

- 9. THRIVING** Existing measures generally address whether a child meets a threshold representing or associated with age-appropriate development. Age-appropriate, in this context, means something akin to “adequate” – that is, a level at which there is not a concern that must be addressed. If every child in a community was doing adequately, these measures would show performance at 100percent, and that would indeed be an extraordinary accomplishment.

It would, however, remain well short of what most parents want for their own children. This can be expressed in a variety of ways, all of them hard to define precisely and even harder to measure – for example, that children thrive, or achieve their full potential. We lack measures that would help gauge this much higher level of aspiration. This is a concern not only for its own sake, but also with reference to equity: if some groups of children are flourishing, while others are just getting by at an adequate level, we ought to have measures that reveal this disparity. Developing measures of thriving that are feasible to use across a whole population of young children is surely a challenging undertaking, and it presents another opportunity for philanthropic leadership.

10. ADDITIONAL OPPORTUNITIES FOR COLLABORATION

In conducting this project, we were struck not only by how many sets of early childhood measures exist, but also by the range and extent of current activity on this subject. A relatively small amount of additional work would be needed to turn our metrics compilation and analysis into a public-facing document that might be of benefit to the field. More broadly, we think leading foundations active in early childhood might productively come together to review how they are using information about early childhood metrics and whether further coordination of their efforts would be useful.

Future joint activities could include, for example, building a menu of essential early childhood indicators; identifying the sources where data can be collected; and developing a systematic approach to using these data to measure early childhood system impact, drive change, improve systems, and ultimately better serve children and families. This process might begin by developing a short set of essential questions that bridge the domains of health, learning, and social and emotional development, and identifying the data elements needed to answer them. Such indicators would link selected child outcomes to important social goals such as healthy development, school readiness, and achieving equity. Despite our earlier caution that we think it unlikely that a single set of measures could be adopted universally across the early childhood field, we do believe that a consolidated menu of options, if developed jointly by major actors, would be an important step forward. We think the field would also benefit from a common commitment to a cultural change, away from using data to measure compliance and track change, and towards using data to drive change.

PART 2: SUMMARY TABLES

PART 2

SUMMARY TABLES

EACH OF THE TABLES below summarizes the measures associated with one of the six domains. The tables include all concepts that appear in three or more sets of indicators. Numbers in parentheses are the number of sets in which a measure appears. Sometimes an indicator set contains more than one measure related to the same concept. When this occurs, there is an asterisk next to the number, in order to indicate that the number of individual measures is greater than the number of sets containing the concept. Some of the tables are followed by explanatory notes and/or a brief list of additional concepts found in one or two sets of measures.

DOMAIN 1 OVERALL ASSESSMENT

OUTCOME CATEGORY

Age-Appropriate Development

SERVICES CATEGORY

Identifying and Addressing Needs

DOMAIN 4 SOCIAL AND EMOTIONAL DEVELOPMENT

OUTCOME CATEGORY

Age-Appropriate SEL Development

SERVICES CATEGORY

Access to and Quality of SEL Services

DOMAIN 2 HEALTH

OUTCOME CATEGORY

Health Status

SERVICES CATEGORY

Access to and Quality of Healthcare

DOMAIN 5 FAMILY CONTEXT

OUTCOME CATEGORY

Meeting Basic Needs

Nurturing Development

SERVICES CATEGORY

Access to and Quality of Parent Support Services

DOMAIN 3 LEARNING

OUTCOME CATEGORY

Age-Appropriate Learning

SERVICES CATEGORY

Access to and Quality of Early Childhood Education

DOMAIN 6 COMMUNITY CONTEXT

OUTCOME CATEGORY

Safe and Supportive Communities

SERVICES CATEGORY

Strong Early Childhood Systems

Policies Supporting Child Development

DOMAIN 1

OVERALL ASSESSMENT

This domain includes measures that address multiple aspects of functioning, typically including elements relevant to all of the next three domains (health, learning, and social/emotional development).

The well-being category contains summary measures of **AGE-APPROPRIATE DEVELOPMENT**.

The services category includes measures related to the **IDENTIFYING AND ADDRESSING NEEDS-CHILDREN**

CATEGORY	CONCEPT	NOTES
Age-Appropriate Development	1. Kindergarten Readiness (6)	While specific measurement tools vary, all of these measures attempt to assess the percent of children who are “ready” (or “not ready”) for kindergarten, across multiple domains (e.g. physical development, social-emotional development, cognitive development).
	2. Age-appropriate Functioning (6)	Similar to the kindergarten readiness measures, but geared either to a younger age (e.g., age 3) or throughout early childhood, rather than at the point of kindergarten entry. These measures appear to be either limited to children participating in specific programs, or to be aspirational (there is an intention to measure age-appropriate functioning for a whole population of young children but the means to do so are not yet available).
Identifying and Addressing Needs - Children	3. Developmental Screening (13)	Percent of children who are screened. Most measures refer generically to “routine developmental screening” or “developmental and mental health screenings”; a few specify EPSDT screening. Some specify screening including parental input or are based on reports of parent concerns rather than the results of a standardized screening instrument.
	4. Receipt of Services When Indicated (9)	Most of these measures are closely related to development screening, i.e., the denominator is the number of children for whom screening reveals a developmental concern and the numerator is the number of those children who actually receive services related to the concern. Some are calculated differently, e.g., the percent of eligible children receiving a given service.
	5. Referral for Services When Indicated (5)	As with “receipt of services,” most of these are also connected to measures of developmental screening, typically looking at the percent of children identified as having a concern who are referred to a service related to that concern.

DOMAIN 2

HEALTH

The well-being category in the health domain contains measures of **HEALTH STATUS**, including some child and family practices directly associated with health status, such as breastfeeding and regular exercise.

The services category includes measures of **ACCESS TO QUALITY HEALTHCARE**.

CATEGORY	CONCEPT	NOTES
Health Status	1. Healthy birth weight (9)	Percent births at healthy weight (2,500 g or more); some express this positively, some negatively (percent low birth weight), but content is the same
	2. Immunization (8)	Percent fully immunized. Measures vary as to the age(s) at which this is observed
	3. Pre-term Births (5)	Percent pre-term births (37 weeks or later)
	4. Maternal smoking (4)	Some count the number who quit, others the number who abstain; some count positively (did not smoke...), others negatively; populations for which the information is available vary
	5. Breastfeeding (4)	Measures vary as to the time at which this is observed (from “within first seven days after birth” to “at six months”)
	6. Healthy weight (4)	Healthy BMI.—Some expressed positively or negatively (obese or overweight). Measures vary as to the age at which this is observed and as to the population for which the information is available.
	7. Lead exposure (3)	percent with blood levels below threshold (10 micrograms/deciliter)
	8. Exercise (3)	Measures vary as to definition (amount per day vs. days per week exercising)
	9. Injury (3)	Primarily focused on emergency room visits for injuries
Access to and Quality of Healthcare	10. Prenatal care (12)	Generally, receipt of prenatal care by the end of the first trimester. Some speak more generally to “adequate” prenatal care or count number of prenatal visits.
	11. Health insurance (12)	Some express data positively, some negatively (percent without health insurance). Most count children, some count family as a whole. Age(s) at which this is observed vary, from “at birth” to all children under a given age.
	12. Medical home (9)	Most definitions speak to conditions under which children receive care, while a few are about whether they have been “assigned a medical home”.
	13. Oral healthcare (7)	Wide variety of definitions and sources of data, with “received dental care in the past twelve months” the most common definition
	14. Nutrition services (4)	Enrollment in WIC and/or specified local nutrition programs
	15. Well-Child Visit (4)	Percent of children attending well-child visits, or if they are on track with the well-child visit schedule

Additional concepts related to Health Status that appeared less than three times:

- Asthma incidence
- Interconception care
- Nutrition status (healthy diet)
- Oral health
- “Overall health”
- Planned pregnancy
- Maternal mortality
- Safe sleep
- Teen births

Additional concepts related to Access to and Quality of Healthcare that appeared less than three times:

- Enrollment in certain programs (sometimes based on child characteristics)
- Health services for children at risk
- Healthy Start prenatal care screening
- Hearing care
- Mental health services- child
- Patient experience
- Participation rates in specified programs
- Postpartum care
- Quality improvement
- Tobacco cessation services
- Vision care services
- Workforce development services related to healthcare

DOMAIN 3

LEARNING

The well-being category related to learning, intended to include measures of **AGE-APPROPRIATE LEARNING**, is empty; see the note below the table for further discussion.

The services category includes measures of **ACCESS TO AND QUALITY OF EARLY CARE AND EDUCATION**.

CATEGORY	CONCEPT	NOTES
Age-Appropriate Learning	NONE	See discussion below.
Access To and Quality of Early Care and Education	1. Participation in Early Childhood Education (11)	Measures vary by (a) whether they address the number of children enrolled, or the percent of children in a given age range, or (for Head Start) the percent of eligible children enrolled; (b) which ages are included; (c) whether they capture enrollment in any ECE program or only certain types of programs (center-based and/or accredited, or those achieving a given level in a quality rating system).
	2. Quality (9)	Percent achieving a given level of quality in a Quality Rating and Improvement System. Some measure by child (percent of children in programs at given quality level), some by programs (percent of programs achieving quality level). Measures also vary by what rating level is chosen as the cut-off for "quality." There are related measures, labeled "Quality Improvement" in the spreadsheet, that address improvement (typically percent of programs showing improvement) rather than measuring quality directly.
	3. Capacity (3)	The number of ECE slots available, as opposed to the number filled.
	4. Kindergarten Enrollment (3)	Measure the number or percent of children who enroll in full-day kindergarten.
	5. Workforce Development (3)	Number or percent of teachers with specified educational credentials, or participating in educational programs that will lead to additional credentials.

DOMAIN 3

DISCUSSION

AGE-APPROPRIATE LEARNING: As noted in the table, there were only a handful of measures of age-appropriate learning, none of which appeared more than once. This is primarily because we chose to include kindergarten readiness, the concept related to early learning that is most often measured, in the overall assessment domain (Domain 1) rather than here. We did so because kindergarten readiness measures typically also encompass health and social and emotional development. The measures included in the learning domain were related to learning only.

Additional concepts related to “Access and Quality of Early Care and Education” that appeared in fewer than three sets include:

- Accreditation
- Access to affordable care
- Cost of ECE
- Healthy and safety
- Inclusion (i.e. number of children enrolled with disabilities)
- Kindergarten attendance
- Quality improvement
- Transition reports between preschool and kindergarten
- Additional specified elements of ECE quality – e.g. features of the curriculum; space; teacher/child ratios; availability of play areas; work environment for staff; teamwork among staff
- Salary supplement for teachers
- The availability of mental health consultation in ECE settings
- The frequency with which children are expelled or suspended from ECE programs
- Parent support strategies
- Number of ECE programs

DOMAIN 4

SOCIAL AND EMOTIONAL DEVELOPMENT

The well-being category in this domain includes measures of children’s **AGE-APPROPRIATE SOCIAL AND EMOTIONAL DEVELOPMENT**.

The services category includes measures of **ACCESS TO AND QUALITY OF SOCIAL AND EMOTIONAL DEVELOPMENT (SEL) SERVICES**.

CATEGORY	CONCEPT	NOTES
Age-Appropriate Social - Emotional Development	1. Social-Emotional Skills (7)	Includes measures of children “on track” in this domain; those who “exhibit positive social behavior when interacting with their peers” and similar language; those whose parents report concern about their SEL development. Some measures address improvements in SEL skills rather than the level of those skills. Measures in this category appear to be limited to children participating in specified programs.
Access To and Quality of SEL Services	2. NONE	Only a handful of measures, with no individual measure appearing more than twice. Concepts include: <ul style="list-style-type: none"> • Screening for social-emotional issues • Referral to treatment of children with social-emotional concerns • Receipt of SEL services of those who are referred • ECE settings that attend to and promote social-emotional development • Child care and home settings promoting self-regulation

DISCUSSION

As discussed under Learning, above, social-emotional development may also be measured as part of Kindergarten Readiness assessments, which we have placed in Overall Assessment (Domain 1).

DOMAIN 5

FAMILY CONTEXT

The well-being category for this domain is divided in two, with one set of measuring addressing families' ability to **PROVIDE FOR THE BASIC NEEDS OF YOUNG CHILDREN (MEETING BASIC NEEDS)**, and another addressing **NURTURING PARENTAL BEHAVIORS (NURTURING DEVELOPMENT)**.

The services category includes measures of **ACCESS TO AND QUALITY OF SERVICES** designed to promote a positive family context, for example home visiting programs and parenting programs.

CATEGORY	CONCEPT	NOTES
Meeting Basic Needs	1. Income (9)	Measures vary by (a) whether they are counting families (percent of families with children that are poor) or children (percent of children who live in poor families) and (b) whether they are measuring poverty, "extreme poverty," or a broader definition incorporating near-poor families (e.g., "below 160 percent of the Federal poverty level").
	2. Housing (8)	Measures address stability of housing (some are framed negatively, and count homelessness) and/or cost of housing (e.g., percent of families paying more than 30 percent of income on housing).
Nurturing Development	3. Reading (13)	Measures vary by definition of frequency ("at least once a day," daily, "three or more days per week" or just "regularly").
	4. Child Maltreatment (11)	Measures vary by whether they count referrals to child protective services, or substantiated cases of abuse or neglect, or children currently served by a child protective services system. (One measure counts hospitalizations and emergency room visits related to maltreatment.) Most are framed negatively (number or percent of children maltreated), one is framed positively (children free of abuse or neglect).
	5. Positive Parenting (5)	Measures vary by (a) whether they address behaviors (e.g. "engaging in free play with children at home" or attitudes (e.g. "feel confident in their parenting skills"); (b) whether they are based on self-report or use of a formal assessment tool; (c) whether they are measuring increases in positive parenting or overall level of positive parenting.
	6. Knowledge of Child Development (4)	Measure self-reported parent knowledge of development, or knowledge /tracking of developmental milestones, or parents' "understanding of their role in their child's early education"
	7. Parent Mental Health (4)	Incidence of maternal depression or "poor mental health days" in the past month, as distinct from the measures of access to mental health services noted in the table under "Access to and Quality of Parent Support Services".
	8. Parent Stress (3)	Measures are based on parental self-report and all address reduction in stress rather than level of stress.

CATEGORY	CONCEPT	NOTES
Nurturing Development	9. Singing or Telling Stories to Children (3)	These measures are based on parent self-report; some specify doing these activities daily.
	10. Social Support (3)	Measures percent of parents reporting either “strong social support” or “improved social support”.
Access to and Quality of Parent Support Services	11. Mental Health Services for Parents (9)	Most of these measures address the frequency with which parents (almost always mothers, but sometimes not limited by gender) are screened for depression. A smaller number address whether parents with mental health needs are actually referred to or receive services.
	12. Access to Quality Home Visiting (6)	Measures count the number or percent of families participating in home visiting programs; one of the measures focuses on increasing these numbers rather than the numbers themselves.
	13. Screening of Family Needs (3)	Whether families (or a member of the family) has been screened for certain needs. i.e. discipline, intimate partner violence, conflict, parenting skills

DISCUSSION

Additional concepts related to Meeting Basic Needs that appeared in fewer than three sets include:

- Employment status
- Food security
- Parents completing high school

Additional concepts related to Nurturing Development that appeared in fewer than three sets include:

- Adverse childhood experiences
- Domestic violence
- Play
- Family resilience (based on parent responses to specified questions)
- Parent reports of talking regularly with children

Additional concepts related to Access to and Quality of Parent Support Services that appeared in fewer than three sets include:

- Access to and quality of parent services (general, with no specific service named)
- Participation in literacy programs (e.g. Imagination Library, Raising a Reader)
- Access to parenting programs
- Access to emergency supports
- Promoting knowledge of child development
- Food security
- Receipt of parent-oriented services when indicated
- Referral for parent-oriented services when indicated

DOMAIN 6

COMMUNITY CONTEXT

The well-being category for this domain includes **MEASURES OF COMMUNITY CHARACTERISTICS (SAFE AND SUPPORTIVE COMMUNITIES)** (for example, economic conditions, community safety, and social capital) that affect child development.

The two categories related to services. The first includes **MEASURES RELATING TO EARLY CHILDHOOD SYSTEMS (STRONG EARLY CHILDHOOD SYSTEMS)** – efforts to coordinate activities across multiple service sectors, such as early childhood education, health, and family supports.

The second includes **MEASURES RELATED TO PUBLIC POLICIES (POLICIES SUPPORTING CHILD DEVELOPMENT)** that support young children and their families.

CATEGORY	CONCEPT	NOTES
Safe and Supportive Communities	1. Affordable Child Care (3)	A varied group of measures touching on the extent to which the cost of child care places a burden on households. See also “Child care subsidy” under “Policies Supporting Child Development,” below.
	2. Safety (3)	Feelings of safety in neighborhood, community, or school as assessed formally or informally with parents and children
Strong Early Childhood Systems	3. Collaboration (5)	Measures that attempt to gauge the extent to which service providers collaborate with one another, incorporating a wide range of concepts, from coordination on individual cases to participation in system-wide planning activities.
	4. Capacity Building (3)	Measures related to efforts by an early childhood system to help organizations and providers improve their skills and knowledge.
	5. Data (3)	Measures examining whether communities share data across systems, for service coordination at the case level and/or for planning and evaluation at the system level.
	6. Workforce Development (3)	Measures related to opportunities for workers (most often in early care and education) to advance their skills and acquire professional credentials.
Policies Supporting Child Development	7. Subsidy Assistance (6)	The availability and utilization of subsidies to make child care affordable for families below specified income levels.

DISCUSSION

There is a great deal of dispersion in this domain, with many concepts appearing in only one or two data sets. Moreover, as noted in the comments above, even the concepts that appear more frequently are relatively broad (e.g. “Collaboration”); and what is actually measured can vary quite a bit across data sets; and some of the measures are still in development.

Additional concepts related to Safe and Supportive Communities that appear in fewer than three sets include:

- Employment rates
- Accessibility of programs, initiatives, and supports
- Children needing emergency housing

Additional concepts related to Strong Early Childhood Systems that appear in fewer than three sets include:

- Evaluation of varying characteristics of the early childhood system
- Foster care system performance (outcomes, placement stability)
- Screening and referral
- Comprehensive assessment of family strengths and needs
- Family engagement
- Governance
- Screening and referral
- Services for children at risk

Additional concepts related to Policies Supporting Child Development that appear in fewer than three sets include:

- Funding (or “stable funding”) of services and supports for young children and their families
- Medicaid eligible services (the extent to which a state’s Medicaid plan incorporates specified services and supports)
- Policy change (with the specific policies to be changed specified by each locality)
- Living wage
- Paid leave

PART 3: METHODOLOGY



PART 3

METHODOLOGY

THIS COMPILATION OF EARLY CHILDHOOD METRICS is the result of a scan of existing metrics to better understand the national, state and community-specific metrics now in use. While this mapping does not include all existing early childhood metrics, it represents the types of metrics being used across the nation, whether in national initiatives or in states and communities. Since metrics are consistently being created and updated, a list of this type could never be considered fully complete.

The mapping reviewed 39 sets of measures. Of these, 18 were from national initiatives such as Child Trends, Thriving by Three, and Build Initiative; 16 were from states (North Carolina Smart Start, and the Early Childhood Profile Report from Kentucky); and one was international (Measuring Early Learning Quality and Outcomes from UNESCO, UNICEF, Brookings Institution and the World Bank, 2017). National metrics reviewed and included were based on major early childhood initiatives involving multiple sites, as well as broader initiatives that have an important early childhood component. State metrics reviewed and included were based on collected measures from a group of recommended states doing thoughtful work on early childhood measurement.

The compilation contains an analysis of the early childhood metrics currently being used across the early childhood field. Each network had different, but similar domains used to group program specific metrics. For this project, these existing domains were adapted to accommodate the collective body of more than 500 metrics reviewed. These domains include:

-  HEALTH
-  LEARNING
-  SOCIAL AND EMOTIONAL DEVELOPMENT
-  OVERALL ASSESSMENTS
-  FAMILY CONTEXT
-  COMMUNITY CONTEXT

Each domain contains an analysis of existing metrics including a summary of measures by domain, category and concept. The charts display all concepts that appear in three or more sets of indicators. Numbers in parentheses are the number of sets in which a measure appears. Following each chart, additional concepts related to each domain appearing less than three times appear, as well as any information which should be considered when developing core metrics in the specific domain. The list of collected metrics can be found in Section Three of this report

Significant variation in the level of specificity of metrics should be noted. Some metrics are clearly defined with a numerator and denominator, while others combine multiple concepts in a single measure. Moreover, the presence of a measure in a data set should not be presumed to indicate that there is a currently available, reliable data source allowing that measure to be tracked over time.

Broad dissemination of this compilation can begin to build consensus and discussion around the domains that would guide both the development of common metrics and the development of strategies and promising solutions for using metrics to drive change.

DETAILED LIST OF METRICS

OVERALL ASSESSMENT - AGE-APPROPRIATE DEVELOPMENT		
CONCEPT	INDICATOR	SOURCE
Age Appropriate Functioning	The proportion of children birth through age three who are achieving 5-domain developmental health as demonstrated by standardized parent-completed developmental-behavioral screening results. This indicator is reported out by the following: A1-a. Age A1-b. Race/Ethnicity A1-c. Poverty Status A1-d. Sex/Gender	ECCS Pritzker Children's Initiative Subcommittee State- MI-Kent County Metrics
	Number and percent of 3-year-olds and children in kindergarten who demonstrate at the beginning of the program or school year age-appropriate functioning across multiple domains of early learning as determined using developmentally appropriate early learning measures	Promise Neighborhood
	Developmentally on-track at age 3	Thriving by Three-Child Trends
	Flourishing at age 3	Thriving by Three-Child Trends
	Percent Children age 4 months-5 years determined to be at moderate or high risk for developmental or behavioral problems	Zero to Three
Growth in Development	Percentage of Children that made Progress in each area of Development: Social-Emotional Development, Physical Development, Language Development, Cognitive Development, Literacy, Mathematics Development	State-WA-ECEAP Outcomes
	Average growth in GOLD scale scores across developmental domains	State-WA-ECEAP Outcomes
Kindergarten Readiness	Number/percent of children considered school ready as measured by an evidence-based tool	Community-First 5 Ventura County Eval Report
	Percentage of children in Vermont ready for school according to the Vermont Kindergarten Readiness Survey	Community-Lamoille Family Center Scorecard
	Percentage of children assessed as ready for kindergarten	EC-LINC
	Percent of children with detected developmental delays at kindergarten entry	FSG-Markers that Matter
	Children with undetected developmental delays or chronic health problems at kindergarten entrance	Project Thrive-State Indicators
	Children ready in all five domains of development as measured by kindergarten surveys/assessments	Project Thrive-State Indicators
	Percent of children w/ IEPs who were functioning within age expectations at the end of preschool	State-WA-State of Children & Families
	Kindergarteners meeting or exceeding standards by area of development at fall 2016: Social-Emotional Standards Physical Standards Language Standards Cognitive Standards Literacy Standards Math Standards	State-WA-State of Children & Families
	Children in NW Region Ready in All Six Areas by Race, Ethnicity & Special Population	State-WA-State of Children & Families
	Percent of incoming kindergarteners READY in all 6 areas of development, fall 2016	State-WA-State of Children & Families
	Percent of incoming kindergarteners NOT ready in any area of development, fall 2016	State-WA-State of Children & Families

OVERALL ASSESSMENT - IDENTIFYING AND ASSESSING NEEDS-CHILDREN		
CONCEPT	INDICATOR	SOURCE
Developmental Screening	Child has been evaluated for developmental delays and learning disabilities	Child Trends- Indicator for child maltreatment prevention programs
	percent infants/toddlers at moderate/high risk for delay, as identified by parents	Child Trends/ ZTT- Draft List of Infant/Toddler Indicators
	Screening: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year	Child Trends/ ZTT- Draft List of Infant/Toddler Indicators
	Number/percent of children who receive developmental screenings and follow up	Community-First 5 Ventura County Eval Report
	"Percentage of Children at Each Stage in Developmental Screening Process by: Ethnicity and Income	Community-First 5 Ventura County Eval Report
	The percentage of infants who receive the Healthy Start Infant Risk Screen (as a percentage of the total infant population)	Community-Palm Beach
	The percentage of infants that are identified with a potential risk on the infant risk screen	Community-Palm Beach
	Percentage of children with developmental needs at age six whose developmental issue was identified by age four	EC-LINC
	Percentage of young children that have received a standardized developmental screening [definition needs to include a selected interval]	EC-LINC
	D1-1: Proportion of children who receive a "routine" developmental-behavioral screen using a parent-completed, valid and reliable screening tool	ECCS
	D2-3: Proportion of parents or other primary caregivers asked if they have any concerns regarding their child's development, behavior, or learning	ECCS
	Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool	Federal Government: MIECHV
	Percent of home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning	Federal Government: MIECHV
	Increased percent of children receiving developmental screening and referrals	Pritzker Children's Initiative Subcommittee
	Percent of children receiving developmental screening	Project Thrive-State Indicators
	Children under 6 receiving developmental and mental health screenings	Project Thrive-State Indicators
	Percent of toddlers (ages 13 to 36 months) who receive at least one EPSDT periodic screen in a year	Project Thrive-State Indicators
	Percentage of parents asked by a healthcare provider to fill out a questionnaire about development, communication, or social behavior	State-CO
	Developmental concerns	Thriving by Three-Child Trends
	Percent of children receiving developmental screening	Thriving by Three-Child Trends
	Children receive recommended health and developmental screenings	WA-King County-Best Starts for Kids
	Percent Infants on Medicaid that receive at least one EPSDT screening	Zero to Three
Percent Children under age 6 who receive developmental screening	Zero to Three	

OVERALL ASSESSMENT - IDENTIFYING AND ASSESSING NEEDS-CHILDREN		
CONCEPT	INDICATOR	SOURCE
Receipt of Services When Indicated	Number and percent of eligible children in early intervention programs	Child Trends- Indicator for child maltreatment prevention programs
	Infants/toddlers receiving Part C (Early Intervention) services	Child Trends/ ZTT- Draft List of Infant/ Toddler Indicators
	Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner	Federal Government: MIECHV
	Increases in percent of children who have received the appropriate services identified by screening	Pritzker Children's Initiative Subcommittee
	Children birth to 3 years who receive Part C Early Intervention Services	Project Thrive-State Indicators
	Children with developmental delays, ages birth-3, served by Early Services for Infants & Toddlers (ESIT)	State-WA-State of Children & Families
	Percent of those identified by screening as needing services who receive those services	Thriving by Three-Child Trends
	Children receive recommended developmental services	WA-King County-Best Starts for Kids
	Percent Infants and toddlers who receive Part C Early Intervention services	Zero to Three
Referral for Services When Indicated	The percentage of clients that are referred and enroll in a Healthy Beginnings Program	Community-Palm Beach
	The number of new referrals to the Healthy Beginnings System	Community-Palm Beach
	Percentage of young children with identified concerns connected to services	EC-LINC
	D1-2: Proportion of children that did not meet expectations in one or more domains and were scheduled for follow-up	ECCS
	State-MI-Kent County-Metrics	Pritzker Children's Initiative Subcommittee
	Number of enrolled children with developmental concerns referred for treatment	State-MI-Kent County-Metrics
	Number of enrolled children with developmental concerns with confirmed referral to services	

HEALTH DOMAIN - HEALTH STATUS		
CONCEPT	INDICATOR	SOURCE
Asthma	Percentage of children 0-5 hospitalized due to asthma	EC-LINC
	Children hospitalized for asthma (ICD-9 Codes: 493.0-493.9) per 100,000 children less than five years of age	Project Thrive-State Indicators
Birth at Term	Percentage of babies born pre-term (i.e., before 37 weeks)	Community-Palm Beach
Breastfeeding	Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age	Federal Government: MIECHV
	Mothers who breastfeed their infants at 6 months of age	Project Thrive-State Indicators
	Number of mothers initiating breastfeeding within first 7 days after birth	State-MI-Kent County-Metrics
	Babies who are breastfed	WA-King County-Best Starts for Kids
Exercise	Number/percent of parents reporting regular physical activity and healthy eating for their children	Community-First 5 Ventura County Eval Report
	Number and percent of children who participate in at least 60 minutes of moderate to vigorous physical activity daily	Promise Neighborhood
	Percent of school-age children participated in vigorous physical activity for four or more days per week	State-CO
Healthy Birth Weight	Percent of births with low birth weight (<5.5 pounds)	Child Trends/ ZTT- Draft List of Infant/ Toddler Indicators
	Percentage of babies born below 2,500 grams or 5.5 pounds	EC-LINC
	Percent of infants born weighing more than 5.5 pounds	FSG-Markers that Matter
	Reduced incidence of low birth weights	Pritzker Children's Initiative Subcommittee
	Low birth weight births (under 2,500 grams or 5.5 pounds).	Project Thrive-State Indicators
	Percent of babies were born with a low birth weight (less than 5 pounds, 9 ounces)	State-CO
	Increase the rate of babies born in Kent County at a healthy birth weight (2,500 grams or more)	State-MI-Kent County-Metrics
	Objective Measure: decrease the rate of babies born in Kent County below a healthy birth weight (2,500 grams or more) from 78.7 (per 1,000 live births) to 74.8 (per 1,000 live births)	State-MI-Kent County-Metrics
	Incidence of low birth weight	Thriving by Three-Child Trends
Percent Babies with low birth weight	Zero to Three	
Healthy Weight	Percentage of children who are overweight or obese	EC-LINC
	Children ages 2 to 5 receiving WIC services with a BMI at or above the 85th percentile	Project Thrive-State Indicators
	Percent of children were obese	State-CO
	Healthy BMI at age three	Thriving by Three-Child Trends
Immunization	Children with vaccinations up to date	Child Trends- Indicator for child maltreatment prevention programs
	Percent receiving the recommended doses of DTaP, polio, MMR, Hib, HepB, varicella and PCV vaccines by age 19-35 months	Child Trends/ ZTT- Draft List of Infant/ Toddler Indicators
	Percent of children ages 19-35 months who have been fully immunized	FSG-Markers that Matter
	Percent of preschool-age children received all recommended doses of six key vaccines	State-CO

HEALTH DOMAIN - HEALTH STATUS		
CONCEPT	INDICATOR	SOURCE
Immunization	Immunization rates	State-MI-Kent County-Metrics
	Behind on immunizations at enrollment and exit	State-WA-ECEAP Outcomes
	Percent 2 year-olds fully immunized	Zero to Three
	Young children (ages 19-36 months) who complete the basic series of age appropriate immunizations against measles, mumps, rubella, polio, diphtheria, tetanus, pertussis, haemophilus influenza, and hepatitis B (series 4-3-1-3-3)	Project Thrive-State Indicators
Infant Mortality	State Infant Mortality Rate	State-CO
	Infant mortality rate	Child Trends/ ZTT- Draft List of Infant/ Toddler Indicators
Injury	Emergency room visits for injuries	Child Trends- Indicator for child maltreatment prevention programs
	Rate of injury-related visits to the Emergency Department (ED) since enrollment among children enrolled in home visiting	Federal Government: MIECHV
	Reduced incidence of child injuries, death and health issues	Pritzker Children's Initiative Subcommittee
Interconception care	Number of women who have pregnancies within less than 18 months of previous pregnancy	State-MI-Kent County-Metrics
Lead Exposure	Percent of children with blood lead levels at or below 10 micrograms per deciliter	FSG-Markers that Matter
	Children under age 6 with blood lead levels at or above 10 micrograms per deciliter	Project Thrive-State Indicators
	Objective Measure: By September 20, 2018, increase the number of high risk (defined as living in high risk zip codes within the City of Grand Rapids) children under three years of age tested for positive lead (BLL \geq 5.0 ud/dL) from 43percent to 50percent	State-MI-Kent County-Metrics
	Lead poisoning rates	State-MI-Kent County-Metrics
Maternal Mortality	Maternal mortality ratio (pregnancy-related deaths per 100,000 live births)	Child Trends/ ZTT- Draft List of Infant/ Toddler Indicators
	Percentage of women enrolled in WIC who quit smoking during pregnancy	Community-Lamoille Family Center Scorecard
	Reduced incidence of prenatal exposure to drugs/ alcohol/ smoking	Pritzker Children's Initiative Subcommittee
	Percent of women abstained from cigarette smoking during the last three months of pregnancy	State-CO
	Number of expecting mothers who smoke during pregnancy	State-MI-Kent County-Metrics
	Number of women who quit smoking during pregnancy completely (did not smoke until after birth)	State-MI-Kent County-Metrics
Nutrition	Numbers and percent of children who consume five or more servings of fruits and vegetables daily	Promise Neighborhood
	Number and percent who reported using less sugar	Promise Neighborhood-Berea
Oral Health	Percentage of children who demonstrate improved oral health	Promise Neighborhood-Berea
Overall Health	Overall child health rating by caregiver is "very good" or "excellent"	Child Trends- Indicator for child maltreatment prevention programs
	Percent of children with chronic health problems at kindergarten entry	FSG-Markers that Matter

HEALTH DOMAIN - HEALTH STATUS

CONCEPT	INDICATOR	SOURCE
Planned Pregnancy	Objective Measure: By September 30, 2018, Healthy Kent Infant Health Implementation Team will decrease unintended pregnancies from 46.6percent to 40percent among African American Women	State-MI-Kent County-Metrics
Pre-term Births	Percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born pre-term following program enrollment	Federal Government: MIECHV
	Reduced incidence of pre-term births	Pritzker Children's Initiative Subcommittee
	Incidence of pre-term birth	Thriving by Three-Child Trends
	Percent Babies born pre-term	Zero to Three
Safe Sleep	Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing or soft bedding	Federal Government: MIECHV
Teen Births	Births to teenage girls 15-19 years old	State-KY-2017 Early Childhood Profile Report
	Teen birth rate (15-17 years) per 1000	State-WA-State of Children & Families
	Teen pregnancy (15-19 years)	State-WA-State of Children & Families

HEALTH DOMAIN - ACCESS TO AND QUALITY OF HEALTHCARE

CONCEPT	INDICATOR	SOURCE
Exercise	Number of children that participated in Shape NC initiatives	State-NC-Smart Start
Health Insurance	Health insurance coverage (particularly among those children who are eligible for S-CHIP or Medicaid programs)	Child Trends- Indicator for child maltreatment prevention programs
	Percent under age 3 low-income and uninsured (low-income category includes "poor" subgroup)	Child Trends/ ZTT- Draft List of Infant/ Toddler Indicators
	Number/percent children who are enrolled in health insurance	Community-First 5 Ventura County Eval Report
	Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months	Federal Government: MIECHV
	Percent of children with health insurance	FSG-Markers that Matter
	Percent of families who have health insurance	Project Thrive-State Indicators
	Children under age 6 without health insurance.	Project Thrive-State Indicators
	Percent of children were not covered by private or public health insurance	State-CO
	Children with health insurance	State-MI-Kent County-Metrics
	No medical coverage at enrollment and exit	State-WA-ECEAP Outcomes
	Percent of births that qualified for Medicaid assistance	State-WA-State of Children & Families
	Percent of families who have health insurance	Thriving by Three-Child Trends
	Percent Children under age 6 without health insurance	Zero to Three
Percent Births covered by Medicaid	Zero to Three	
Health Services for Children at Risk	Number of child care facilities that received child care health consultation (CCHC) services funded by Smart Start	State-NC-Smart Start
Healthy Birth Weight	Number of babies born with low birth weight enrolled (Live birth weighing less than 2,500 grams)	State-MI-Kent County-Metrics

HEALTH DOMAIN - ACCESS TO AND QUALITY OF HEALTHCARE		
CONCEPT	INDICATOR	SOURCE
Healthy Start Prenatal Care Screening	The percentage of women who receive the Healthy Start Prenatal Risk Screen (as a percentage of the total prenatal population)	Community-Palm Beach
Hearing Care	Received hearing care as a result of ECEAP screening	State-WA-ECEAP Outcomes
Medical Home	Stable medical provider (person or place)	Child Trends- Indicator for child maltreatment prevention programs
	Number/percent of children who have and use a regular place for medical care	Community-First 5 Ventura County Eval Report
	Percent of children who receive coordinated, ongoing, comprehensive care within a medical home	FSG-Markers that Matter
	Children under age 6 with medical homes	Project Thrive-State Indicators
	Children with special healthcare needs age birth to 6 who receive coordinated, ongoing, comprehensive care within a medical home	Project Thrive-State Indicators
	Number and percent of children birth to kindergarten entry who have a place where they usually go, other than an emergency room, when they are sick or in need of advice about their health	Promise Neighborhood
	Percent of children had a medical home that is accessible, continuous, comprehensive, family-centered, coordinated and compassionate	State-CO
	Number of mothers who state they have been assigned a medical home for ongoing primary care.	State-MI-Kent County-Metrics
	Number of children who have been assigned a medical home for ongoing primary care	State-MI-Kent County-Metrics
	No Medical Home at enrollment and exit	State-WA-ECEAP Outcomes
	Percent of families with a medical home	Thriving by Three-Child Trends
Mental Health Services-Children	Children receive needed mental and behavioral health services	WA-King County-Best Starts for Kids
Nutrition Services	Children receiving WIC	State-KY-2017 Early Childhood Profile Report
	Number of children receiving healthier food options and more physical activity in child care as part of the evidence-based Nutrition and Physical Activity Self Assessment for Child Care (NAP SACC) program	State-NC-Smart Start
	Families served by Women Infants & Children (WIC) supplemental nutrition	State-WA-State of Children & Families
	Children participating in the Basic Food Program	State-WA-State of Children & Families
	Percent of eligible families participating in WIC	Thriving by Three-Child Trends

HEALTH DOMAIN - ACCESS TO AND QUALITY OF HEALTHCARE		
CONCEPT	INDICATOR	SOURCE
Oral Health	Yearly dental care for pre-school-age children	Child Trends- Indicator for child maltreatment prevention programs
	Number/percent of children who have and utilize a regular place for oral healthcare	Community-First 5 Ventura County Eval Report
	Children ages 2-6 years receiving dental care in the last 12 months	Project Thrive-State Indicators
	Number and percent of participants who completed follow up with dentist	Promise Neighborhood-Berea
	Percent of children received all the routine dental preventive care needed in the past 12 months	State-CO
	Number of children who had a dental appointment in the last 12 months	State-MI-Kent County-Metrics
	No dental home at enrollment and exit	State-WA-ECEAP Outcomes
	Behind on dental care at enrollment and exit	State-WA-ECEAP Outcomes
	No dental coverage at enrollment and exit	State-WA-ECEAP Outcomes
Patient Experience	D2-1: Proportion of families leaving provider interaction satisfied with communication with their child's provider	ECCS
Postpartum Care	Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery	Federal Government: MIECHV
Pre-term Enrollement	Numbers of babies born preterm enrolled (infant born prior to 37 completed weeks of gestation)	State-MI-Kent County-Metrics
Prenatal Care	Percent women receiving late/no prenatal care	Child Trends/ ZTT- Draft List of Infant/ Toddler Indicators
	Percentage of women who received early prenatal care (first trimester)	Community-Lamoille Family Center Scorecard
	Capacity/Attrition in Healthy Beginnings Programs	Community-Palm Beach
	Percentage of pregnant women receiving early prenatal care	EC-LINC
	Percent of births to women who receive late or no prenatal care	FSG-Markers that Matter
	Increased percent of pregnant women who receive timely prenatal care	Pritzker Children's Initiative Subcommittee
	Infants born to mothers receiving late or no prenatal care.	Project Thrive-State Indicators
	Percent of women received initial prenatal care later than the first trimester or none at all	State-CO
	Number of mothers who engage in early prenatal healthcare (check-ups within the first trimester)	State-MI-Kent County-Metrics
	Number of women enrolled in your HV program prenatally	State-MI-Kent County-Metrics
	Of women enrolled prenatally, average number prenatal visits received by program	State-MI-Kent County-Metrics
	Number of women enrolled in HV services during pregnancy who received adequate prenatal care	State-MI-Kent County-Metrics
	Mothers receiving prenatal care in the first trimester	State-WA-State of Children & Families
	Percent of pregnant women who receive timely prenatal care	Thriving by Three-Child Trends
	Pregnant women receive recommended prenatal care	WA-King County-Best Starts for Kids
Percent Babies born to mothers receiving early prenatal care	Zero to Three	

HEALTH DOMAIN - ACCESS TO AND QUALITY OF HEALTHCARE		
CONCEPT	INDICATOR	SOURCE
Quality Improvement	The increase in percentage of health and nutrition best practices implemented by MELCs (Shape NC)	State-NC-Smart Start
Screening	Number of medical practices and physicians participating in Universal Screening approach	State-NC-Smart Start
Special Needs	Number of children with special needs or at-risk for developmental delay that received Smart Start health-related enhanced services	State-NC-Smart Start
Tobacco Cessation	Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment	Federal Government: MIECHV
Vision Care	Received vision care as a result of ECEAP screening	State-WA-ECEAP Outcomes
Well Child Visit	Well-child visits: percent parents of infants & toddlers who report they had one in the past 12 months	Child Trends/ ZTT- Draft List of Infant/ Toddler Indicators
	Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule	Federal Government: MIECHV
	Percent of children who are up to date within the program with infant visits	State-MI-Kent County-Metrics
	Behind on well-child exams at enrollment and exit	State-WA-ECEAP Outcomes
Workforce Development	Number of center staff that attended trainings conducted by CCHC	State-NC-Smart Start

LEARNING DOMAIN - AGE APPROPRIATE LEARNING		
CONCEPT	INDICATOR	SOURCE
Engagement	Percent of children who actively engage in learning activities	FSG-Markers that Matter
Language	Percent of children who use an expanding vocabulary, speak clearly, and use conventional grammar	FSG-Markers that Matter
Letters and Sounds	Percent of children recognizing the relationships between letters and sounds at kindergarten entry	FSG-Markers that Matter
Numbers	Percent of children at kindergarten entry who can count beyond 10, sequence patterns, and use nonstandard units of length to compare numbers	FSG-Markers that Matter
Reading	Improvements in reading for children and parents participating in Reach Out and Read (ROR)	State-NC-Smart Start
Shapes	Percent of children recognizing basic shapes at kindergarten entry	FSG-Markers that Matter
Social	Percentage of children who demonstrate knowledge about self, including racial identity, social class, self-perceived abilities, and culture	FSG-Markers that Matter

LEARNING DOMAIN - ACCESS TO AND QUALITY OF ECE		
CONCEPT	INDICATOR	SOURCE
Access	Access to affordable care in settings meeting recommended guidelines for: -caregiver: child ratios, -caregiver competencies, -developmentally appropriate activities and curriculum -health and safety provisions, and -linkages to child and family supports and resources	Pritzker Children's Initiative Subcommittee
Accreditation	Family child care homes accredited by the National Association for Family and Child Care (NAFCC).	Project Thrive State Indicator
Capacity	Percentage and number of licensed child care slots compared to the overall population of 0-5-year-olds in the state	State-CO
	Number Licensed and certified child care capacity	State-KY-2017 Early Childhood Profile Report
	Number of spaces available in Early Head Start, including migrant and tribal	State-WA-State of Children & Families
	Number of spaces for 3 & 4 yr olds in state & federally funded preschool (ECEAP & Head Start)	State-WA-State of Children & Families
	Number of spaces available for children in licensed child care and education programs - centers and family homes	State-WA-State of Children & Families
Cost of ECE	Cost of infant child care as percent of median income for single mom	Child Trends/ ZTT- Draft List of Infant/Toddler Indicators

LEARNING DOMAIN - ACCESS TO AND QUALITY OF ECE		
CONCEPT	INDICATOR	SOURCE
Curriculum of ECE	Percent of care and education settings with teaching staff who help children follow a predictable but flexible daily routine by providing time and support for transitions	FSG-Markers that Matter
	Percent of care and education settings that have varied opportunities for children to read books in an engaging manner in group or individualized settings at least twice a day in full day programs	FSG-Markers that Matter
	Percent of care and education settings that provide varied opportunities and materials to build an understanding of numbers, number names, and their relationship to object quantities and symbols	FSG-Markers that Matter
	Percent of care and education settings with age- and developmentally appropriate materials and equipment indoors and outdoors for children throughout the day	FSG-Markers that Matter
	Percent of care and education settings implementing validated effective curricula for social skills development	FSG-Markers that Matter
Curriculum of ECE	Percent of care and education settings where teaching staff interact with children to assess their strengths and needs to inform curriculum development and individualize teaching	FSG-Markers that Matter
Health and Safety	Percent of care and education settings with at least one staff member who has a certificate showing satisfactory completion of pediatric first-aid training	FSG-Markers that Matter
Inclusion	Of those children enrolled in preschool, number 3- and 4-year-olds with disabilities	State-KY-2017 Early Childhood Profile Report
	Of those enrolled in Head Start, number 3- and 4-year-olds with disabilities	State-KY-2017 Early Childhood Profile Report
Kindergarten Attendance	K-3 Attendance, Students attend more than 90percent of possible school days As measured by the Michigan Department of Education	State-MI-Kent County-Metrics
Kindergarten Enrollment	Percentage of children accessing full-day Kindergarten	State-CO
	Kindergarten enrollment	State-KY-2017 Early Childhood Profile Report
	Kindergarten enrollment, public schools	State-WA-State of Children & Families
	Increase percentage of children enrolled in state-funded full-day kindergarten	State-WA-World Class Education Goals
Language Rich Environments	Increases in children who experience language rich environments that stimulate their learning and engagement	Pritzker Children's Initiative Subcommittee
Mental Health Consultation in ECE	Percent of care and education settings that have access to mental health consultation	FSG-Markers that Matter
	Child care centers that have access to ongoing health or mental health consultation	Project Thrive-State Indicators
Number of ECE	Number of licensed child care and education programs – centers and family homes	State-WA-State of Children & Families
Parent Support	Percent of care and education settings that have multiple strategies to involve and support parents	FSG-Markers that Matter

LEARNING DOMAIN - ACCESS TO AND QUALITY OF ECE		
CONCEPT	INDICATOR	SOURCE
Participation in ECE	Attendance at an accredited nursery school, pre-K, or Head Start program	Child Trends- Indicator for child maltreatment prevention programs
	percent infants/toddlers eligible for EHS who are participating	Child Trends/ ZTT- Draft List of Infant/Toddler Indicators
	Percent of children in CCDF-funded care who are 0-3	Child Trends/ ZTT- Draft List of Infant/Toddler Indicators
	Percent of 3-to-4 year olds enrolled in a center-based early childhood care and education program	FSG-Markers that Matter
	Children ages 3 to 5 enrolled in early childhood Part B Preschools special education programs	Project Thrive-State Indicators
	Children attending early care and education centers with high quality ratings	Project Thrive-State Indicators
	Children ages 3 and 4 years enrolled in a center-based early childhood care and education program (including child care centers, nursery schools, preschool programs, Head Start programs, and pre-kindergarten programs)	Project Thrive-State Indicators
	Number and percent of children from birth to kindergarten entry participating in center- based or formal home-based early learning settings or programs, which may include Early Head Start, Head Start, child care or preschool	Promise Neighborhood
	Estimated number and percentage of 4-year olds eligible for Colorado Preschool Program or Head Start who were actually enrolled in either program	State-CO
	Head Start enrollment	State-KY-2017 Early Childhood Profile Report
	Preschool enrollment	State-KY-2017 Early Childhood Profile Report
	Increase in the percentage of children in 4 and 5 star programs	State-NC-Smart Start
	1.1.a: Increase state-funded preschool enrollment slots to serve 100percent of eligible children whose families choose to enroll	State-WA-World Class Education Goals
	Percent of eligible families receiving Early Head Start	Thriving by Three-Child Trends
	Percent Infants, toddlers, and pregnant women who participate in EHS	Zero to Three
Physical Activity	Developmentally appropriate schedules that include regular physical activity	Child Trends- Indicator for child maltreatment prevention programs

LEARNING DOMAIN - ACCESS TO AND QUALITY OF ECE		
CONCEPT	INDICATOR	SOURCE
Play Areas in ECE	Percent of care and education settings that have an outdoor play area that is protected by fences or by natural barriers to prevent access to streets and to avoid other dangers, such as pits, water hazards, or wells	FSG-Markers that Matter
Quality	Percentage of early childhood education programs that are high quality	EC-LINC
	Child care centers accredited by the National Association for the Education of Young Children (NAEYC)	Project Thrive-State Indicators
	Number and percent classrooms with increased scores in The Early Childhood Environment Rating Scale	Promise Neighborhood-Berea
	Percentage and number of licensed child care centers and preschools attaining a level 3-5 rating under Colorado Shines QRIS system	State-CO
	Outcomes in Emotional Support, Classroom Organization, and Instructional Support based on the Classroom Assessment Scoring System (CLASS) for child care centers that participate in programs to improve teacher-child interactions	State-NC-Smart Start
	Number of all child care programs (one- to five-star) receiving support to improve or maintain the quality of care	State-NC-Smart Start
	Early Achievers ratings for ECEAP sites	State-WA-ECEAP Outcomes
	Percent of licensed child care providers enrolled in Early Achievers	State-WA-State of Children & Families
	1.1.b: Increase number of early learning providers who achieve level 3 or above in Early Achievers (quality rating and improvement system)	State-WA-World Class Education Goals
	Percentage of children who are cared for outside of their homes for some portion of the day who are in child care programs and/or home-based child care settings evaluated as being of high quality	Thriving by Three-Child Trends
	Availability of high-quality early care programs for infants and toddlers (i.e., number of high quality slots in relation to the number of children 0 – 3 in the population)	Thriving by Three-Child Trends
Quality Improvement	Percentage of classrooms participating in the coaching effort	Promise Neighborhood-Berea
	Increase in the average star rating for children enrolled in regulated early child care and education programs	State-NC-Smart Start
	Increase in quality in North Carolina child care programs after receiving Smart Start assistance	State-NC-Smart Start
	Improvement of child care centers that participate in programs that enhanced the education environment measured on the Early Childhood Environment Rating Scales (ECERS)	State-NC-Smart Start
	Increase in the average star rating for children receiving subsidized care	State-NC-Smart Start
Salary Supplement for Teachers	Number of low-paid teachers receiving an education-based salary supplement ensuring continuity of care for children by highly qualified teachers	State-NC-Smart Start
Suspension/Expulsion	Children are not expelled from child care/preschool	WA-King County-Best Starts for Kids
	Percentage of children suspended/ expelled from programs serving children birth to age eight	Project LAUNCH
Teacher/ Child ratios	Percent of care and education settings with an average teacher/child ratio of: 1:4 for infants, 1:6 for toddlers, 1:10 for preschoolers, and 1:12 for kindergarteners	FSG-Markers that Matter

LEARNING DOMAIN - ACCESS TO AND QUALITY OF ECE		
CONCEPT	INDICATOR	SOURCE
Teamwork in Developing Curricula	Percent of care and education settings where teaching staff, program staff, or both work as a team to implement daily teaching and learning activities, including individualized family or education plans	FSG-Markers that Matter
Transition Reports between Preschool and Kindergarten	Number of Regional Transition Reports shared between preschool and kindergarten teachers	State-WA-State of Children & Families
	Districts in the region that accepted PreK-K Transition Reports out of total number of districts	State-WA-State of Children & Families
	Number of Regional Transition Reports shared between preschool and kindergarten teachers in public schools	State-WA-State of Children & Families
Work Environment	Percent of care and education settings that have a work environment for staff, including classrooms and staff rooms, that are comfortable, clean, and in good repair	FSG-Markers that Matter
Workforce Development for Teachers	Percent of early childhood teachers with a bachelor's degree and specialized training in early childhood	FSG-Markers that Matter
	Early childhood teachers with a bachelor's degree and specialized training in early childhood	Project Thrive-State Indicators
	Number of teachers participating in Smart Start-funded programs that helped them to study early education at the college level	State-NC-Smart Start

COMMUNITY CONTEXT DOMAIN - SAFE AND SUPPORTIVE		
CONCEPT	INDICATOR	SOURCE
Accessibility	D4-3: Proportion of providers/programs reporting initiatives and supports for families are accessible	ECCS
Affordable Child Care	The family share of care is less than 7percent of household income.	Pritzker Children's Initiative Subcommittee
	Percentage of families that quit a job, did not take a job or greatly changed a job because of problems with childcare	State-CO
	Percent Children 0-5 with family employment affected by child care issues	Zero to Three
	Cost of infant child care as percentage of income for single mothers	Zero to Three
Employment	Unemployment rate	State-WA-State of Children & Families
Housing	Percent of children needing and receiving emergency housing services	FSG-Markers that Matter
Safety	Neighborhood safety, as reported by parents of infants/toddlers	Child Trends/ ZTT-Draft List of Infant/Toddler Indicators
	Number and percent of students who feel safe at school and traveling to and from school, as measured by a school climate needs assessment	Promise Neighborhood
	Percentage of parents who report their neighborhood or community is usually or always safe for their child	State-CO

COMMUNITY CONTEXT DOMAIN - STRONG EARLY CHILDHOOD SYSTEMS		
CONCEPT	INDICATOR	SOURCE
Capacity Building	Professional development and organizational capacity building is supported	EC-LINC
	D4-1: Proportion of providers/programs reporting an awareness of early childhood system developmental health promoting initiatives and supports for families	ECCS
	D4-2: Proportion of providers/programs reporting initiatives and supports for families are useful	ECCS
	Percentage of providers reporting decreased stress levels	Project LAUNCH
	Percentage of programs with written policies to support early childhood workforce development related to social and emotional development and well-being	Project LAUNCH

COMMUNITY CONTEXT DOMAIN - STRONG EARLY CHILDHOOD SYSTEMS		
CONCEPT	INDICATOR	SOURCE
Collaboration	Working together when multiple service providers are involved with the same family	EC-LINC
	Helping families get to the right place(s), where their needs can be met	EC-LINC
	D4-4: Proportion of community care coordination activities between early childhood providers and services	ECCS
	D5-1: The proportion of children referred to any community service, where the referral source knows the status or outcome of the referral	ECCS
	D5-2: The proportion of community partners/providers reporting engagement in coordinating activities	ECCS
	D6-1: The number of outreach actions taken to increase understanding of developmental health promotion	ECCS
	Number of Participants of showings (Raising America)	Promise Neighborhood-Berea
	Number of members of local Early Childhood Community Council	Promise Neighborhood-Berea
	Number of showings of Raising America	Promise Neighborhood-Berea
	Number and percent participating preschool classrooms in Promise Neighborhood	Promise Neighborhood-Berea
	Number of partner organizations affiliated with Northwest Early Learning	State-WA-State of Children & Families
	Child healthcare providers have knowledge of community resources	WA-King County-Best Starts for Kids
Comprehensive Assessment	Percent of participants who received a screening/ assessment within required time line (45 days)	Community-Lamoille Family Center Scorecard
	Understanding the full range of family strengths and needs	EC-LINC
Data	Sharing data, both for improved service coordination at the case level and to support planning and quality improvement at the system level	EC-LINC
	A2-a. The proportion of ECCS CoIIN partners with an executed data sharing agreement	ECCS
	A2-b: The proportion of ECCS CoIIN partners contributing data for ECCS CoIIN reporting	ECCS
	A2-c: The proportion of ECCS CoIIN partners with the ability to use data for ECCS CoIIN coordinating activities	ECCS
	Presence of an integrated data system to support early childhood planning and quality improvement	Thriving by Three-Child Trends
Evaluation	Early childhood service system performance on the Assessment of Community Leadership Engagement in Early Childhood	EC-LINC
Evaluation: Norms/Culture	Community performance on a self-selected measure of changing public norms and/or public opinions about early childhood	EC-LINC
Evaluation: Parent Experience	Percentage of parents reporting positive experiences receiving services and supports from the early childhood system	EC-LINC
Family Engagement	D2-4: Proportion of ECCS CoIIN activities that include family participation	ECCS
Foster Care Outcomes	Children 0-3 exiting care to permanency; and of these children the percent reunified, percent placed with guardian, percent placed with non-guardian relative, and percent adopted	Child Trends/ ZTT- Draft List of Infant/Toddler Indicators

COMMUNITY CONTEXT DOMAIN - STRONG EARLY CHILDHOOD SYSTEMS

CONCEPT	INDICATOR	SOURCE
Foster Care Placement Stability	Percent of children in out-of-home placement (foster care) who have no more than two placements in a 24-month period	FSG-Markers that Matter
	Children birth to age 6 in out-of-home placement (foster care) that had no more than two placements in a 24-month period	Project Thrive-State Indicators
Governance	Presence of an early childhood governing or planning body	Thriving by Three-Child Trends
Screening and Referral	Percentage of Referrals with initial contact made by required timeframes	Community-Lamoille Family Center Scorecard
	Percentage of referrals triaged by CIS coordinator	Community-Lamoille Family Center Scorecard
Services for Children at Risk	Children birth to age 3 with substantiated cases of abuse and neglect referred to Part C Early Intervention (based on CAPTA).	Project Thrive-State Indicators
Workforce Development	Number practitioners receiving professional development scholarships	Community-Palm Beach
	Number practitioners receiving salary supplement awards	Community-Palm Beach
	All infant toddler teachers and caregivers have opportunities to build competencies through education, training, coaching, and other effective forms of professional learning that are appropriate for the setting of care	Pritzker Children's Initiative Subcommittee
	Financial supports and incentives are provided to increase the viability of infant and toddler caregiving as a career	Pritzker Children's Initiative Subcommittee
	Percentage of professionals in PDIS working directly with young children at each level of the Early Childhood Professional Credential	State-CO

COMMUNITY CONTEXT DOMAIN - POLICIES SUPPORTING CHILD DEVELOPMENT

CONCEPT	INDICATOR	SOURCE
Stable Funding	Stable funding / financing initiatives to support early childhood systems development across the domains of health, early learning and family support	Thriving by Three-Child Trends
Employment	Progress on bills presented in the Colorado State Legislature to enact family-friendly workplace policies	State-CO
Funding: State	Total state dollars funding the Colorado Preschool Program	State-CO
Health Promotion	The number of new or updated policies that support developmental and relational health promotion as part of ECCS CoIIN work or activities	ECCS
Living Wage	Percentage of living wages covered by minimum wage	State-CO
Paid Leave	Percent of families with paid leave available	Thriving by Three-Child Trends
Policy Change	To-be-developed measure of results expected if norms are changed [e.g. parental leave, changes in public policies that support young children and their families]	EC-LINC
Subsidy Assistance	Percentage of children receiving federal child care support under age 3	Zero to Three
	Percent of children receiving child care subsidies	FSG-Markers that Matter
	State sets income eligibility level for child care subsidy at or above 200 percent FPL	Child Trends/ ZTT- Draft List of Infant/Toddler Indicators
	State reimburses center-based care at the highest quality QRIS tier above the 75th percentile of current market rates (2017)	Child Trends/ ZTT- Draft List of Infant/Toddler Indicators
	Children under age 6 receiving child care subsidies.	Project Thrive-State Indicators

COMMUNITY CONTEXT DOMAIN - POLICIES SUPPORTING CHILD DEVELOPMENT		
CONCEPT	INDICATOR	SOURCE
Subsidy Assistance	Number of children receiving child care assistance (CCAP program) at Licensed Centers	State-KY-2017 Early Childhood Profile Report
	Number of children receiving subsidy assistance from Smart Start. Not including those assisted through NC Pre-K.	State-NC-Smart Start
Medicaid Eligible Services	Medicaid expansion state?	Child Trends/ ZTT- Draft List of Infant/Toddler Indicators
	State's Medicaid program reimburses providers for Infant/EC MH	Child Trends/ ZTT- Draft List of Infant/Toddler Indicators
	State Medicaid plan covers ECMH services in any of the following settings: home; pediatric/family medicine	Child Trends/ ZTT- Draft List of Infant/Toddler Indicators
	Whether State Medicaid policy requires, recommends, or allows maternal depression screening during well-child visits (reimbursable service as part of EPSDT benefit)	Child Trends/ ZTT- Draft List of Infant/Toddler Indicators
	State Medicaid plan covers social-emotional screening for young children (0-6) with a tool specifically designed for this purpose (i.e., instrument to identify young children at risk of behavioral health problems other than general developmental screening)	Child Trends/ ZTT- Draft List of Infant/Toddler Indicators

SOCIAL AND EMOTIONAL DEV. DOMAIN - AGE APPROPRIATE SEL DEVELOPMENT		
CONCEPT	INDICATOR	SOURCE
Social-Emotional Skills	Direct measures of socio-emotional well-being- DECA, BPI, ITSEA, BITSEA	Child Trends- Indicator for child maltreatment prevention programs
	Percent of children who exhibit positive social behaviors when interacting with their peers	FSG-Markers that Matter
	Percent of children who regulate their own emotions and behaviors, manage feelings, follow limits and expectations, and take care of their own needs appropriately	FSG-Markers that Matter
	Percent of children who demonstrate knowledge about self, including racial identity, social class, self-perceived abilities, and culture	FSG-Markers that Matter
	Percent of children with moderate to serious difficulty following directions	FSG-Markers that Matter
	Percentage of children demonstrating improved social-emotional skills/ functioning	Project LAUNCH
	Percentage of parents with children ages 1-8 who have concerns about child's emotions, concentration, behavior or ability to get along with others	State-CO
	Number of enrolled children on track social-emotionally (ASQ-SE Screening)	State-MI-Kent County-Metrics
	Social-Emotional Readiness According to WaKIDS by County	State-WA-State of Children & Families
	1.1.c: Increase the percentage of infants and toddlers with developmental delays who substantially increase their rate of growth in social-emotional skills	State-WA-World Class Education Goals
SOCIAL AND EMOTIONAL DEV. DOMAIN - ACCESS TO AND QUALITY OF SEL SERVICES		
CONCEPT	INDICATOR	SOURCE
ECE Settings Promoting SEL	Percent of care and education centers that provide children opportunities to develop a sense of competence and positive attitudes toward learning, such as persistence, engagement, curiosity, and mastery	FSG-Markers that Matter
	Percent of care and education settings where teaching staff are active in identifying and using any teaching practices, curriculum approaches, or materials that are affirming with respect to gender, sexual orientation, age, language, ability, race, or religion	FSG-Markers that Matter
Equity	Percentage of programs with written policies to improve access for underserved racial and ethnic populations to services that promote social and emotional well-being for children and their families	Promise Neighborhood
Receipt of Services When Indicated	Receipt of appropriate services from licensed providers among children who have had positive screens for socio-emotional problems	Child Trends- Indicator for child maltreatment prevention programs
Referral for Services When Indicated	Number of enrolled children with socio-emotional concerns referred for treatment	State-MI-Kent County-Metrics
	Number of enrolled children with social-emotional concerns with confirmed referral to services	State-MI-Kent County-Metrics
Screening	Child has been screened for socio-emotional problems (may be restricted to those exhibiting symptoms of socio-emotional problems)	Child Trends- Indicator for child maltreatment prevention programs
Self-Regulation	Increases in children who experience interactions with teachers and caregivers who respond to children's individual needs and promote their self-regulatory skills	Pritzker Children's Initiative Subcommittee

FAMILY CONTEXT DOMAIN - MEETING BASIC NEEDS		
CONCEPT	INDICATOR	SOURCE
Employment	Number of families with one or more parents seeking competitive employment	State-MI-Kent County-Metrics
	Percent Children under age 6 with no parent in the labor force	Zero to Three
Food Security	Food Security	Thriving by Three-Child Trends
Housing	Percent of families with children paying more than 30 percent of their income for housing	FSG-Markers that Matter
	Percentage of children in households spending more than 30percent of their income on housing	State-CO
	Number of families meeting HUD definition of homeless enrolled in your program	State-MI-Kent County-Metrics
	Homeless individuals living as family units	State-WA-State of Children & Families
	Housing Stability	Thriving by Three-Child Trends
	Housing stability	WA-King County-Best Starts for Kids
	Percent Children under age 3 who experience residential mobility	Zero to Three
	Housing insecurity (families with children 0-2 who moved 3+ times in the past year, or live in crowded housing)	Child Trends/ ZTT- Draft List of Infant/Toddler Indicators
Income	Income	Child Trends- Indicator for child maltreatment prevention programs
	Poverty status	Child Trends- Indicator for child maltreatment prevention programs
	Percentage of children living in poverty	EC-LINC
	Percent of children living in families with income below the federal poverty threshold	FSG-Markers that Matter
	Children birth to 6 living in extreme poverty (family income at or below 50percent of the federal poverty level).	Project Thrive-State Indicators
	Children birth to 6 living in families with income below the poverty threshold.	Project Thrive-State Indicators
	Percent of children lived in families with incomes below the federal poverty level	State-CO
	Children under 6 years old living below: 100percent poverty 150 percent poverty 200percent poverty	State-KY-2017 Early Childhood Profile Report
	Of those children enrolled in preschool, Number at-risk 4-year-olds at or below 160percent of the federal poverty level (FPL)	State-KY-2017 Early Childhood Profile Report
	Combined households below US poverty and those that earn over poverty level but less than basic cost of living: Asian Households; Black Households; Hispanic Households; White Households	State-WA-State of Children & Families
	Children under 6 who live in families in extreme poverty	State-WA-State of Children & Families
	Working poor (ALICE: Asset Limited, Income Constrained, Employed + Federal poverty level)	State-WA-State of Children & Families
	Child poverty rate for families with children age three or younger	Thriving by Three-Child Trends
	Infants and toddlers by family income level (compared to Federal Poverty Level)	Zero to Three
Percent Children ages 0-3 who are poor or near poor	Zero to Three	
Parents Completing High School	Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent during their participation in home visiting	Federal Government: MIECHV

FAMILY CONTEXT DOMAIN - NURTURING DEVELOPMENT		
CONCEPT	INDICATOR	SOURCE
Adverse Childhood Experiences	Prevalence of adverse childhood experiences among infants/toddlers	Child Trends/ ZTT- Draft List of Infant/Toddler Indicators
	Free from Adverse Childhood Experiences	WA-King County-Best Starts for Kids
Child Maltreatment	FACES home safety questions	Child Trends- Indicator for child maltreatment prevention programs
	Reports of abuse/ neglect	Child Trends- Indicator for child maltreatment prevention programs
	Hospitalizations or emergency department visits related to maltreatment	Child Trends- Indicator for child maltreatment prevention programs
	Child reports of maltreatment	Child Trends- Indicator for child maltreatment prevention programs
	Substantiated reports of abuse/ neglect	Child Trends- Indicator for child maltreatment prevention programs
	Court petitions for child maltreatment	Child Trends- Indicator for child maltreatment prevention programs
	Rate of substantiated maltreatment of children under 3	Child Trends/ ZTT- Draft List of Infant/Toddler Indicators
	Number of substantiated child abuse and neglect cases	Community-Lamoille Family Center Scorecard
	Reported cases of abuse and neglect	EC-LINC
	Substantiated cases of abuse and neglect	EC-LINC
	Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period	Federal Government: MIECHV
	Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period	Federal Government: MIECHV
	Percent of substantiated child abuse and neglect cases	FSG-Markers that Matter
	Reduced incidence of abuse and neglect	Pritzker Children's Initiative Subcommittee
	Substantiated cases of child abuse and neglect among children birth to age 6	Project Thrive-State Indicators
	Number of children with substantiated child maltreatment enrolled in your program	State-MI-Kent County-Metrics
	Number of CPS referrals by your program	State-MI-Kent County-Metrics
	Children served by Children's Administration (CPS, Child Welfare, Family Reconciliation)	State-WA-State of Children & Families
Number of foster care placements, ages 0-17	State-WA-State of Children & Families	
Children who are free from child abuse or neglect	WA-King County-Best Starts for Kids	
Domestic Violence	Number of families reporting domestic violence	State-MI-Kent County-Metrics
Family Resilience	percent families with infant/toddler who report "family resilience" (composite of 4 items)	Child Trends/ ZTT- Draft List of Infant/Toddler Indicators

FAMILY CONTEXT DOMAIN - NURTURING DEVELOPMENT		
CONCEPT	INDICATOR	SOURCE
Knowledge of Child Development	Number/percent of parents reporting good knowledge of child development	Community-First 5 Ventura County Eval Report
	Percentage of families who demonstrate an understanding of their role in their child's early education	Promise Neighborhood-Berea
	Number/percent of parents/ caregivers who report understanding basic child development milestones	Ventura County, CA- Parent and Child Together
	Number/percent of parents/ caregivers who report tracking their child's developmental progress	Ventura County, CA- Parent and Child Together
	Parents have knowledge of child development*	WA-King County-Best Starts for Kids
Parent Mental Health	Percent mothers of children under 3 who rate their mental health as worse than "excellent" or "very good"	Child Trends/ ZTT- Draft List of Infant/Toddler Indicators
	Percent of mothers experiencing depression	FSG-Markers that Matter
	Reduced incidence of maternal depression	Pritzker Children's Initiative Subcommittee
	Percentage of parents of children reporting poor mental health days in the past month	State-CO
Parent Stress	Proportion of families reporting reduced stress	ECCS
	Reduced incidence of parenting stress	Pritzker Children's Initiative Subcommittee
	Percentage of parents or other primary caregivers reporting reduced stress	Project LAUNCH
Play	Number/percent of parents who report following their child's lead during play	Ventura County CA- Parent and Child Together

FAMILY CONTEXT DOMAIN - NURTURING DEVELOPMENT		
CONCEPT	INDICATOR	SOURCE
Positive Parenting	Percentage of parents or other primary caregivers demonstrating or reporting improvements in parenting (e.g., responsiveness, nurturing, and positive discipline)	Project LAUNCH
	Number/percent of parents who feel confident in their parenting skills	Community-First 5 Ventura County Eval Report
	Increases in warm, attentive and responsive caregiving	Pritzker Children's Initiative Subcommittee
	Improvements for parents in the use of positive approaches to supporting their children based on the results from the Life Skills Progression Positive Parenting Practice in: Support of Development; Discipline; Nurturing	State-NC-Smart Start
	Using the Positive Parenting Inventory (PPI), increases reported in the use of appropriate discipline, positive parenting practices, and setting clear expectations	State-NC-Smart Start
	Based on the Keys to Interactive Parenting (KIPS) measurement tool, participating parents showing improvements in their parenting skills	State-NC-Smart Start
	Number/percent of parents/caregivers who report using/engaging in activities learned in PACT at home	Ventura County CA- Parent and Child Together
	Number/percent of parents/caregivers who report engaging in free play with their children at home	Ventura County CA- Parent and Child Together
	Number/percent of parents/caregivers who report feeling confident in their parenting abilities	Ventura County CA- Parent and Child Together
	Number/percent of parents/caregivers who report talking to their child about his/her feelings	Ventura County CA- Parent and Child Together
	Number/percent of parents/caregivers who report letting their child try to solve problems independently	Ventura County CA- Parent and Child Together
	Number/percent of parents/caregivers who report letting their child try to solve problems independently (e.g, getting toy out of container) before offering assistance	Ventura County CA- Parent and Child Together
	Number/percent of parents who report establishing routines for their child	Ventura County CA- Parent and Child Together
	Reading	Family member regularly reads to or tells stories to child
Percent of parents of infants/toddlers who report they read to them every day		Child Trends/ ZTT- Draft List of Infant/Toddler Indicators
Number/percent of parents who read to their children 3 or more days per week: By Parental Education By Household Income By Program Participation		Community-First 5 Ventura County Eval Report
Percentage of children read to, had a story told to, or sung to daily		EC-LINC
The proportion of family members reporting that during a typical week s/he read, told stories, and/or sang songs with their child daily		ECCS
Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day		Federal Government: MIECHV

FAMILY CONTEXT DOMAIN - NURTURING DEVELOPMENT

CONCEPT	INDICATOR	SOURCE
Reading	Percent of families reading to young children at least once a day	FSG-Markers that Matter
	Increases in regular reading and storytelling	Pritzker Children's Initiative Subcommittee
	Number and percent of parents or family members for children birth to kindergarten entry who report that they read to their children three or more times per week.	Promise Neighborhood
	Number and percent of parents or family members for children in kindergarten through third grade who report encouraging their children to read books outside of school.	Promise Neighborhood
	Regular reading or story-telling by the primary caregiver	Thriving by Three-Child Trends
	Number/percent of parents/caregivers who report reading to their children	Ventura County CA- Parent and Child Together
	Reading and singing to children daily	WA-King County-Best Starts for Kids
	Percent Parents or family members who read to their 0-5 child each day	Zero to Three
Singing, Stories	Number/percent of parents/caregivers who report singing to their children	Ventura County CA- Parent and Child Together
	Percent Parents or family members who tell stories and sing to their 0-5 child each day	Zero to Three
	Percent of parents of infants/toddlers who report they sing songs or tell stories to them every day	Child Trends/ ZTT- Draft List of Infant/Toddler Indicators
Social Support	Proportion of parents or other primary caregivers reporting improved social support	ECCS
	Percentage of parents or other primary caregivers reporting improved social support	Project LAUNCH
	Availability of strong social support	Thriving by Three-Child Trends
Talking	Number/percent of parents/caregivers who report talking to their children	Ventura County CA- Parent and Child Together

FAMILY CONTEXT DOMAIN - ACCESS TO AND QUALITY OF PARENT SUPPORT SERVICES

CONCEPT	INDICATOR	SOURCE
Access to Quality Home Visiting	Percent of eligible families receiving home visiting	Thriving by Three-Child Trends
	Families served by the First Steps program	State-KY-2017 Early Childhood Profile Report
	Number of families served by the HANDS home visitation program	State-KY-2017 Early Childhood Profile Report
	Number of families participating in Nurse Family Partnership (NFP) funded by Smart Start.	State-NC-Smart Start
	Increase by 10percent the number of parents/families who have access to support through voluntary home visiting services	State-WA-World Class Education Goals
	Implementation of a universal home visiting model (such as Family Connects), which provide initial screening and referrals for maternal depression, early care and education, and child health and developmental services to all newborns in a community	Pritzker Children's Initiative Subcommittee

FAMILY CONTEXT DOMAIN - ACCESS TO AND QUALITY OF PARENT SUPPORT SERVICES

CONCEPT	INDICATOR	SOURCE
Access to Quality Home Visiting	Increased availability of intensive, evidence-based home visiting models that are designed to provide ongoing supports to newborns who have been identified by specific risk factors such as having a first-time teen mother or children who are at-risk for abuse and neglect	Pritzker Children's Initiative Subcommittee
	Number and percent successful home visits for children 0 -3	Promise Neighborhood-Berea
Access to Quality Parent Services	Number/percent of parents reporting they can access services when needed	Community-First 5 Ventura County Eval Report
	Service Access	Child Trends- Indicator for child maltreatment prevention programs
	Access of appropriate services among parents who were screened as needing services	Child Trends- Indicator for child maltreatment prevention programs
Access to Quality Parenting Programs	Number of families participating in ongoing parenting programs	State-NC-Smart Start
	Number of parents receiving assistance to improve their ability to raise healthy successful children through the evidence-based Parents As Teachers (PAT) program	State-NC-Smart Start
	Number of caregivers participating in Positive Parenting Program (Triple P) class	State-NC-Smart Start
	Number of caregivers participating in Nurturing Parenting Program (NPP)	State-NC-Smart Start
	Number of families participating in Incredible Years (IY) funded by Smart Start	State-NC-Smart Start
Emergency Support	Emergency Support available	Child Trends- Indicator for child maltreatment prevention programs
Participation in Literacy Programs	Number of families participating in the evidence-based program Raising A Reader (RAR).	State-NC-Smart Start
	Number of children participating in Dolly Parton's Imagination Library.	State-NC-Smart Start
	Number of children whose caregivers are participating in other research-based literacy programs	State-NC-Smart Start
	Increase in the percentage of parents that participate in Smart Start early literacy initiatives who report reading to their children daily	State-NC-Smart Start
	Number of books read through the book bag program	Promise Neighborhood-Berea
Promoting Knowledge of Child Development	Proportion of new families that receive information and resources about opportunities to enrich/promote child developmental health	ECCS
Food Security	Prevalence of food security/ insecurity in households with young children	Child Trends/ ZTT- Draft List of Infant/Toddler Indicators
Mental Health Services- Parents	Parents screened for mental health issues	Child Trends- Indicator for child maltreatment prevention programs
	Whether parents were screened for substance use	Child Trends- Indicator for child maltreatment prevention programs
	Percentage of postpartum and pregnant women screened for depression	EC-LINC

FAMILY CONTEXT DOMAIN - ACCESS TO AND QUALITY OF PARENT SUPPORT SERVICES

CONCEPT	INDICATOR	SOURCE
Mental Health Services-Parents	Percentage of postpartum and pregnant women connected to mental health services when indicated	EC-LINC
	Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)	Federal Government: MIECHV
	Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts	Federal Government: MIECHV
	Percentage of parents or other primary caregivers who screen positive for parental depression	Project LAUNCH
	Mothers of children under age 6 who are screened and referred for depression	Project Thrive-State Indicators
	Percentage of women who state that a doctor, nurse or healthcare provider talked with them about what to do if they felt depressed during or after pregnancy	State-CO
	Number of women screened for depression	State-MI-Kent County-Metrics
	Number of women recommended referral for treatment for depression	State-MI-Kent County-Metrics
	Number of women program confirmed connection to treatment for depression occurred	State-MI-Kent County-Metrics
	Received mental health consultation	State-WA-ECEAP Outcomes
	Percent of families with access to mental health services	Thriving by Three-Child Trends
Screening of Family Needs	Whether families have been assessed for family conflict	Child Trends- Indicator for child maltreatment prevention programs
	Whether families have been assessed for appropriate discipline practices	Child Trends- Indicator for child maltreatment prevention programs
	Parents screened for parenting skills	Child Trends- Indicator for child maltreatment prevention programs
	Parents screened for knowledge of development	Child Trends- Indicator for child maltreatment prevention programs
	The percentage of women that are identified with a potential risk on the prenatal risk screen	Community-Palm Beach
	Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool	Federal Government: MIECHV
	Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool	Federal Government: MIECHV
Receipt of Services When Indicated	Increase in parents use of services that they are referred to	State-NC-Smart Start
	Participation in services among families referred to them	Child Trends- Indicator for child maltreatment prevention programs
Referral Services When Indicated	Referral to appropriate substance use programs among parents whose screen indicated risky substance use	Child Trends- Indicator for child maltreatment prevention programs
	Referrals to appropriate services, among families identified as having a family conflict or using inappropriate discipline	Child Trends- Indicator for child maltreatment prevention programs