

MEASURING AND TRACKING SCHOOL READINESS INDICATORS:

*With an Example: Investigation and Recommendations
for Initial Indicators in Philadelphia¹*

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As described in a companion document,² CAPD's conceptual framework for school readiness includes four aspects:³

- child outcomes at school entry and in early school years;
- conditions favoring those outcomes, including child development outcomes prior to school entry, as well as family and community conditions that affect likelihood of healthy early child development and success in school;
- inputs (opportunities, services and supports) that influence both conditions and outcomes, including supports and experiences provided by the family and the community as well as formal services; and
- system characteristics that make these inputs more or less available and effective - such as, with regard to formal services, ability to assure accessibility and quality of services, appropriate follow-up, coordination among inputs and support for transitions, and with regard to family and community systems, policies and practices that support family strengths and responsibility and enhance community resources and leadership.

This framework leads to several conclusions about school readiness and its measurement:

- First, school readiness is not a condition or status that can be measured at a single point in time;

rather school readiness from the perspective of the child represents development from the pre-natal period into the early school years along multiple dimensions. Further, it includes early school success as the critical test of school readiness.

- Second, school readiness is not just a child development issue, but one that reflects the impact of family, school and community as the context in which children develop and against which they are assessed. As a community, as schools, as parents, we have expectations for young children. These expectations have to be developmentally appropriate; we have to support children's growth and development in line with these expectations; and we have to ensure that schools and other major child and family serving institutions in our community are able to provide appropriate environments for the diversity of development exhibited by young children and their families.
- These points mean that, in order to measure school readiness, we must look beyond a single dimension demonstrated by the child at a single point in time to a much broader set of indicators, many of which are often not defined as school readiness indicators.
- This then represents both an opportunity and a challenge for any community. A focus on school readiness, broadly defined, is generally not new on either the programmatic or information side. The

¹ *Adapted from Fostering School Readiness: Recommendations to the Philadelphia School Readiness Project, S. Stephens, S. Leiderman and S. Batten, Bala Cynwyd PA: CAPD, 1995.*

² *CAPD's Approach to Defining and Measuring School Readiness, S. A. Stephens, Fall 1995.*

³ *This conceptualization draws from Sharon Lynn Kagan's work on school readiness outcomes, "By the Bucket: Achieving Results for Young Children," Issue Brief, National Governors' Association Campaign for Children, May 19, 1995.*

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opportunities exist in the work that is likely already underway, addressing critical dimensions of school readiness and thus providing some of the important indicators. The challenge may be in getting the many groups and organizations involved with children and families and with communities and schools to see themselves as contributing to a broad school readiness agenda. Therefore, it may be important to widely disseminate and discuss the conceptual framework, to help develop a broad approach to school readiness, not only for programmatic but also for information needs.

The state of the art in school readiness conceptualization and measurement is not well developed. While there is general agreement on some basic characteristics of a “good” school readiness measurement (multi-dimensional, developmental, etc.) there is no definitive set of indicators or measures generally accepted in the field.⁴ Even so, this framework is recommended because it promotes a broad conceptualization of school readiness and reflects the basic thinking of major national policy groups, including the National Education Goals Panel.

In this document various options for obtaining data on school readiness indicators derived from this framework are reviewed and an example of recommendations for a particular community (Philadelphia) is given.

PREVIEW OF RECOMMENDED APPROACH

The approach recommended for Philadelphia, and one that is likely to be advantageous for many other communities, begins with an initial set of indicators available from existing administrative and programmatic sources. This initial set of indicators would be the basis for a first school readiness status report, while

using the framework to support continued expansion of indicators as a community’s information capacities and needs develop.

This approach would help achieve the following objectives:

- describe the current (baseline) status of the community’s children, families, and systems of services and supports on selected indicators of school readiness;

By including indicators of all four dimensions of school readiness (outcomes, conditions, inputs and systems) these data would provide one tool for the mobilization of city and community support around school readiness and help identify opportunities to draw together, expand or enhance existing efforts as well as develop new ones.

- add to and continue to track key indicators for the community over time;

This capacity is necessary to support assessment of current or future efforts, system accountability and ongoing policy development and planning.

- assess resources and needs in the community, based on inventories and estimates of need for services and supports believed critical to improving school readiness outcomes for large numbers of children;

The work on school readiness indicators should support resource and needs assessments as part of the initial baseline effort and over time identify system gaps and limitations.

- diagnose other system problems.

Key indicators for school readiness should include those that measure issues related to coordination within and among systems to support appropriate interventions, transitions and follow-up.

⁴ *Potential indicators of school readiness are given in the piece cited earlier, CAPD’s Approach to Defining and Measuring School Readiness.*

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Possible products from this work could include:

- a community school readiness status report;⁵
- mapping of indicators by appropriate subcommunity geographic region to supplement the report;⁶
- matrix of system gaps and problems related to supply, accessibility and coordination of services and supports;⁷ and
- baseline data against which to track changes in indicators over time.⁸

OPTIONS FOR COLLECTING INFORMATION ON SCHOOL READINESS

It is important to note that, even in the absence of a national model for school readiness measurement, many states and communities are developing ways to

measure critical aspects of this concept. However, at this time there is little shared knowledge about what is being done in the field. Many of these efforts are only known to a few interested persons outside of the community in which they are being implemented.⁹

Based on what is known, there are three general models for collecting information related to school readiness:

- compilation of already collected, usually administrative, data on available indicators

One example of this approach is the KIDS COUNT projects. For example, the 1995 Pennsylvania KIDS COUNT report contains information on the following measures of child well-being:

- low birth weight births
- late or no pre-natal care

5 Another possible format for such a report would be a community report card, assessing community standing on the school readiness indicators compared to stated goals or standards. A considerable amount of work would be necessary to lay the groundwork for putting the baseline school readiness data into such a format. It would require developing local community consensus not only on indicators but also on reasonable or appropriate target values, so that the community's standing with regard to those goals could be graded. Such consensus may be difficult to reach, particularly as in the case of a number of indicators there is no national or state standard or norm on which to calibrate community statistics.

6 Use of visual representations such as mapping can be a very dramatic way to indicate the overlap in critical school readiness indicators. Using school clusters or health districts as subcity regions also helps tie the information into the efforts of key city agencies, while zip code or census tract areas would support more fine grained analysis.

7 A matrix such as this can be the basis for the development of a specific agenda for change, and may lead to immediate changes within departments or agencies while more complex, cross-system changes are being planned and implemented. Development of such a matrix would require examining the full continuum of services and supports that contribute to school readiness; initial indicators for school readiness may only address some of the elements of such a continuum.

8 The goal of collecting school readiness indicators is not only to measure where a community stands with regard to its young children at a particular point in time, but also to measure changes in these indicators as they move forward in its efforts to improve school readiness outcomes. Therefore, it is essential to plan the initial school readiness indicators and data collection in such a way as to make collection of comparable data in subsequent years feasible and realistic. This has to be built into the criteria for selecting the initial set of indicators, as described later.

9 Update as of 12/99: In 1998 the Harvard Family Research Project recently produced a set of lessons learned from states on related work in results-based accountability for publicly funded services for children and families (Aiming for Accountability: Lessons Learned from Eight States and the companion volumes on Florida, Georgia, Iowa, Minnesota, North Carolina, Ohio, Oregon, and Vermont).

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- births to single teens under age 20
- infant mortality
- child and youth deaths, ages 1-19 (not broken down by age)
- child and youth violent deaths, ages 1-19 (not broken down by age)
- child welfare placements under age 18
- juvenile court delinquency placement dispositions ages 10-17
- secondary school dropouts
- children in poverty
- children in single-parent homes
- children receiving AFDC, Medicaid, WIC, free or reduced price school lunch, or Head Start services

This approach has the advantages of relatively easy accessibility and low cost as the information is already being collected for other purposes, usually within the public domain. A major disadvantage of this approach is that it generally results in a limited set of information, much of it indicative of negative rather than positive development and conditions or of service utilization rather than outcomes or conditions related to school readiness.

- enhanced programmatic data collection

Very often programs collect information on participants as part of their ongoing work. Sometimes this information is systematically collected and organized into formats that make it easy to store and retrieve. Further, often the information that is collected to aid in carrying out programmatic activities is also critical for policy planning and analysis purposes. However, opportunities for making sure program data can be used for planning and analysis may be overlooked. The advantages of building school readiness data collection onto existing or developing programmatic initiatives include having strong interest and commit-

ment to obtaining good quality information among program staff and potential for shared costs in developing and implementing data collection between programmatic and policy agencies. The disadvantages include somewhat higher costs for designing such data systems, so that they can meet the needs of different kinds of users (for example, so that they support groupings and analysis, as well as individual record keeping and querying) and inevitable variability in how information is collected and recorded, reflecting worker decisions and styles. Further, accessibility to critical school readiness baseline data might have to await programmatic developments that may be uncertain in their likelihood or schedule. And, being able to track changes over time will depend upon the data collection associated with particular programs being implemented consistently over time, something that is hard to guarantee.

- collection of new indicators through independent data collection

One example is the Oregon Baseline for the Early Childhood Benchmark, a multi-method approach to assessing the physical health and well-being and the language and literacy development of kindergartners across the state. Information on these dimensions was obtained by reviewing school records, obtaining teacher ratings and observations, interviewing parents, and administering direct assessments to a sample of young children enrolled in public and private kindergartens. The advantages of this approach are that the information collected represents the broad population, not just those children and families who come in contact with public agencies, and that a broader set of indicators can be assessed, including those that indicate positive outcomes and conditions as well as those indicating poor outcomes and

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conditions. This approach has a major disadvantage of cost. Further, as noted above, it can be difficult to gain consensus on appropriate measures and on the interpretation of results, given the lack of a national model. Both of these factors may make it difficult to sustain commitment to primary data collection over time, something that is necessary to track change.

SPECIAL CONSIDERATIONS FOR NEW DATA COLLECTION

Limitations in the kinds and coverage of information available or potentially available from administrative and programmatic data bases, which are common to most communities, support the consideration of new (primary) data collection - that is, collecting data specifically designed for this purpose directly from the children and families, and sometimes also from service providers and teachers.

New data collection focused on school readiness issues can provide a community with more complete information on all its young children and on indicators that were not likely to be captured by administrative or programmatic data bases. A primary method of new data collection is the sample survey using interviews with parents, teachers and others, potentially combined with direct observation or assessment of children and parent or teacher ratings on self-administered forms. Such new data collection activities are carried out with a sample of children and yield statistical estimates of the numbers, proportions, and average scores on the various indicators.¹⁰

There are three potential sample designs for new data collection around school readiness that could be considered:

- (repeated) cross-sections - that is, new data collection for samples of the contemporary population of children at repeated intervals;
- prospective studies following cohort(s) of children from birth into the early school years; and
- retrospective studies retracing the life histories of cohort(s) of children (both "successes" and "failures") from their current school-age back to birth.

Each design is briefly described below, including its advantages and limitations.

Cross-section surveys were used in Oregon to develop an assessment of the developmental status of kindergarten students in the state on two dimensions relevant to school readiness: language development and physical health and development. This survey used multiple data collection sources and methods for a sample of about 800 children (see Children First for Oregon, 1995). This design is similar to that proposed by the National Education Goals Panel Technical Task Force (1991 and 1993) and other researchers (Love et al., 1994).

The advantages of this approach are its broad coverage of children, its generalizability to the underlying population of children, and its collection of detailed information about these children from multiple sources.

Its limitations include cost and possibly its perceived relevance to immediate policy concerns. In general, surveys are expensive to design and conduct; in the case of the survey in Oregon, the data collection budget alone was about \$177,000,¹¹ not including design and analysis costs, which in Oregon's case

¹⁰ *Because these would be estimates based on a sample, there would be statistical variation (error) expected around these estimates. In addition, surveys have the potential for underrepresenting hard-to-reach and isolated children and families, especially those living in dangerous communities. For these reasons, survey estimates are often open to more challenges than information produced in what are sometimes perceived to be more inclusive ways. Note, however, that census counts have been challenged by advocates in many cities as significantly underrepresenting young children, especially poor and minority children.*

¹¹ *And this apparently did not entirely cover the actual costs, which turned out to be greater than the budget, according to some involved in the work.*

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were donated by various public and private entities. This cost makes surveys difficult to get off the ground in the first instance, and difficult to get commitments for repeated surveys in the future.

Surveys also typically take one to two years at the minimum to design, implement and produce reports. This timing may affect their ability to meet immediate policy needs, but there may be more important factors affecting a survey's perceived relevance. One has to do with the ability to assess the standing of the children surveyed in a particular locale against that of children in the state or nation; in Oregon's case, the lack of recent national norms on many of their key measures of school readiness made it difficult to interpret and use the data.¹² Further, it may be difficult to engage major system actors (in the public and private spheres) in using survey results precisely because they are not connected with the operation of current programs and activities. In other words, the survey results may be seen as of interest to academics and researchers, but not to policy makers or program administrators.

There is one other limitation that is inherent to repeated cross-sectional surveys - that is the fact that the underlying population of children in a community changes between survey periods. That is, kindergartners at a point two to three years after the baseline survey may represent a group of children who have faced significantly changed circumstances up to that time due to social or economic changes or just because of in- and out-migration patterns. For example, the introduction of crack cocaine has resulted in very different circumstances for relatively large numbers of infants and young children in America's cities. Similarly, an influx of non-English speaking families who have weak connections with mainstream health and social services can also affect overall indicators. A before/after comparison of cross-sectional surveys

would include the impacts of such changes on aggregate child development and school readiness, as well as the effects of any interventions or programs implemented to improve these outcomes. However, the latter effects may be completely washed out by environmental or demographic factors, leading to a potentially false conclusion that efforts to improve school readiness have not worked. For that reason, other designs should also be considered.

Prospective studies, following one or more cohorts of children from birth into the early school years, are one method to track how changes in the system of services and supports for young children, their families and their communities play out in the lives of individuals. A strong design might have multiple cohorts, at points before and after changes are made in critical systems affecting children and their families at different developmental points. This would support assessment of whether these changes are having the desired results, within the limitations of a non-experimental design. Further, multiple cohorts would support repeated cross-sectional measures through the baseline for each cohort.

There are limitations to this approach. Longitudinal studies are particularly expensive, and as mentioned above, multiple cohorts would be desirable. Further, the sample for each cohort can be expected to diminish over time due to mobility and other factors, with attendant increases in the variability or error in the resulting estimates.

Retrospective studies can retrace the life histories of cohort(s) of children now in kindergarten or the early elementary grades. It is important to include a broad representation of children, and not just focus on "successes" or "failures." This design can support an analysis of missed opportunities to support children's

¹² *While one can still assess changes over time in measures that do not have a national or other reference point, national or state data on comparable measures over time would be needed to put observed changes at the local level into perspective, as noted earlier*

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development at critical junctures as well as provide information on what factors appeared to foster positive outcomes.

A key advantage to such a design is its ability to produce information that will directly identify changes in practice or policy that have the potential for improving outcomes, both within and across agencies and organizations.

The limitations of this design relate to the difficulties in obtaining complete and accurate information retrospectively. Depending upon the effort made to obtain this information, such a study could be quite expensive, but even with extensive efforts some important information will not be available or will be of questionable reliability.

APPLYING THE FRAMEWORK AND APPROACH: PHILADELPHIA

In 1995-96 CAPD was asked by the Philadelphia School Readiness Project to prepare a set of recommendations for measuring and tracking school readiness in the City of Philadelphia. In summary, the recommendations were that Philadelphia:

- not rely on a single approach, as all have significant weaknesses or limitations;
- use existing administrative data that are relevant to school readiness whenever possible and make use of existing capacity within the city to assemble and analyze these data;
- supplement these data to measure critical missing school readiness indicators by developing programatically-grounded data collection strategies in conjunction with existing and emerging programs;
- bring together existing and emerging efforts to inventory and assess community resources and needs under a school readiness framework; and
- explore and develop other components of a school readiness measurement system, with a plan to implement core components over time, possibly including primary data collection (for example, along the lines of the Oregon approach) and major

computerization efforts (for example, of public school health records or public library usage).

SELECTING AN INITIAL SET OF SCHOOL READINESS INDICATORS FOR PHILADELPHIA

Based on an analysis of opportunities and resources, the major recommendation for measuring and tracking school readiness in Philadelphia was that data on an initial set of indicators be compiled and published, even though limited in scope and coverage, while other indicators were under development. There were several reasons for this recommendation: this action would demonstrate the willingness of city leaders and key public systems to agree upon mutual areas of responsibility for outcomes; it would help promote consensus on a broad understanding of school readiness as a community goal; and it would help mobilize action around critical system gaps and barriers. Further, recognition of the limitations and gaps in the currently available school readiness indicators could act to focus attention on the fragmented approaches and lack of centralized responsibility that exist vis-à-vis young children and their families.

The recommendations were grounded in the assumption that public debate would be stirred by publication of the initial indicators, both because of what they indicated about the status of young children in Philadelphia and because the published indicators would highlight the extent of what was not known about how well children were faring and being supported. If the debate proved fruitful, over time Philadelphia could develop strategies to address gaps in its school readiness continuum of opportunities, services and supports and to measure indicators in those areas. Thus, while an initial set of school readiness indicators would likely focus on health and school performance, because sources for these data are most readily available, later reports should be able to include measures of positive development in other areas.

While recognizing that any initial set of indicators would of necessity be incomplete, the recommendations attempted to meet the following criteria:

Measuring and Tracking School Readiness Indicators (cont.)

- include indicators to address categories of indicators (outcomes and conditions, and inputs and systems) over the developmental continuum from pre-natal through early school years and across multiple dimensions;
- as much as possible include indicators of different types (those indicating a positive outcome, condition, input or system feature; those that represent a negative indicator; and those that are seen as sentinel events - events that, while rare, indicate a major community or system “failure” such as incidence of immunization-preventable disease);
- take advantage of and suggest enhancements to available administrative data and/or data collection and analysis capabilities already in place in Philadelphia; and
- select opportunities that provide additional support for programmatic developments and system changes that are desirable to improve school readiness outcomes, conditions, inputs and systems.

Given the likely resource constraints as well as of the political, organizational and technical work that might be required to collect certain indicators, the recommendations were those believed to be at least potentially feasible to implement within the near future.

In developing the recommended initial set of indicators a large number of individuals, primarily within various public entities as these are responsible for the largest city-wide information sources on children, were interviewed. In addition, interviews with representatives of advocacy groups and research organizations were conducted. These interviews were designed to identify readily available possible sources of data within the school readiness conceptual frame

work. Therefore, the net of informants was spread wide so as to learn about as many data sources and indicators as possible.

RECOMMENDED INITIAL SET OF SCHOOL READINESS INDICATORS FOR PHILADELPHIA

CAPD’s recommendations for an initial set of school readiness indicators in Philadelphia were summarized in the attached table.¹³ As noted above, these recommendations focused on those indicators that were either readily available or that could potentially be developed relatively quickly from administrative or programmatic (in almost all cases, public) data systems. Even so, to implement even some of these recommendations would take considerable effort and, particularly for recommendations that involve enhancing, changing or linking information collection or management across (or even within) public agencies, considerable time.

The table was divided into sections corresponding to several major periods of child development (birth, infancy up to 24 months, pre-school between 24 and 60 months, entry into kindergarten, early school years). For each period, the recommended indicators were divided into those that represent outcomes and conditions related to school readiness and those that represent inputs and system linkages believed to affect those outcomes and conditions. The indicators that appeared on this table were all available or potentially available in Philadelphia from public or private sources. Also included in the table was some information about the quality and availability of the data and other relevant information. The final column included notes about the recommended use of each

¹³ In 1996 a report was prepared for the Philadelphia’s Mayor’s Children and Families Cabinet that presented baseline data on a small set of initial indicators, including birth weight, adequacy of prenatal care, infant mortality, preventable deaths during the early years of life, elevated blood lead level, eligibility for early intervention services, contact with child protection services, out-of-home placements, pre-school experience, kindergarten and first grade attendance, and adequate school performance in kindergarten and first grade as indicated by report cards and promotion decisions. A synopsis of these data was reported in A Report on School Readiness in Philadelphia, The Mayor’s Children and Families Cabinet, Philadelphia, May 1998.

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indicator. In some cases, these notes indicated barriers to obtaining or interpreting these data, or recommended interim strategies or next steps to explore a particular option.

Recommendations for Using Existing and Potential Administrative and Programmatic Data Sources

The major potential sources of the recommended initial school readiness indicators came from the Department of Public Health (abbreviated on the table as DPH), the School District of Philadelphia (abbreviated as PSD), the Department of Human Services (abbreviated as DHS), private contractors for early intervention screening and coordination services, major insurers and providers of health care, and data produced by advocacy and research organizations. As indicated on the table, data were currently available on certain indicators; for others, there were data sources under development (like the immunization tracking system); for still others, there were potential sources that would take some effort to explore and develop more fully.

For indicators for which a data source existed at the time these recommendations were made, work was still needed to develop standard reporting periods, formats and categories, or sometimes to expand coverage. The recommendations assumed that there would be no linking across these data systems except as noted. Further data collection and analysis work was assumed to continue to be the primary responsibility of the current organization.

There were a number of data sources under development or with the potential for enhancement at the time of this investigation. These included:

- the immunization tracking system being developed in the Division of Disease Control, Department of Public Health, with a grant from the Robert Wood Johnson Foundation - this effort was linked with lead screening data, with plans to provide access to schools and other early education and child care providers;
- Community Services Workstation Project's development of a computerized resource directory, the school district's Family Resource Network compila-

tion of information on community resources on the Internet, and other efforts to establish resource directories - all of which could be linked to avoid duplication of effort in putting together and maintaining this information and to create a data base for the analysis of the distribution of community resources and assessment of system capacities;

- development of capacity within the Public Libraries to track family and child care provider use of pre-school materials as an indicator of support for positive development;
- new student assessment strategies for young children (pre-school through grade 3) in the Philadelphia public schools that could provide more detailed information on a broad range of capabilities and skills related to school readiness and early school success than would be possible using traditional measures (various projects were also underway within the School District to look at educational standards and alternative assessment strategies for children in kindergarten and the early grades);
- expanded systematic outreach for early intervention screening via the Early Identification/Tracking and Monitoring Services system implemented by Ken-Crest in its Child Find function, Child Link, and the School District of Philadelphia data on referrals and screening of pre-school children for early intervention services;
- enhanced school registration, including collecting information on pre-school and kindergarten experience and on language at home - implementing these suggestions would require recognition that schools need additional staff to support data collection; and
- coordinated perinatal home visiting programs, with specification and collection of some standard initial assessment, tracking and outcome information.

The recommendations recognized that bringing about some or all of these developments would take:

- coordination to ensure that the various ongoing efforts remained responsive to the broad school readiness agenda (both programmatically and with regard to data);

The Children First Initiative: Observations and Emerging Lessons from Early Work (cont.)

- political support (from within and across agencies and providers, as well as in the community - issues of confidentiality and an underlying mistrust of “government” control over personal information would both have to be addressed);
- some incremental funding and other resources, both to expand and enrich programs and to collect and maintain information; and
- collection of identical indicators at multiple points in time that would be affected by changes in administrative or programmatic requirements that are associated with changes in data definitions or data collection.¹⁴

The table also highlighted possible enhancements of existing and potential data sources that warranted further consideration and some exploratory work. These included:

- initial work with the child care community and/or with parent education and support programs to develop indicators of capacity, linkages with other child and family services, and family use of these supports;

work with non-public schools to develop some comparable data on key indicators from school registration and/or initial assessment data; and
- computerization of the School District of Philadelphia health records and screening data.

These efforts would take a level of political and financial resources unlikely to be available at this time. However, they might be candidates for a longer term strategy to build on the initial data base.

LIMITATIONS OR GAPS IN THE INITIAL SET OF ADMINISTRATIVE/PROGRAMMATIC INDICATORS

It was important to assess how well the recommended set of indicators from administrative and programmatic sources would cover the full population of young children in Philadelphia and the full range of types of indicators.

In broad terms, for the period between birth/infancy and school entry, neither interim outcomes and conditions nor inputs and systems indicators were well represented. This reflected the lack of a comprehensive system of supports for children and their families and of a single entity responsible for outcomes in this developmental period; this is true of most communities, not just Philadelphia.

Health-related indicators were predominant for the early periods until school age. The focus then shifts to the cognitive/intellectual area. Overall, available indicators related to social and emotional aspects of school readiness were scarce, as were indicators of family and informal community conditions and inputs. Further, little was available related to positive development and resilience, factors that are often cited as critical to success among otherwise disadvantaged children in urban settings.

In many, if not most, cases the source of information was not universal; that is, substantial portions of the relevant population of children and families were not covered. Sometimes this was because the data source only contained information on those eligible for particular services; other times it was because comparable data did not exist or were not readily available from counterpart agencies (this was particularly true with regard to the School District of Philadelphia data, which only included information on students enrolled in the city’s public schools).

14 At the same time, poor indicators should be dropped and additional indicators added, with the recognition that the “baseline” for these measures would occur when they were first implemented.

The Children First Initiative: Observations and Emerging Lessons from Early Work (cont.)

Another gap that affected many indicators was the lack of detailed and up-to-date information on the numbers of children in different age groupings and other categories in the City of Philadelphia. There had been attempts to make projections based on the 1990 Census, sample surveys such as the Current Population Survey, administrative records from various agencies, and so on. But there were no definitive population figures generally agreed upon, and certainly no comprehensive list of children. This presented problems not only in estimating percentages, as was called for in many of the recommended indicators, but also in developing and implementing programs as well.

SUMMARY OF RECOMMENDATIONS FOR PHILADELPHIA

All communities have limited resources for measuring and tracking outcomes, even those as critical and timely as school readiness. There is a tradeoff between using available resources to implement a major new data collection through a survey and using those funds to support enhancement and linkage of administrative and programmatic data bases. New survey data would provide rich individual level data for more complex analysis, have known properties for estimation of population characteristics, and provide richer data not available from other sources, particularly about families and children’s experiences and development prior to school entry. However, in and of itself, such an approach does not directly support the kind of information sharing and collaboration among public and private providers and with families and communities that might result from providing more resources and support to existing and emerging programmatic efforts and using these efforts to collect key indicators.

Therefore, it seemed most appropriate that Philadelphia target the bulk of its initial effort to using, expanding and enhancing existing and potential administrative and programmatic data systems. These specific recommendations included:

- making use of existing data sources available within the Departments of Public Health and Human Services and the School District of Philadelphia and from other public and private sources to obtain information on indicators under the school readiness agenda;
- supporting the continued development of expanded programmatic and data linkages among child and family service tracking systems;
- supporting the administration of critical developmental screenings and alternative assessment strategies for kindergarten and early elementary students and the provision of appropriate follow-up services and supports;
- supporting the creation of a broad community resource directory that would support both programmatic work and assessment of community resources and supply of critical services;
- building school readiness data collection and linkages into programmatic developments;
- to the extent feasible, beginning discussions with private providers and schools about developing additional indicators and/or comparable indicators with those collected in public systems (such as the schools); and
- exploring possible links with other efforts such as the national Early Childhood Longitudinal Study and making use of forthcoming information on how states and other large cities have addressed the issues of school readiness measurement.

Since taking this approach would result in an initial set of indicators that are heavily health-oriented, and since sources for these indicators are more readily available, it was also recommended that Philadelphia take special pains to ensure that a broad school readiness perspective was widely understood and that early work demonstrated commitment to measuring other important aspects of school readiness.

RECOMMENDED INITIAL SCHOOL READINESS INDICATORS AND SOURCES

INDICATORS FOR INITIAL MINIMUM DATA SET	TYPE OF INDICATOR: + positive - negative * sentinel	CURRENTLY AVAILABLE SOURCE (# in parentheses refers to contact person(s) identified on attached sheet)	POTENTIALLY AVAILABLE SOURCE (# in parentheses refers to contact person(s) identified on attached sheet)	COMMENTS ON DATA COVERAGE, QUALITY AND TIMELINESS ISSUES	OTHER COMMENTS	RECOMMENDATIONS
INDICATORS AT BIRTH						
Conditions (Interim Indicators)						
number of preventable fetal deaths	*		Philadelphia Interdisciplinary Youth Fatality Review Team data (25)	PIYFRT currently reviews all deaths at birth and up to 22 years of age; would like to add fetal deaths		expand coverage of PIYFRT to include fetal deaths
number of preventable deaths at birth	*	Philadelph Interdisciplinary Youth Fatality Review Team data (25)		will have complete data for 1994 by end of 1995		
percent of births to teen mothers younger than specified age and/or who had little or no prenatal care	-	birth certificate data (11, 21)		currently transmitted from hospitals to the state to Philadelphia — efforts are underway to require city hospitals to transmit birth certificates directly to DPH; can support subcity and subgroup statistics	currently analyzed and reported annually for the city and by health district by DPH (Division of Information Management)	support efforts to require hospitals to transmit birth certificates to DPH directly; continue to use resources of DPH to collect and analyze these data
percent of births at low birth weight	-	birth certificate data (11, 21)		see above	see above	see above
percent of births at very low birth weight	*	birth certificate data (11, 21)		see above	see above	see above
percent of births treated in NICU or other special unit	-		records of individual hospitals; appears to be no centralized data source (but see 16)		would require compilation of aggregate or individual data across hospitals	support collection of aggregate data from hospitals; support collection of individual data as part of expanded systematic screening for EI

RECOMMENDED INITIAL SCHOOL READINESS INDICATORS AND SOURCES (cont.)

INDICATORS FOR INITIAL MINIMUM DATA SET	TYPE OF INDICATOR: + positive - negative * sentinel	CURRENTLY AVAILABLE SOURCE (# in parentheses refers to contact person(s) identified on attached sheet)	POTENTIALLY AVAILABLE SOURCE (# in parentheses refers to contact person(s) identified on attached sheet)	COMMENTS ON DATA COVERAGE, QUALITY AND TIMELINESS ISSUES	OTHER COMMENTS	RECOMMENDATIONS
INPUTS/SYSTEMS						
percent of high-risk pregnancies provided home-visiting or other intensive services	+		MIS for expanded, coordinated home visiting network (24)	extent of identification and coverage of high-risk pregnancies is unknown, as is size of this population; consistent data are not currently collected across programs/projects		support including work on data collection and analysis in efforts to expand and coordinate prenatal home visiting programs
percent of births with no prenatal care	*	birth certificate data (11, 21)		currently transmitted from hospitals to the state to Philadelphia — efforts are underway to require city hospitals to transmit birth certificates directly to DPH; can support subcity and subgroup statistics; some errors in reporting (mother and/or hospital)	currently analyzed and reported annually for the city and by health district by DPH (Division of Information Management)	support efforts to require hospitals to transmit birth certificates to DPH directly; continue to use resources of DPH to collect and analyze these data
percent of births with adequate (more than 3 visits) prenatal care in 1st or 2nd trimester	+	birth certificate data (11, 21)		see above	see above	see above
INDICATORS DURING INFANCY (UP TO 24 MONTHS)						
Conditions (Interim Indicators)						
infant mortality rate (up to 12 months; between 12 and 24 months)	-	death certificate data (11, 21; 25)		transmitted from hospitals to DPH; can also use PIYFRT counts for year, as they do an exhaustive search for deaths	death certificate data currently analyzed and reported annually for the city and by health district by DPH (Division of Information Management); PIYFRT is also planning to produce an annual report on preventable deaths	use PIYFRT data to ensure full coverage of deaths
number of preventable infant deaths	*	Philadelphia Interdisciplinary Youth Fatality Review Team data (25)		will have complete data for 1994 by end of 1995		
number of infants with immunization-preventable and other reportable diseases	*	Disease Control Division in DPH (9)		computerized data base under development; current records are manual		support continued development of data base

RECOMMENDED INITIAL SCHOOL READINESS INDICATORS AND SOURCES (cont.)

INDICATORS FOR INITIAL MINIMUM DATA SET	TYPE OF INDICATOR: + positive - negative * sentinel	CURRENTLY AVAILABLE SOURCE (# in parentheses refers to contact person(s) identified on attached sheet)	POTENTIALLY AVAILABLE SOURCE (# in parentheses refers to contact person(s) identified on attached sheet)	COMMENTS ON DATA COVERAGE, QUALITY AND TIMELINESS ISSUES	OTHER COMMENTS	RECOMMENDATIONS
percent of infants with elevated blood lead levels	-	Lead Screening program in DPH (22)		program focuses on target areas and screening is done at parent or other request; potentially eligible child population is not known nor is extent of coverage	currently linking lead screening data with immunization tracking system	use link with immunization tracking system to develop better count of underlying population so can estimate percent
percent of infants eligible for EI services	-		EI Early Identification/ Tracking and Monitoring Services (16)	current program operating in selected settings, so data cover only some unknown proportion of eligible population		if expand effort to get fuller coverage of potential population, support including work on data collection and analysis
percent of infants eligible for at-risk tracking/monitoring through EI system	-		EI Early Identification/ Tracking and Monitoring Services (16); Child Link (13)	first program only operating in selected settings, so cover only some unknown proportion of eligible population; Child Link does only limited outreach for referrals		if expand outreach and referral capacity of entire system, support including work on data collection and analysis
number of substantiated child neglect or indicated child abuse cases involving infants	*	Family and Child Tracking System, DHS (18)		interpretation of changes in numbers must reflect changes in prevention or diversion efforts, identification and referral processes and system capacity to respond	data are highly confidential; currently can produce unduplicated counts by month but not by year	
INPUTS/SYSTEMS						
percent of high risk infants provided home-visiting or other follow-up services	+		MIS for expanded, coordinated home visiting network (24)	extent of identification and coverage of high-risk infants is unknown, as is size of this population; consistent data are not currently collected across programs/projects		support including work on data collection and analysis in efforts to expand and coordinate prenatal home visiting programs
percent of high-risk infants referred for EI screening	+		EI Early Identification/ Tracking and Monitoring Services (16); Child Link (13)	first program only operating in selected settings, so data cover only some unknown proportion of eligible population; Child Link does only limited outreach for referrals		if expand outreach and referral capacity of entire system, support including work on data collection and analysis
percent of high-risk infants screened for EI	+		EI Early Identification/ Tracking and Monitoring Services (16); Child Link (13)	see above		see above
percent of infants with no immunizations by 24 months	-		DPH immunization tracking system (9, 10)	currently developing data linkages with a number of public and private sources — unaffiliated private practice physicians are not included; compiling list of population of interest from a variety of sources, with some unknown level of under coverage	PHMC Health Survey also estimates immunization status of Philadelphia's child population	continue to support development and expansion of immunization tracking system; use estimates from PHMC survey to adjust/supplement data from tracking system

RECOMMENDED INITIAL SCHOOL READINESS INDICATORS AND SOURCES (cont.)

INDICATORS FOR INITIAL MINIMUM DATA SET	TYPE OF INDICATOR: + positive - negative * sentinel	CURRENTLY AVAILABLE SOURCE (# in parentheses refers to contact person(s) identified on attached sheet)	POTENTIALLY AVAILABLE SOURCE (# in parentheses refers to contact person(s) identified on attached sheet)	COMMENTS ON DATA COVERAGE, QUALITY AND TIMELINESS ISSUES	OTHER COMMENTS	RECOMMENDATIONS
percent of infants with full primary immunization series completed by 24 months	+		DPH immunization tracking system (9, 10)	see above	see above	see above
percent of infants receiving some or all of recommended well-child care (including developmental screenings)	+		various independent sources: DPH city health clinics (11); client MIS and service utilization data from various private providers and insurers (see, for example, 1, 4); state contractor for EPDST data Automated Health Systems)	each source categorizes and records data differently; may be under reporting based on whether provider is reimbursed separately or differently for well-child versus sick-child care; individual children may be provided care by more than one source and there is no current mechanism for linking data across sources; unlikely could ever include all well-child care or screenings conducted by unaffiliated private physicians; some sources are not computerized	many of the relevant sources are contributing to the immunization tracking system — it may be possible to use these connections to collect these data as well; PHMC Health Survey also estimates receipt of vision and hearing screenings of Philadelphia's child population	explore building on connections made for immunization tracking system to expand into tracking of well-child care and developmental screenings; use estimates from PHMC survey until such a system is developed and to adjust/ supplement data from tracking system
percent of infants receiving no well child care or developmental screenings	-		various independent sources: DPH city health clinics (11); client MIS and service utilization data from various private providers and insurers (see, for example, 1, 4); state contractor for EPDST data Automated Health Systems)	each source categorizes and records data differently; may be under reporting based on whether provider is reimbursed separately or differently for well-child versus sick-child care individual children may be provided care by more than one source and there is no current mechanism for linking data across sources; unlikely could ever include all well-child care or screenings conducted by unaffiliated private physicians; some sources may not be computerized	many of the relevant sources are contributing to the immunization tracking system — it may be possible to use these connections to collect these data as well; PHMC Health Survey also estimates receipt of vision and hearing screenings of Philadelphia's child population (6)	explore building on connections made for immunization tracking system to expand into tracking of well-child care and developmental screenings; use estimates from PHMC survey until such a system is developed and to adjust/ supplement data from tracking system
percent of at-risk infants screened for blood lead	-	Lead Screening program in DPH (22)		program focuses on target areas and screening is done at parent or other request; potentially eligible child population is not known nor is extent of coverage	currently linking lead screening data with immunization tracking system (10, 11)	use link with immunization tracking system to develop better count of underlying population
percent of infants with elevated blood lead referred for EI screening	+		matching between Lead Screening data (22) and EI referral and screening data (Child Link) (13)			support including work on data collection and analysis as part of effort to link two systems
percent of infants with elevated blood	+		matching between Lead Screening data (22) and EI			see above

RECOMMENDED INITIAL SCHOOL READINESS INDICATORS AND SOURCES (cont.)

INDICATORS FOR INITIAL MINIMUM DATA SET	TYPE OF INDICATOR: + positive - negative * sentinel	CURRENTLY AVAILABLE SOURCE (# in parentheses refers to contact person(s) identified on attached sheet)	POTENTIALLY AVAILABLE SOURCE (# in parentheses refers to contact person(s) identified on attached sheet)	COMMENTS ON DATA COVERAGE, QUALITY AND TIMELINESS ISSUES	OTHER COMMENTS	RECOMMENDATIONS
number of foster care and other out-of-home placements for infants across-systems	*		potential for linking placement data across agencies/programs under Family to Family Initiative, DHS/DPW (2)	at the present, Family to Family is focused on selected neighborhoods within Philadelphia, but if data linkages were achieved could produce data for whole city	there is special interest in linking with PSD and OMH/MR of DPH	support this initiative's efforts to provide unduplicated and complete counts of out-of-home placements
INDICATORS DURING PRE-SCHOOL PERIOD (24 TO 60 MONTHS)						
CONDITIONS (INTERIM INDICATORS)						
number of preventable deaths among pre-school children	*	Philadelphia Interdisciplinary Youth Fatality Review Team data (25)		will have complete data for 1994 by end of 1995		
number of pre-school children with immunization-preventable diseases	*	Disease Control Division in DPH (9)		computerized data base under development; current records are manual		
percent of pre-school children with elevated blood lead levels	-	Lead Screening program in DPH (22)		program focuses on target areas and screening is done at parent or other request, potentially eligible child population is not known nor is extent of coverage	currently working on links between lead screening data and immunization tracking system	might use link with immunization tracking system to develop better count of underlying population so can estimate percent
percent of families with pre-school age children who use library services	+		Public Libraries (15)	library cards are assigned to individuals not to families; can count the number of pre-school level books checked out but not allocate across users		explore possibility of making some changes in library information management system to produce indicators
percent of children who fall below 25th percentile on standardized assessment when enroll in pre-school	-	Office of Early Education, PSD (Developmental Behavior Checklist) (17)		covers only children enrolled in PSD programs, who are an unknown proportion of total eligible population		explore with other pre-school programs to conduct similar assessment on census or sample basis and provide in either unidentified individual or aggregate form
percent of pre-school children eligible for EI services or high-risk tracking	-	PennData (state early intervention tracking system), PSD (15)		1995-96 will be first year that data base will include children screened but not eligible for EI services; will code reason for high-risk tracking; screening program is based on referrals, who are an unknown proportion of total eligible population		support more systematic outreach and referral process and work on data collection and analysis

RECOMMENDED INITIAL SCHOOL READINESS INDICATORS AND SOURCES (cont.)

INDICATORS FOR INITIAL MINIMUM DATA SET	TYPE OF INDICATOR: + positive - negative * sentinel	CURRENTLY AVAILABLE SOURCE (# in parentheses refers to contact person(s) identified on attached sheet)	POTENTIALLY AVAILABLE SOURCE (# in parentheses refers to contact person(s) identified on attached sheet)	COMMENTS ON DATA COVERAGE, QUALITY AND TIMELINESS ISSUES	OTHER COMMENTS	RECOMMENDATIONS
number of substantiated child neglect and indicated child abuse cases involving pre-school children	*	Family and Child Tracking System, DHS (18)		interpretation of changes in numbers must reflect changes in prevention/diversion efforts, identification/referral processes and system capacity to respond	data are highly confidential; can produce unduplicated counts by month but not by year	
INPUTS/SYSTEMS						
percent of children receiving some or all of recommended well-child care (including screenings)	+		various independent sources: DPH city health clinics (11); client MIS and service data from various private and insurers (see, for example, 1, 4); state contractor for EPDST data (Automated Health Systems); school district health data early childhood programs (12)	each source categorizes and records data differently; may be under reporting based on whether provider is reimbursed separately or differently for well-child versus sick-child care; individual children may be provided care by more than one source and there is no current mechanism for linking data across sources; unlikely could ever include all well-child care or screenings conducted by unaffiliated private physicians; some sources (particularly school district) are not computerized	many of the relevant sources are contributing to the immunization tracking system — it may be possible to use these connections to collect these data as well; PHMC Health Survey also estimates receipt of vision and hearing screenings of Philadelphia's child population (6)	explore building on connections made for immunization tracking system to expand into tracking of well-child care and developmental screenings; use estimates from PHMC survey until such a system is developed and to adjust/supplement data from tracking system
percent of children receiving no well-child care	-		see above	see above	see above	see above
percent of children whose percentile ranking on standardized assessment rises from below to above 25th percentile by end of pre-school experience	-	Office of Early Education, PSD (Developmental Behavior Checklist) (17)		covers only children enrolled in PSD programs, who are an unknown proportion of total eligible population		unlikely to be able to negotiate public release of this information, even if collected; might be able to negotiate global (city-wide) aggregate results
number of foster care and other out-of-home placements for pre-school age children across systems	*		potential for linking placement data across agencies/programs under Family to Family Initiative, DHS/DPW (2)	at the present, Family to Family is focused on selected neighborhoods within Philadelphia, but if data linkages were achieved could produce data for whole city	there is special interest in linking with PSD and OMH/MR of DPH	support this initiative's efforts to provide unduplicated and complete counts of out-of-home placements

RECOMMENDED INITIAL SCHOOL READINESS INDICATORS AND SOURCES (cont.)

INDICATORS FOR INITIAL MINIMUM DATA SET	TYPE OF INDICATOR: + positive - negative * sentinel	CURRENTLY AVAILABLE SOURCE (# in parentheses refers to contact person(s) identified on attached sheet)	POTENTIALLY AVAILABLE SOURCE (# in parentheses refers to contact person(s) identified on attached sheet)	COMMENTS ON DATA COVERAGE, QUALITY AND TIMELINESS ISSUES	OTHER COMMENTS	RECOMMENDATIONS
INDICATORS AT TIME OF SCHOOL ENTRY INTO KINDERGARTEN AND DURING KINDERGARTEN YEAR						
OUTCOMES						
percent of K students whose progress falls below specified criterion or percentile at first reporting period	-	Office of Early Education, PSD (current form: Student Progress Record Book) (17)		covers only students in PSD; based on PSD standard curriculum	assessment strategy may change based on the work of the task force on standards and assessment for K-2	unlikely comparable data could be collected in non-public schools
percent of K students who have some indication of potential developmental delay	-		Office of Accountability and Assessment, PSD (23)	test now used by PSD (1st Step) to screen underage students for kindergarten was designed to detect possible developmental delays in the areas of language, cognitive skills, motor skills and social and emotional adjustment; developmental delays are now identified through teacher observation	PSD currently administers this test to determine whether under-age children are "ready" for kindergarten	propose and support universal or targeted use among kindergarten students within PSD; explore possibilities of collecting comparable data on all or a sample on non-public school kindergartners
percent of K students missing more than a specified number of days of school during year	-	attendance data maintained on School Computer Network, PSD (3, 20)		covers only students in PSD; includes unexcused and excused absences as well as days tardy		explore obtaining comparable aggregate data from non-public schools
percent of families with kindergarten-age children who use library services	+		Public Library (15)	library cards are assigned to individuals not to families; can count the number of kindergarten-books checked out but not allocate across users		explore possibility of making some changes in library information management system to produce indicators
number of substantiated child neglect or indicated child abuse cases involving kindergarten-age children	*	Family and Child Tracking System, DHS (18)		interpretation of changes in numbers must reflect changes in prevention/diversion efforts, identification/referral processes and system capacity to respond	data are highly confidential; can produce unduplicated counts by month but not by year	
INPUTS/SYSTEMS						
percent of K students who had a pre-school experience	+	student history of program enrollment (may be maintained on School Network) (19; 3, 20)		can only positively identify PSD K students who were in PSD pre-school programs; PSD staff attempt to get information on other students by surveying K teachers	at one point questions about pre-school experience were included on PSD registration form (18)	include questions on pre-school (and K) experience on PSD registration forms completed by parents; explore adding comparable items to registration forms for non-public schools and getting information in aggregate form

RECOMMENDED INITIAL SCHOOL READINESS INDICATORS AND SOURCES (cont.)

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percent of K students with untreated vision and/or hearing problems detected after school entry	-		PSD school health records kept in manual files (12)	covers only students enrolled in PSD	data are not currently computerized in any form; detailed specifications for a system have been developed by PSD; PHMC Health Survey contains questions on vision and hearing screening (6)	eventually support computerization of these PSD records for programmatic as well as data collection reasons; consider strategies for phasing in this effort; unlikely to be able to develop comparable data for non-public school students
percent of K students without up-to-date immunizations by school registration	-		PSD school health records kept in manual files — potentially on School Computer Network (12; 3, 20)	covers only students enrolled in PSD	there are entry screens on SCN, but there are resource constraints in getting the data entered; DPH immunization tracking system is intended to support use by school nurses to determine if primary immunizations had been previously completed	support efforts to get immunization data on SCN and to link SCN with DPH immunization tracking system; consider ways to obtain comparable school-based information for non-public school students
number of foster care and other out-of-home placements for pre-school age children across systems	*		potential for linking placement data across agencies/programs under Family to Family Initiative, DHS/DPW (2)	at the present, Family to Family is focused on selected neighborhoods within Philadelphia, but if data linkages were achieved could produce data for whole city	there is special interest in linking with PSD and OMH/MR of DPH	support this initiative's efforts to provide unduplicated and complete counts of out-of-home placements
INDICATORS DURING EARLY SCHOOL YEARS (BEGINNING WITH 1ST GRADE UP TO GRADE 3)						
OUTCOMES						
percent of 1st grade students who do not meet standards for promotion to 2nd grade	-	promotion/retention decision data maintained by PSD (5)		cover only students enrolled in PSD	there is no comparable categorization of students in non-public schools; current (interim) promotion/retention policy may change affecting these data; work on standards and assessment should yield more detailed criteria and more reliable assessment at exit from grades 2 and 4	support continuation of some method to assess whether 1st grade (and other) students met promotion criteria regardless of assignment to next year's grade

RECOMMENDED INITIAL SCHOOL READINESS INDICATORS AND SOURCES (cont.)

INDICATORS FOR INITIAL MINIMUM DATA SET	TYPE OF INDICATOR: + positive - negative * sentinel	CURRENTLY AVAILABLE SOURCE (# in parentheses refers to contact person(s) identified on attached sheet)	POTENTIALLY AVAILABLE SOURCE (# in parentheses refers to contact person(s) identified on attached sheet)	COMMENTS ON DATA COVERAGE, QUALITY AND TIMELINESS ISSUES	OTHER COMMENTS	RECOMMENDATIONS
percent of students in each grade missing more than a specified number of days of school during year	-	attendance data maintained on School Computer Network, PSD (3, 20)		covers only students in PSD; includes unexcused and excused absences as well as days tardy		explore obtaining comparable aggregate data from non-public schools
percent of 2nd grade students who do not meet standards for promotion to 3rd grade	-	promotion/retention decision data maintained by PSD (5)		cover only students in PSD	there is no comparable categorization of students in non-public schools; current (interim) promotion/retention policy may change affecting these data; work on standards and assessment should yield more detailed criteria and more reliable assessment at exit from grades 2 and 4	support continuation of some method to assess whether 1st grade (and other) students met promotion criteria regardless of assignment to next year's grade
percent of families with primary grade children who use library services	+		Public Library (15)	library cards are assigned to individuals not to families; can count the number of primary grade level books checked out but not allocate across users		explore possibility of making some changes library information management system to produce indicators
number of substantiated child neglect and indicated child abuse cases involving school-age children (up to specified age)	*	Family and Child Tracking System, DHS (18)		interpretation of changes in numbers must reflect changes in prevention/diversion efforts, identification/referral processes and system capacity to respond		data are highly confidential; can produce unduplicated counts by month but not by year

RECOMMENDED INITIAL SCHOOL READINESS INDICATORS AND SOURCES (cont.)

INDICATORS FOR INITIAL MINIMUM DATA SET	TYPE OF INDICATOR: + positive - negative * sentinel	CURRENTLY AVAILABLE SOURCE (# in parentheses refers to contact person(s) identified on attached sheet)	POTENTIALLY AVAILABLE SOURCE (# in parentheses refers to contact person(s) identified on attached sheet)	COMMENTS ON DATA COVERAGE, QUALITY AND TIMELINESS ISSUES	OTHER COMMENTS	RECOMMENDATIONS
INPUTS/SYSTEMS						
percent of 1st grade students who had full day K	+	student history of program enrollment (may be maintained on School Computer Network) (19; 3, 20)		can only positively identify PSD students who were in PSD K programs; PSD staff attempt to get information on other students by surveying 1st grade teachers	at one point questions about K experience were included on PSD registration form	include questions on pre-school (and K) experience on PSD registration forms completed by parents; explore adding comparable items to registration forms for non-public schools and getting information in aggregate form
percent of 1st grade students who had any K	+	see above		see above	see above	see above
percent of children in each grade with untreated vision and/or hearing problems detected after school entry	-		PSD school health records kept in manual files (12)	covers only students enrolled in PSD	data are not currently computerized in any form; detailed specifications for a system have been developed by PSD	eventually support computerization of these records for programmatic as well as data collection reasons; consider strategies for phasing in this effort
percent of 1st grade children without up-to-date immunizations at time of school registration	-		PSD school health records kept in manual files; potentially on School Computer Network (12; 3, 20)	covers only students enrolled in PSD	there are entry screens on SCN, but there are resources constraints in getting the data entered; DPH immunization tracking system is intended to support eventual use by school nurses to determine if primary immunizations had been previously completed	support efforts to get immunization data on SCN and to link SCN with DPH immunization tracking system; consider ways to obtain comparable school-based information for non-public school students

RECOMMENDED INITIAL SCHOOL READINESS INDICATORS AND SOURCES (cont.)

INDICATORS FOR INITIAL MINIMUM DATA SET	TYPE OF INDICATOR: + positive - negative * sentinel	CURRENTLY AVAILABLE SOURCE (# in parentheses refers to contact person(s) identified on attached sheet)	POTENTIALLY AVAILABLE SOURCE (# in parentheses refers to contact person(s) identified on attached sheet)	COMMENTS ON DATA COVERAGE, QUALITY AND TIMELINESS ISSUES	OTHER COMMENTS	RECOMMENDATIONS
number of foster care and other out-of-home placements of school-age children (up to specified age) across systems	*		potential for linking placement data across agencies/programs under Family to Family Initiative, DHS/DPW (2)	at the present, Family to Family is focused on selected neighborhoods within Philadelphia, but if data linkages were achieved could produce data for whole city	there is special interest in linking with PSD and OMH/MR of DPH	support this initiative's efforts to provide unduplicated and complete counts of out-of-home placements

Notes on abbreviations and acronyms:

PIYFRT: Philadelphia Interdisciplinary Youth Fatality Review Team
 DPH: Department of Public Health
 NICU: neonatal intensive care unit
 EI: early intervention (in cases of significant developmental delays identified during the period from birth to school entry)
 PHMC: Philadelphia Health Management Corporation (a private entity with contracted responsibility for managing the screening and information management system for the birth through age 3 early intervention system; also conducts other data collection projects related to health issues)
 EPSDT: Early Periodic Screening, Diagnosis and Treatment (a set of health-related services provided through the Medicaid system for eligible children)
 MIS: management information system
 DHS: Department of Human Services (a city agency which administers child protection services)
 DPW: Department of Public Welfare (a state agency which administers welfare benefits)
 OMH/MR: Office of Mental Health and Mental Retardation within the city Department of Public Health
 PSD: Philadelphia School District
 K: kindergarten
 SCN: School Computer Network (a networked PC-based data base system of the Philadelphia Public Schools)