



Guilford School Readiness Report Card

June 2007



School Readiness Equation

Ready Communities + Ready Families + Ready Schools = Ready Children

WITH FINANCIAL SUPPORT FROM:



Moses Cone ~ Wesley Long
COMMUNITY HEALTH FOUNDATION

The *Guilford School Readiness Report Card* was compiled by Action for Children North Carolina

The *Guilford School Readiness Report Card* uses data to describe the current status of our youngest children. The indicators chosen help illustrate how well our county is doing to prepare young children for school. As the first *School Readiness Report Card*, data presented provide a baseline which can be used in the future to measure whether we are succeeding in improving the conditions which will help our children enter school ready to learn. By regularly tracking these indicators, policymakers, community leaders and concerned citizens will be able to identify areas in need of intervention, track results of investments, monitor trends over time and document successes.

To be successful students, children must come to school ready to learn. This report card looks at a variety of indicators that, together, provide an in-depth look at whether our children are receiving the types of experiences needed to enter school prepared. Indicators studied in this report were chosen based on several criteria:

- > Research shows that a change in the indicator will influence children's school readiness.
(See the text box below for more information.)
- > State and local policy decisions can influence the indicators.
- > Each indicator can currently be measured reliably.

The set of indicators included in the *School Readiness Report Card* combine information on individual child outcomes with broader systems data that look at the capacity of child and family programs to meet the needs of all children in the community.

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The Guilford Education Alliance is a county-wide nonprofit organization whose mission is to create community commitment to provide quality educational opportunities to all. The *Guilford School Readiness Report Card* is a pilot initiative of the N.C. School Readiness Project; support for the *School Readiness Report Card* comes from the Moses Cone Wesley Long Community Health Foundation. The Alliance convened an Early Childhood Think Tank with representatives from the Guilford County Partnership for Children; Guilford Child Health; Guilford County Schools; the Guilford Departments of Social Services and Public Health; the United Ways of Greater Greensboro and Greater High Point; Family Services of the Piedmont; United Child Development Services; the Center for Youth, Family and Community Partnerships; and other early childhood professionals to collaborate on this initiative. The Think Tank focused on ways to create community conversations regarding the need for increased capacity and coordination of our service systems so that all children have the opportunity for optimum development during the early years of life. Recommendations from this group are included in this report.

The information provided in the *Guilford School Readiness Report Card* is based on work done by leading researchers at the national level and the North Carolina for School Readiness Project.

The **North Carolina for School Readiness Project** is a partnership between the N.C. Early Childhood Comprehensive System grant and the N.C. SPARK Project (Supporting Partnerships to Assure Ready Kids). A group of strategists worked diligently to develop a set of indicators for school readiness in North Carolina.

The **School Readiness Indicators Initiative** worked with 17 states to develop a comprehensive set of school readiness indicators to inform public policy for young children and their families. The set of child outcome and system indicators covers children from birth through the fourth grade. Research shows that reading test scores in the fourth grade are an important red flag for children most at risk for poor long-term outcomes, such as dropping out of school, teen pregnancy and juvenile crime. This initiative was sponsored by the David and Lucile Packard Foundation, the Ewing Marion Kauffman Foundation and the Ford Foundation. More information is available online at: <http://www.gettingready.org/matrix/>.

The **School Readiness Pathway Project** gathered a broad and coherent body of information about what it takes to increase the number of children who are ready for school learning at the time of school entry. It highlights actions that individuals and organizations can take to achieve three goals: good health, supportive social and cognitive environments, and safe, strong neighborhoods. This project is sponsored by the Harvard Medical School and the Annie E. Casey Foundation. More information is available online at: <http://www.pathwaystooutcomes.org/>.

The **SPARK** initiative seeks to align early learning and elementary school systems – as well as health and critical services – for children who are likely to be unprepared to learn. SPARK is a national initiative launched by the W.K. Kellogg Foundation to help better prepare children for school. SPARK seeks to smooth the transition to school and to align early learning and elementary school systems for children ages 3-6 who are vulnerable to poor achievement. The North Carolina Ready Schools Taskforce, a group working to develop a set of indicators on Ready Schools, is part of this national project. More information is available online at: <http://www.wkcf.org>.

Although children do not enter school for the first time until age five, they begin preparing for school the moment they are born. Experiences throughout the first five years of life help set the stage for success in school and life. Research has shown that early experiences influence brain development “by establishing the neural connections that provide the foundation for language, reasoning, problem solving, social skills, behavior and emotional health.”¹

Children cannot succeed academically unless communities, families and schools provide the types of developmental opportunities needed to nurture cognitive development during their first five years and beyond. Ready communities offer resources, services and supports for families with young children. Ready families provide a loving, supportive environment rich with opportunities to learn and grow. Ready schools welcome students into an environment in which they are encouraged to develop and succeed. When each of these supports is in place, children enter school with the skills, behaviors and supports they need to succeed.

| Child Demographics | | | | | | |
|---|-----------------|---------|--------------------------|----------------|-----------|-------------------------|
| Indicator | Guilford County | | Guilford County % Change | North Carolina | | North Carolina % Change |
| | 2000 | 2004 | | 2000 | 2004 | |
| Population | | | | | | |
| Children aged 0 to 17 | 100,328 | 104,608 | 4.3% | 1,972,503 | 2,069,515 | 4.9% |
| Children aged 0 to 5 | 33,337 | 34,141 | 2.4% | 651,770 | 693,145 | 6.3% |
| Race/Ethnicity : Children Aged 0 to 17 | | | | | | |
| White, non-Hispanic | 54.3% | 51.3% | -5.5% | 62.6% | 60.9% | -2.8% |
| Black, non-Hispanic | 35.6% | 36.2% | 1.7% | 26.2% | 25.5% | -2.8% |
| Hispanic | 4.7% | 6.6% | 40.4% | 6.4% | 8.5% | 34.2% |
| Asian/Pacific Islander, non-Hispanic | 3.1% | 3.4% | 9.7% | 1.7% | 1.9% | 10.4% |
| American Indian/Alaskan Native, non-Hispanic | 0.5% | 0.5% | 0.0% | 1.5% | 1.4% | -3.6% |
| Two or more races | 1.9% | 2.1% | 10.5% | 1.6% | 1.8% | 11.5% |

Other Interesting Changes in Guilford County Child Demographics:

- > Our youngest children, those aged 0 to 5, are more racially and ethnically diverse than older children as illustrated by recent birth data:

| Guilford County Births by Race and Ethnicity | | |
|---|-------|-------|
| | 2000 | 2005 |
| White | 60.2% | 57.7% |
| Minority | 39.8% | 42.3% |
| Non-Hispanic | 91.7% | 86.2% |
| Hispanic | 8.3% | 13.8% |

- > In Guilford County Schools, there are 106 cultural and ethnic groups represented and 117 different languages spoken in students' homes.

Other Notable Child Trends in Guilford County:

- > High-risk births increased from 2000 to 2005, despite a declining teen birth rate.

| | 2000 | 2005 |
|--|-------|-------|
| Premature births (<37 weeks) | 12.7% | 13.4% |
| Low birthweight | 9.0% | 9.4% |
| Infant mortality rate (per 1,000) | 7.2 | 9.5 |
| Teens (aged 15-17) birth rate (per, 1,000) | 42.8 | 31.8 |

1. Rhode Island KIDS COUNT. "Getting Ready: Findings from the National School Readiness Indicators Initiative, A 17-State Partnership." February 2005. Available online at: <http://www.getting-ready.org/matriarch/>.

Ready Communities + Ready Families + Ready Schools = Ready Children

Ready communities provide the resources and services that help families with young children. Families with young children need supports such as learning opportunities for young children, social supports for parents and services for families in need. Ready communities work to make sure that all young children, regardless of their family situation, have access to the types of resources that help children enter school ready to learn.

Children who are not healthy are less likely to do well in school; ready communities ensure that children and families have access to health care services. Communities with access to health insurance, prenatal care, preventive health care and supports for children with developmental delays are more likely to have children entering school healthy and ready to learn. Proper health care is critical to children's development; to be most effective, such care must start before a child is born and continue throughout childhood.

High quality early care and education programs help prepare children for school academically, socially and emotionally. While having access to such programs is important for all children, participation in such programs has been shown to be especially beneficial for economically disadvantaged children. Ready communities not only have high quality early care and education, but also work to make such programs accessible to all children.

| Indicator | Guilford County | | Guilford County % Change | North Carolina | | North Carolina % Change |
|--|-----------------|--------------------|--------------------------|--------------------|--------------------|-------------------------|
| | 2001 | 2006 | | 2001 | 2006 | |
| Ready Communities: Community & Environmental Conditions | | | | | | |
| Elementary school children enrolled for free or reduced lunch ¹ | 45.4% | 54.8% | 20.0% | 45.2% | 53.0% | 17.3% |
| Ready Communities: Health | | | | | | |
| Children aged 0 to 5 without health insurance | unavailable | unavailable | | 10.4% | 8.4% | |
| Children born at a healthy birth weight (>2500 g) | 91.2% | 90.6% | -0.7% | 91.2% | 90.8% | -0.4% |
| Medicaid enrolled children aged 0 to 4 receiving preventive care ² | 70.9% | 77.1% | 8.7% | 68.8% | 74.2% | 7.8% |
| Children aged 0 to 5 who were screened and had elevated blood lead levels (>=10 micrograms/dL) | 0.7% | 0.3% | -60.9% | 0.7% | 0.3% | -60.9% |
| Ready Communities: Early Care & Education | | | | | | |
| Number of children aged 0 to 3 enrolled in early intervention services to reduce effects of developmental delay, emotional disturbance and/or chronic illness | unavailable | 609 | | 9,845 | 14,521 | 47.5% |
| Number of children in regulated child care (aged 0 to 5) | 9,109 | 17,640 | 93.7% | 161,103 | 263,907 | 63.8% |
| Of the regulated early care and education programs serving preschool age children, percent at 4 and 5 star levels ^{3,4} | unavailable | 39.7% | | unavailable | 40.5% | |
| Of the children aged 0 to 5 enrolled in regulated early care and education programs, the percent in 4 and 5 star programs ⁴ | 36.0% | 55.0% | | 33.0% | 56.0% | |
| At-risk children (aged 4) enrolled in high-quality pre-k programs the year before they are eligible for kindergarten (includes public school and 4 and 5 star programs with Head Start, More at Four, Subsidy and Title 1 children, excluding children with preschool disabilities) ⁵ | unavailable | 72.1% ⁵ | | 42.8% ⁶ | 60.5% ⁶ | 41.4% |
| Number of children aged 0 to 5 receiving child care subsidies | 3,491 | 2,747 | -21.3% | 61,467 | 62,651 | 1.9% |
| Of the children aged 0 to 5 receiving a child care subsidy, percent in 3, 4, and 5 star early care and education programs | 59.4% | 85.0% | 43.1% | 55.6% | 85.6% | 54.0% |
| Children who are eligible to receive a child care subsidy but are on a waiting list (range during the year) | unavailable | 1,400-2,360 | | unavailable | 21,700-39,600 | |

1. Children living in families with incomes below 185% of the federal poverty limit (~\$35,000 for a family of four in 2005) are eligible to enroll in the free and reduced price lunch program.
 2. The percentage of children aged 0-4 enrolled in Medicaid who have at least one initial or periodic screening through the Early Periodic Screening, Diagnostic and Treatment (EPSDT) program.
 3. Regulated care includes all child care that is monitored by the N.C. Department of Health and Human Services, Division of Child Development. Types of care include: licensed child care providers, religious sponsored programs and providers with temporary or provisional licenses.
 4. Percent as calculated by the N.C. Partnership for Children. Calculation methods differ from those of the Division of Child Development. Assumes all children in Head Start, More at Four and Title I are in 4 star care.
 5. Percentage estimated by the Guilford Education Alliance. Calculated as the number of at-risk 4-year-olds enrolled in high-quality pre-k programs/(number of 4-year-olds x % of kindergarteners receiving free/reduced price lunch). Cannot be directly compared to state-level data because calculation methods vary.
 6. Data for 2002 and 2006. At-risk is defined as eligible for free or reduced lunch. Some categories are estimates and as much duplication has been eliminated as possible.

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Ready families provide home environments that foster cognitive development and learning. For children to thrive, they must have safe, stable homes free from abuse and neglect, and strong, caring, permanent relationships with adults who nurture their development. Children from unsafe and/or unstable homes are more likely to suffer from behavioral, emotional and educational problems.

Children from families that create a supportive home learning environment and who actively engage their children in learning are more likely to be ready to succeed in school. Research shows that mothers with higher levels of education are most likely to provide such homes. Teen mothers, mothers with depression and those with substance abuse problems are less likely to provide such environments.

| Indicator | Guilford County | | Guilford County % Change | North Carolina | | North Carolina % Change |
|---|--|--------------------|--------------------------|--------------------|--------------------|-------------------------|
| | 2000 | 2003 | | 2000 | 2003 | |
| Ready Families | 2000 | 2003 | | 2000 | 2003 | |
| Children aged 0 to 5 who are read to every day | unavailable | unavailable | | unavailable | 49.7% | |
| Ready Families: Health | 2000 | 2005 | | 2000 | 2005 | |
| Live births where mother received adequate prenatal care ¹ | 88.1% | 89.9% | 2.1% | 82.5% | 80.3% | -2.7% |
| Children with required immunizations by age 2 | unavailable | unavailable | | 82.8% | 85.2% | 2.9% |
| Children entering kindergarten with up-to-date immunizations | 97.4% ² | 98.6% ² | 1.2% | 97.6% ² | 98.0% ² | 0.5% |
| Children (aged 0 to 4) with a regular source of primary care | unavailable | unavailable | | unavailable | 82.9% | |
| Parents reporting that their child (aged 0 to 4) did not receive all the medical care that the parent felt he or she needed in the past 12 months | unavailable | unavailable | | unavailable | 1.0% | |
| Food insecurities in households with young children (aged 1-4) ³ | unavailable | unavailable | | unavailable | 3.3% | |
| Ready Families: Maternal Risk Factors | 2000 | 2005 | | 2000 | 2005 | |
| Teen pregnancy rate, ages 15 to 17 | 42.8 | 31.8 | -25.7% | 44.4 | 35.6 | -19.8% |
| Births to mothers with fewer than 12 years of education | 19.3% | 20.8% | 7.8% | 22.2% | 23.1% | 4.1% |
| | Guilford Region⁴ 2002-2004 | | | 2000 | 2004 | |
| Mothers who used alcohol during pregnancy | | 3.1% | | 5.0% | 7.5% | 50.0% |
| Mothers who experienced abuse before, during or after pregnancy | | 6.4% | | 5.2% | 5.6% | 7.7% |
| Mothers who do not have someone they can talk with about problems | | 10.5% | | 11.7% | 13.4% | 14.5% |
| Mothers who report that they were moderately or severely depressed in the months after delivery ⁵ | | 21.5% | | 19.6% | 18.9% | -3.6% |
| Ready Families: Child Maltreatment | 2000 | 2005 | | 2000 | 2005 | |
| Children aged 0 to 6 with substantiated reports of abuse and neglect ⁶ | unavailable | 234 | | unavailable | 11,878 | |
| Children aged 0 to 6 with a finding of "services needed" ⁶ | unavailable | 173 | | unavailable | 3,940 | |
| Parents reporting that anyone in their household has insulted their child (aged 0 to 4), by calling the child dumb, lazy or a similar name in the past year | unavailable | unavailable | | unavailable | 14.4% | |
| Parents reporting that their child (aged 0 to 4) has been left alone for more than one hour without any adult supervision within the past year | unavailable | unavailable | | unavailable | 23.5% | |

1. Includes those receiving "adequate prenatal care" as measured by the Kotelchuck Index. More information on the Kotelchuck Index available online at: http://www.mchlibrary.info/databases/HSNRCPDFs/Overview_APCUIndex.pdf.

2. Data for school years 2000-2001 and 2005-2006.

3. This is a composite measure based on three food insecurity questions (#4, 5 and 6) on the N.C. Child Health Assessment and Monitoring Program (CHAMP) survey.

4. PC Region II, Northwest Counties includes: Avery, Burke, Caldwell, Watauga, Ashe, Alleghany, Wilkes, Alexander, Catawba, Iredell, Surry, Yadkin, Davie, Rowan, Davidson, Forsyth, Stokes, Rockingham, Guilford and Randolph.

5. Due to changes to the questionnaire, data for the state are for years 2000 and 2003, data for the region are from 2001-2003.

6. Due to changes in the N.C. Division of Social Services (DSS) reporting system, data from previous years are not comparable. In 2005, 49 counties were using the Multiple Response System (more information is available online at: <http://www.dhhs.state.nc.us/mrs/>). The count of maltreatment reports substantiated includes reports that were substantiated for "abuse," "neglect" and "abuse and neglect" with case decision dates during this time. The count of family assessments indicating "services needed" includes reports with case decision dates during this time.

Ready Communities + Ready Families + Ready Schools = Ready Children

Research shows that ready elementary schools are critical to ensuring that children are able to succeed upon entering school. The North Carolina Ready Schools Taskforce, with representatives from many organizations including the N.C. Department of Public Instruction, local school districts, the Office of School Readiness and the N.C. Partnership for Children, is working to develop a set of indicators to assess how ready our elementary schools are. The Taskforce has defined a ready school as one that “provides an inviting atmosphere, values and respects all children and their families, and is a place where children succeed. It is committed to high quality in all domains of learning and teaching and has deep connections with parents and its community. It prepares children for success in work and life in the 21st century.”

Ready elementary schools prepare for new kindergarteners by communicating and coordinating with early care and education programs in their communities to ensure smooth transitions for students. They ensure that all children and their families are welcome in the school by providing a culturally and linguistically sensitive, child-focused atmosphere. Ready schools have strong leaders who work to ensure not only that the school is well-connected to the community, but also that staff are supported and that students succeed. Such schools measure student success in multiple domains, including physical well-being; social relationships and emotional development; use of language; and cognition, general knowledge and problem solving.

While the Taskforce has found that there are many factors that can be assessed to determine if a school is ready to successfully work with all kindergarteners and their parents, the Taskforce has not yet identified a specific set of indicators. Therefore, no indicators of ready schools are included in this report.

Ready Communities + Ready Families + Ready Schools = Ready Children

Researchers and practitioners agree that children’s readiness for school is best measured by looking at five domains: physical well-being and motor development; social and emotional development; language development; cognition, general knowledge and approaches to learning. Children need to develop across all five domains before they can be ready to learn and succeed in school.

The North Carolina for School Readiness Project established a set of indicators to assess how ready children entering kindergarten are (see text box below). While data for kindergarteners in North Carolina are not currently available for most of the indicators, national data reveal that between 15-18% of children have a developmental or behavioral disability and that almost 40% of parents of young children have concerns about their child’s learning, development or behavior.¹

Ready Children Indicators (available from the Kindergarten Health Assessment)

The percentage of children with:

- > Normal body mass index
- > Adequate or corrected vision
- > Adequate or corrected hearing
- > Adequate dental care
- > Appropriate fine and gross motor skills
- > Developmentally appropriate skills and behaviors in the emotional/social emotional domain
- > Developmentally appropriate skills and behaviors in the cognition and general knowledge domain
- > Developmentally appropriate skills and behaviors in the approaches to learning domain
- > Developmentally appropriate skills and behaviors in the language development and communication domain

There is no statewide compilation of most of these indicators; however, the Kindergarten Health Assessment (KHA) is a tool for collecting the data on individual children that can be compiled to provide population-level measurement. The North Carolina Department of Public Instruction requires that every child entering kindergarten has a complete “Kindergarten Health Assessment,” performed by a doctor, before starting school. The KHA measures children’s readiness for school across all five domains. The Guilford County School District is the first school district to aggregate and analyze data from the KHA.

1. Kaye, N., May, J. and Abrams, M. “State Policy Options to Improve Delivery of Child Development Services: Strategies from the Eight ABCD States.” National Academy for State Health Policy. 2006. Available online at: www.nashp.org. The Child and Adolescent Health Measurement Initiative, National Survey of Children’s Health, Data Resource Center on Child and Adolescent Health. Available online at: <http://www.childhealthdata.org>.

Kindergarten Health Assessment

North Carolina law requires that all entering kindergarteners provide his or her school a Kindergarten Health Assessment (KHA) within 30 days of school entry. This assessment collects comprehensive information about each child's health. It must be completed by a highly trained professional, a physician licensed to practice medicine, a physician's assistant, a certified nurse practitioner or a public health nurse meeting the Department's standards for the Early Pediatric Screening Development Tool (EPSDT). The assessment measures a child's readiness for school across all five domains.

The Guilford Education Alliance sought funding for a *School Readiness Report*, and for being a pilot for collecting and aggregating the Kindergarten Health Assessment data. However, there were several challenges in the Guilford County pilot, including delayed distribution of revised KHA forms, limited time to educate parents, schools and providers about the importance of accurate and complete data, and some errors in collecting the appropriate page for data entry. Of the 6,000 potential forms from entering kindergarteners, 3,536 (65%) were "usable" for the pilot data analysis project. Unusable documents included old KHA forms, forms from another state or country, page 1 instead of page 2 of the correct form and "edited" forms.

A strong recommendation is that there be greater effort to saturate physicians' offices and coordinate with Guilford County Schools kindergarten registration offices to ensure utilization of and compliance with the revised form. Additionally, educating physicians on the importance of the accurate completion of the forms is critical.

Despite the fact that the KHA is the only population-based assessment of child health and development at school entry, the data have never been collected and analyzed to guide decision making. In the 2006-2007 school year, the Guilford County School District, with support from the Guilford Education Alliance, was the first school district in the state to attempt to aggregate data from the Kindergarten Health assessment in order to better understand health and developmental needs of children entering school.

Data from the first round of the Kindergarten Health Assessment cannot be used in full due to the high number of unusable forms and high non-response rates on some questions. However, some noteworthy data stand out in the findings:

- > Three-fourths of all children entering kindergarten receive regular medical care from a private physician.
- > A slight majority (57%) of children entering kindergarten have private insurance, 38% receive Medicaid or Health Choice and 5% have no insurance.
- > Eighty percent of physicians conducted hearing and vision screenings.
 - o 6% of children were referred for further vision testing.
 - o 3% of children were referred for further hearing testing.
- > Of those children who were found to have pertinent illnesses or developmental problems, the highest incidences were for asthma, speech/language, vision, dental and attention/learning.

As each entering kindergartener brings a comprehensive health assessment to the school, it is important that these data be utilized in two important ways.

1. The data aggregated by schools should be reviewed so that health professionals and teachers can ascertain what special health needs are within the school and what health education needs are most immediate;
2. Communication among the examining physicians, particularly in the instance of recommending referrals for further examination of a health issue, parents and school personnel including the school nurses, teachers and administrators must be thorough.

Data Sources

Data for Child Demographics

Population: N.C. State Demographics. Certified County/State Population Estimates, "County Total Age Groups-Children." Available online at: <http://demog.state.nc.us/>.

Race and Ethnicity: Original data analysis using data from the Population Estimates Program, Population Division, U.S. Census Bureau. North Carolina state file, "County Population Estimates by Age, Sex, Race and Hispanic Origin: April 1, 2000 to July 1, 2004." Available online at: <http://www.census.gov/popest/counties/ash/>.

Other Data: Guilford County Department of Public Health. Health Status of Guilford County Data Book 2006. December 2006.

Data for Ready Communities

Ready Communities: Community & Environmental Conditions: School Lunch: N.C. Department of Public Instruction, Claims Department, special data request, January 2007.

Ready Communities: Health: Uninsured: Annual Social and Economic Supplement, Current Population Survey, US Census Bureau and Bureau of Labor Statistics <http://www.schs.state.nc.us/SCHS/deaths/ims/2005/>; Low birthweight infants: Vital Statistics Yearly Reports 2000 and 2005, available online at <http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm>; Medicaid-enrolled preventive care: Calculated using data from the N.C. Division of Medical Assistance, N.C. DHHS, "Health Check Participation Data" available online at: <http://www.dhhs.state.nc.us/dma/healthcheck.htm>; Lead: Special data request to the N.C. Childhood Lead Poisoning Prevention Program, Department of Environment and Natural Resources, August 2006.

Ready Communities: Early Care & Education: Early Intervention: Special data request to the Women and Children's Health Section, N.C. DHHS, August 2006; Percent of children in 4 and 5 star programs: N.C. Partnership for Children, PBIS results; All other Child Care data (including subsidies): special data request to the Division of Child Development, N.C. DHHS, January 2007; At-risk children in high-quality pre-k: data from the North Carolina Shared Indicators for School Readiness project.

Data for Ready Families

Ready Families: Children read to every day: Child and Adolescent Health Measurement Initiative (2005). National Survey of Children's Health, Data Resource Center on Child and Adolescent Health. Available online at: www.nschdata.org.

Ready Families: Health: Prenatal care: Special data request to the State Center for Health Statistics, N.C. DHHS, January 2007; Immunization rates: Special data request to the Division of Women and Children's Health, N.C. DHHS, January 2007; Primary care, medical care and food insecurities: Child Health Assessment and Monitoring Program (CHAMP) Survey, 2005. Available online at: <http://www.schs.state.nc.us/SCHS/champ/index.html>.

Ready Families: Maternal Risk Factors: Teen pregnancy: N.C. DHHS, State Center for Health Statistics. "North Carolina Reported Pregnancies." Available online at: <http://www.schs.state.nc.us/SCHS/data/county.cfm>; All other indicators: special data request to the State Center for Health Statistics, N.C. DHHS, January 2007.

Ready Families: Child Maltreatment: Substantiated abuse/neglect and found services needed: special data request to the Division of Social Services, N.C. DHHS, January 2007. Other indicators: Child Health Assessment and Monitoring Program (CHAMP) Survey, 2005. Available online at: <http://www.schs.state.nc.us/SCHS/champ/index.html>.

An Early Childhood Think Tank was convened to review the findings of the *Guilford School Readiness Report Card*, consider macro level ways in which to apply the findings in communities in our county, make recommendations to increase capacity and coordination of service systems and devise a plan for moving forward with school readiness work. For this inaugural effort, the Guilford County Early Childhood Think Tank limited its review to issues identified by five of the indicators.

Policy Recommendations

Ready Communities and Ready Families: Health

- > The Kindergarten Health Assessment (KHA) should be fully utilized county-wide through electronic information and early data collection.
- > Primary care doctors should be encouraged to fill out the KHA in its entirety.
- > Parents, doctors and schools should work together to enhance the use of the KHA as a communication tool.
- > School teams should review KHAs and oversee implementation of recommendations to improve communication and coordination.

Ready Communities: Early Care and Education

- > All children in child care should be in a 4 or 5 star facility. Strategies to increase access for all children to high quality care should be emphasized. To do this, strategic incentives should be designed to offer improvements in child care settings, including advanced education for child care workers.
- > Children in foster care or involved with Child Protective Services, those with developmental delays (0- to 3-year-olds) and children in peril who have experienced any trauma should receive priority placement in 4 and 5 star child care.

Ready Families: Maternal Risk Factors

- > Workforce capacity issues must be addressed to increase the number of trained providers of mental health services and to integrate behavioral health into family service settings.
- > Payment and reimbursement issues for the provision of mental health services must be addressed.
- > Our county has a strong nurse in-home visiting program for new mothers. This program could be made stronger by assessing the optimal time for follow-up visits and by utilizing a valid and reliable tool for screening for maternal depression.

Ready Children: Social and Emotional Development

- > Proactive prevention strategies should be developed that promote health, social and emotional development. One way to do this is to align and integrate a family-centered approach with the social/emotional framework into medical homes and other places where families, child care professionals and others are already engaged.
- > There is a need for community understanding of the variety of social/emotional health issues of mothers and children, from acute post-partum concerns to the need for intensive treatment of more severe issues. Evidence-based programs for parent education should be promoted.
- > Reestablish the early intervention consortium model in Guilford County in order to build alignment with providers and build a collaborative approach to the utilization of resources. There is a need for leadership unity on the importance and rights of children that can prompt policy level change.

Next Steps

In developing this first *School Readiness Report Card*, the Guilford County Early Childhood Think Tank found practical significance for the community to adopt shared indicators and use the data to identify program needs and priorities, resource needs or allocations and spark system change and public policy action.

Plans are moving forward to produce a second *School Readiness Report Card* for Guilford County next year. The availability of additional data will allow a more in-depth analysis and will produce specific recommendations for implementation that will measurably improve the school readiness of young children in Guilford County. Such work will allow our community to do a better job of meeting the needs of all young children so they may enter school ready to learn and succeed.