SUBJECT

LEARNING READINESS

Strategic Priority Area 1. Children and Families: Support children prenatal through age 5 and their families by providing culturally and linguistically effective resources, knowledge, and opportunities for them to develop the skills needed to achieve their optimal potential in school and life.

Goal 1.2. Early Learning: Children birth through age 5 benefit from high quality early education, early intervention, family engagement, and support that prepares all children to reach their optimal potential in school and life.

SUMMARY OF THE ISSUE

This agenda item provides a foundational overview for improving the learning readiness of California’s young children. Information provided includes:

1) The intent of the California Children and Families Act, supported by research, to ensure children are ready to enter school

2) Prior investments by First 5 California (F5CA) and First 5 county commissions in school readiness

3) An overview of child development domains as a foundation for readiness assessment

4) Examples from First 5 county commissions with extensive experience in implementing a learning readiness system and using data to inform policy and teaching
RECOMMENDATION

This is an information-only item. F5CA staff is not requesting action at this time.

BACKGROUND OF KEY ISSUES

Intent of the California Children and Families Act Supported by Research

The California Children and Families Act of 1998 ("the Act") provides the framework for the work of F5CA and states a clear intent toward supporting the learning readiness of young children:

It is the intent of this act to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development and to ensure that children are ready to enter school. This system should function as a network that promotes accessibility to all information and services from any entry point into the system. It is further the intent of this act to emphasize local decision making, to provide for greater local flexibility in designing delivery systems, and to eliminate duplicate administrative systems (Health and Safety Code, Section 130100[a], emphasis added).

For the purpose of this agenda item, the term learning readiness will be used as shorthand for the Act's phrase, "enhance optimal early childhood development and to ensure that children are ready to enter school". In support of the Act's goal, a large body of research demonstrates the importance of childhood development and early learning for shaping future life success (Cannon et al. 2017, Phillips et al. 2017, Yoshikawa et al. 2013, Halle et al. 2009, Shonkoff and Phillips 2000).

Prior Investments by F5CA and First 5 Commissions in School Readiness

During its first decade, F5CA funded county commissions under the School Readiness Initiative (2002–2010). This effort allowed flexibility for county commissions to address learning readiness through local programs related to child health, child development, and family functioning. The School Readiness Initiative was complemented by additional programs such as the CARES teacher training program, the Power of Preschool (PoP) program, migrant education programs, the ABCD grants program for classrooms, and media outreach like the television show Sid the Science Kid.

Also during its first decade, F5CA funded evaluations related to school readiness efforts. Two examples are summarized below:

- During 2006–2007, SRI International conducted the First 5 California School Readiness Kindergarten Entry Profiles evaluation based upon a modified Desired Results Development Profile (MDRDP) assessment by teachers supplemented with family interviews. Children and families from 57 counties and 123 schools participated, resulting in 7,984 child assessments and 5,064 family interviews. Key findings were that children assessed with higher levels of "mastery" in four domains
were more likely to have attended preschool, have parents who read to them, have mothers with higher education levels, and to be in better health. The MDRDP assessment addressed four domains of development: cognition and general knowledge, communicative skills, emotional well-being and social competence, and approaches to learning.

- In 2009, VPI Strategies conducted the *First 5 California School Readiness Program Meta-Analysis*, a qualitative analysis to identify common themes among county commission program evaluations. The ten most common county commission efforts reported under the School Readiness Initiative included programs related to family literacy, health care access, preschool, targeted intensive parent support, comprehensive screening and assessments, kindergarten transition services, child development services, and oral health. Recommendations from the report included the need to involve pre-K teachers and parents more in preparing children for school, that it would be helpful to have standardized assessments across counties able to account for differences in the starting populations in pre-post measurement, and balancing county autonomy for school readiness programs with more standardized reporting statewide.

In years following the School Readiness Initiative, the state commission continued major investments in support of learning readiness such as the Signature Programs and First 5 IMPACT (Improve and Maximize Program so all Children Thrive). The three Signature Programs (Child Signature Program, CARES Plus teacher training program, *Kit for New Parents*) were focused on specific populations of children, teachers, and parents (2010–2016). The First 5 IMPACT investment has focused on systems-level work with state and local partners to improve the quality of early learning settings (2015–2020).

With regard to statewide reporting of First 5 county commission efforts, it should be noted that county commission expenditures and services have been reported under the three result areas of *Improved Family Functioning*, *Improved Child Development*, and *Improved Child Health* since Fiscal Year 2007–08. Each of the three result areas is supportive of learning readiness, describing different domains of intervention for local communities served by county commissions. Result areas are defined in the Annual Report Guidelines approved by commissioners each fiscal year. However, as pointed out in the 2009 VPI report, description of common evaluation results across county and state commission efforts remains a challenge.

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1 The Act directs First 5 California to provide guidelines for three key matters related to the work of First 5s: 1) “parental education and support services,” 2) “high quality, accessible, and affordable child care,” and 3) “child health care services that emphasize prevention, diagnostic screening, and treatment…” (Health and Safety Code, Section 130102[b]). In collaboration with the First 5 Association, First 5 California therefore designated three *Result Areas* for reporting purposes, called *Improved Family Functioning*, *Improved Child Development*, and *Improved Child Health*. 

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Considerations for Learning Readiness Assessment

Dr. Kelly Maxwell, Co-Director of Early Childhood Research at Child Trends, will provide an overview of school readiness assessment. She will highlight the purposes of assessing young children, domains of child development, and issues to consider. Child Trends is a national nonprofit research organization focused exclusively on improving the lives and prospects of children, youth, and their families. For 39 years, Child Trends has developed research, analyses, and communications to improve public policies and interventions that serve children and families.

First 5 County Commission Local Efforts

Representatives of the First 5 Association and county commissions will present on their experiences using assessments to inform policy, child-specific teaching, and local program investments.

- First 5 Association: Moira Kenney, Executive Director
- First 5 Monterey: Francine Rodd, Executive Director
- Children and Families Commission of Orange County: Kimberly Goll, Executive Director
- First 5 Los Angeles: Christina Altmayer, Vice President of Programs

SUMMARY OF PREVIOUS COMMISSION DISCUSSION AND ACTION

At the October 2018 Commission Meeting, commissioners requested staff prepare information about learning readiness.

ATTACHMENTS


B. Presentation: Child Trends Kindergarten Readiness Assessment Overview

REFERENCES CITED


**ADDITIONAL RESOURCES**


Frequently Asked Questions about Kindergarten Entry Assessments

Sarah Daily and Kelly Maxwell

The foundation for school success begins early in a child’s life. Children learn from the time they are born, and their early childhood experiences shape their physical and language development, their cognition, and their social and emotional development. Children who enter kindergarten with low levels of these skills and abilities fall behind and struggle to catch up to their peers.

Over the past decade, policymakers and other stakeholders have become increasingly interested in understanding the strengths and needs of kindergarteners. This understanding can help stakeholders (i.e., policymakers, state and local administrators, and teachers) better determine the supports and services that young children need prior to kindergarten to set them on a trajectory of success in school.

Assessments of children’s skills and abilities conducted at the start of kindergarten—typically called Kindergarten Entry Assessments or Kindergarten Readiness Assessments (KEAs or KRAs)—are designed to measure important aspects of children’s development. These aspects include, for example, the ability to problem solve; complete tasks; communicate thoughts and emotions effectively; and recognize, comprehend, and use letters, sounds, words, and numbers in the right context. Often, these assessments also aim to measure children’s physical health and motor skills, such as their ability to run, jump, and write legible letters and numbers. Currently, 33 states require a kindergarten entry assessment, and many others are exploring or piloting a KEA.

How should KEA data be used?

Appropriate uses of KEA data include:

• **Assessment to guide ongoing instruction**: KEAs can gather information on children’s progress toward learning specific skills and behaviors. This information can help teachers tailor their instructional approaches to support the learning needs of individual children.

  For example, in North Carolina, the K-3 formative assessment is used by kindergarten teachers to guide their instruction. The information that teachers gather during the first 60 days of kindergarten creates a child profile of each child’s early learning development in key areas. Teachers then use this information—as well as information they collect throughout the school year—to support the specific learning needs of each child.

• **Assessment to understand trends over time**: Assessment data aggregated at the county, district, or state level can inform administrators and policymakers about the needs of the population of children they serve. These aggregate data can also provide insights about how multiple investments in early childhood may collectively support children’s development. Or,
this information can inform policymakers’ efforts to strengthen aspects of the early childhood system—for example, by identifying areas of professional development for early childhood teachers.6

As one example, from 2001 to 2014, the Maryland State Department of Education released Children Entering School Ready to Learn—an annual report on the readiness levels of incoming kindergarteners as measured by the Maryland Model for School Readiness. Maryland redesigned its kindergarten assessment in 2014–2015. In every year since, the state has released Readiness Matters, its kindergarten readiness assessment report, which provides school readiness results for Maryland’s children—statewide, by subgroups, and for each of Maryland’s 24 local jurisdictions.7

What are inappropriate uses of KEA data?

Research and best practice indicate two ways in which KEA data should not be used.8

• **High-stakes accountability for programs, teachers, or children.** KEA data should never be used by policymakers or administrators as the only source of information to make decisions about schools, programs, teachers, or children. For example, these data should never be used to determine whether a child should attend kindergarten. Instead, states should rely on age as the requirement for kindergarten entry (e.g., age 5 by September 1).9

• **Screening or diagnosis.** KEA data should never be used as a screening or diagnostic tool. Screening tools, such as the Ages and Stages Questionnaire (ASQ), are used to identify children who may need additional follow-up assessments to determine whether they have a developmental delay that would require further supports. KEAs are not designed to provide diagnostic information. Similarly, if a state or district is already using a screening tool, the information gathered from these assessments cannot be used as a KEA. Screening tools are not designed to assess the full range of skills typically included in a KEA. In addition, KEA tools are often selected because they align with a curriculum used in the school or district, whereas a screening tool is not tied to any particular curriculum.

If KEA data cannot be used for accountability purposes, can these data ever be used to evaluate programs?

The data generated from KEA assessments could potentially serve as one data point in an evaluation study, but state efforts to ensure the validity and reliability of the data collected would first need to be well-established. Evaluating program effectiveness requires clear questions and an evaluation study carefully designed to answer them. Evaluation studies require multiple data sources; no one source of information should be used to determine a program’s effectiveness.10 For example, before one could expect to see changes in children’s development, available data must indicate that the program being evaluated has been implemented as intended.

Further, an evaluation study of program effectiveness typically includes an assessment of children’s skills and development at two points in time to assess their growth in that program. For example, the Arizona Early Childhood Development and Health Board, also known as First Things First, recently commissioned a research study to determine the extent to which a new initiative designed to enhance the quality of early care and education programs was promoting young children’s kindergarten readiness. This study will gather data about both program quality and children’s skills.
Kindergarten readiness skills will be measured by the Kindergarten Developmental Inventory, the formative assessment implemented in the two public school districts in Tempe, Arizona.

**What do validity and reliability mean and why are they important?**

Validity and reliability are complementary features of any assessment tool. Validity measures how accurately the tool assesses the skills and abilities it is designed to measure. Reliability measures the consistency of an assessment’s results, regardless of who administers the tool, or when or where it is administered. The stronger these features are, the more confident policymakers can be that an assessment will accurately assess the skills and abilities important for children’s development. Especially in districts or states that have a diverse child population, it is important to ensure that an assessment is reliable and valid for use with children from different racial/ethnic, linguistic, cultural, and socioeconomic backgrounds.

**Can we use our KEA data to serve multiple purposes?**

State and district leaders are cautioned against using KEA data for multiple purposes. Assessments are designed and validated for one purpose—for example, to inform classroom instruction. Using one assessment for multiple purposes poses the potential risk that the data may not be accurate for a second purpose. If leaders intend to use child assessment data for more than one purpose, then there should be sufficient evidence that the child assessment data are also reliable and valid for the additional purpose.

Some states do use KEAs for dual purposes, typically to inform instruction in the classroom and to aggregate state-level school readiness data. For example, the state of Washington, like many states with a KEA, supports teachers in implementing the assessment at the start of the school year. The data these teachers collect are then aggregated at the state level for monitoring trends and identifying needs across jurisdictions and the state. However, the data may also be used by teachers to inform instruction; in some states, teachers may be encouraged or supported in repeating the assessment in the winter and/or spring of the kindergarten year to track individual children’s progress toward meeting learning objectives.

**How many years are required before KEA data are valid and reliable?**

Experts recommend that a KEA be implemented for at least three years before the data are of sufficient quality (i.e., valid and reliable) for public reporting or use in policy discussions. This recommendation is also supported by implementation science, which suggests that full program implementation can take two to four years. Successful implementation of a KEA requires ongoing training and professional development, and implementers should remember that the training and professional development modules and approach are also nascent at the start of KEA implementation. During these early years, KEA implementers’ efforts are best spent focusing on a phased approach to implementation. During the first phase, administrators focus primarily on the quality (i.e., reliability and validity) of the early waves of KEA data, and on refining training and ongoing professional development to best support the quality of the resultant data and teacher’s use of this information in the classroom.

In the 2012–2013 school year, Delaware piloted its first kindergarten entry assessment, the Delaware Early Learner Survey (DE-ELS). Over the next three years, to refine the training and supports provided, the state expanded the implementation of the assessment and collected
feedback from teachers and administrators about what was and was not working. After four years of implementation and refinement, Delaware released the first statewide results of the DE-ELS from the 2015-2016 school year.¹⁵

**Why are KEAs implemented differently than other tests used in elementary school?**

KEAs are designed to collect information about a child’s development and skills by observing them over a few weeks at the beginning of the kindergarten year or by conducting tasks with individual children. Tests used with older elementary school students (for example, third grade reading or math tests) are designed for children to complete on their own. These tests become appropriate when a child obtains test-taking skills, such as reading and using a pencil to bubble-in or write out their answers. Assessments that allow children multiple opportunities to demonstrate their skills and knowledge work best for young children because the pace at which such children learn and develop varies widely. Children may display a set of skills one day that they do not demonstrate the next. Allowing children multiple opportunities to demonstrate a behavior or skill in multiple settings with different peers, objects, and materials results in a more valid assessment of their abilities.¹⁶

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References


What is school readiness?

1. Social-emotional development
2. Health and physical development
3. Language development and communication
4. Approaches to learning
5. Cognition and general knowledge
Main Purposes of School Readiness Assessment

- Guide instruction
- Examine trends over time
Purpose Drives Everything

Purpose

Assessment design

Instrument selection; planning

Assessment implementation

Reporting, analysis of results

Useful information

Slide adapted from Halle (2010) and Zaslow (2009); presentations summarizing Early Childhood Assessment: Why, What, and How
Assessment is Part of a Bigger System

Systems: Conducting the assessment is only one part of a system with multiple components that together can inform progress towards high quality early learning and care that supports children’s development.
A Few Considerations

It’s a marathon, not a sprint. Plan for the long-term.

Aim for continuity, though recognize differences. B-5 system and K-12 system are different.

Champion quality data.