

CHAPTER 4

School Readiness Initiative

“[School Readiness] unites parents to their children and it makes a beautiful atmosphere in our home.”

—School Readiness Parent



Key Results

- + **Children improved in each of the developmental domains.** Children enrolled in classroom-based early care and education services, both full- and part-time, improved in all four developmental domains of the DRDP-R. Children attending center-based services also improved in all five developmental domains of the ASQ.
- + **Parents increased ratings in each of the four parenting practice areas.** Parents participating in parenting classes and workshops demonstrated increases in each of the parenting practices focus areas (knowledge, confidence, ability and connection) for the second consecutive year. Additionally, 99.7% of parents indicated overall program satisfaction with the School Readiness Initiative.
- + **Children are receiving developmental screenings.** About half of children participating in early care and education services received developmental screenings. Almost all children identified with disabilities or special needs received services, treatment or supplemental intervention.
- + **Staff are articulating with elementary schools and participating in professional development.** There was an increase in interactions between SR program staff and elementary staff this fiscal year. The majority of SR preschool teachers have formal kindergarten transition plans for children, and over half discuss these plans with kindergarten teachers. Further, there was an increase of SR staff with more than five years of experience in

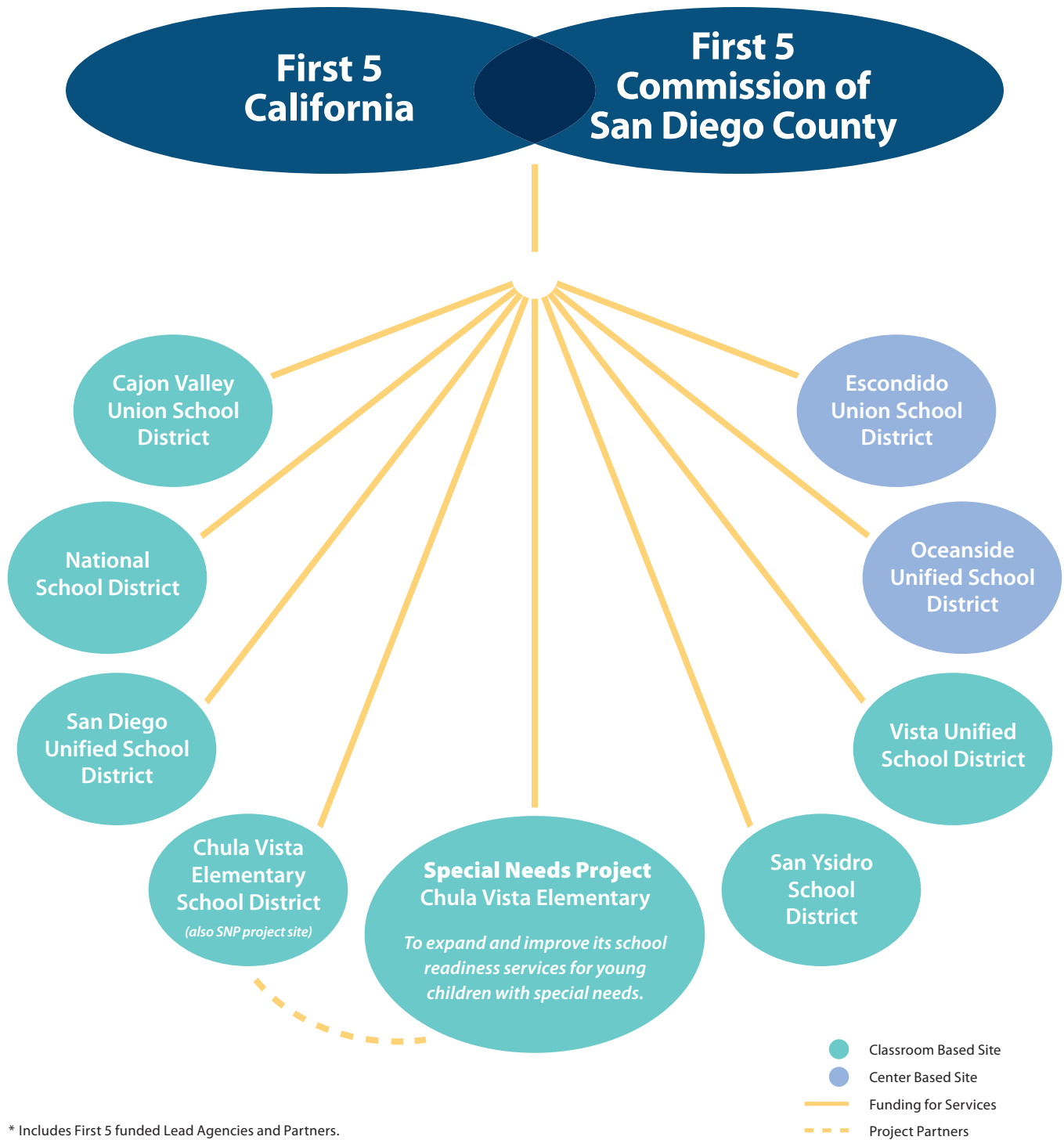
their field, and almost all participated in professional development activities this year.

Summing It Up

The School Readiness Initiative served 15,827 children 0-5, 7,239 parents/caregivers, and 1,076 staff and service providers during FY 2007-08:

- + 5,052 children (including 663 children with disabilities or other special needs) and their parents and caregivers participated in early care and education activities, exceeding their goals by 18.9%.
- + 6,642 parents and caregivers participated in parenting and family support services.
- + 7,373 children received health screenings, including 2,618 developmental screenings.
- + 3,277 children participated in kindergarten transition activities and 597 parents had transition meetings with teachers.
- + 731 program and community service staff members attended professional development activities.
- + 510 children were screened by the Special Needs Demonstration Project, exceeding their goal this year.

School Readiness Initiative Structure*



Introduction

Almost a half million children enter kindergarten in California each year; about 8% of whom are in San Diego County.¹²⁵ While enrollment reaches record numbers, approximately 60% of these children perform at significantly lower levels than expected because they arrive without the necessary skills to learn.¹²⁶ Research has found that children’s low performance during the early years can continue throughout their academic careers.¹²⁷ The need to develop a comprehensive approach that works with children, families, and schools is evident in the widening gap in literacy and numeracy scores by the third grade.¹²⁸ Employing such a comprehensive approach better prepares children to enter kindergarten ready to learn.¹²⁹

To address this gap, the School Readiness Initiative was launched in 2002 as a joint project between First 5 California and local county Commissions. First 5 San Diego contracted with eight local school districts with low Academic Performance Index (API). Since its inception, the Commission has dedicated \$14,458,450 to the Initiative, including \$2,927,047.50 in FY 2007-08 with an equal match from First 5 California. The total investment in the School Readiness Initiative has been \$28,916,890 since its inception. The School Readiness Initiative is based on the National Education Goals Panel’s “Five Essential and Coordinated Essential Elements.”^{130, 131}

The Special Needs Demonstration Project (SNP) is a complementary component of the School Readiness Initiative. This pilot project was designed to enhance School Readiness services in a specific geographic area through early identification of children ages 0-5 years with disabilities, developmental delays, and other special needs. The program also provides coordinated services to children and their families, and initiates systemic change around inclusion and special education practices. The Chula Vista Elementary School District was one of ten sites across the state selected by First 5 California to implement the Demonstration Project. Both projects are discussed in this chapter.

Key Elements

School Readiness (SR) is the longest running Commission initiative. During its six years, SR has evolved from a series of discrete programs in school districts that broadly addressed similar objectives, to a more focused collective of unique programs pursuing common outcomes and goals. School Readiness programs consist of the following key elements:

- **Variation in design:** Five programs are classroom-based and are located on elementary school sites, two are parent-child activity centers located in neighborhoods, and one has developed a resource center, which provides outreach and on-site services at locations throughout the school district.

¹²⁵ California Department of Education. DataQuest. Accessed 11 September 2008. <<http://dq.cde.ca.gov/dataquest/>> [FORMAT]

¹²⁶ <http://www.childtrendsdatabank.org/indicators/7EarlySchoolReadiness.cfm>

¹²⁷ First 5 California “School Readiness 2001.” 20 March 2001: 2 Accessed 17 August 2006. <<http://www.cfc.ca.gov/pdf/sr5.pdf>>

¹²⁸ Ibid.

¹²⁹ Ibid.

¹³⁰ Early Connections: Technology in Early Child Development. Five Areas of Child Development. 2005. Accessed 17 August 2006. <<http://www.netc.org/earlyconnections/index1.html>>

¹³¹ The NEGP “Five Essential and Coordinated Elements” include Parent and Family Support, Early Care and Education, Health and Social Services, Schools’ Readiness for Children, and Program Infrastructure, Administration and Evaluation.

- **A “whole child” approach:** All SR program models across the state are based upon the First 5 California “Five Essential and Coordinated Elements” of school readiness,¹³² adapted from the National Education Goals Panel (NEGP).¹³³
- **Multi-level:** SR programs focus on three target groups: the child, the family and the school. These programs support child development by fostering children’s physical, social-emotional and cognitive development. These programs support families in preparing their children for entering school through parent inclusion, education and support services. SR programs also encourage integration between early care providers and school systems through joint training and articulation planning meetings.
- **Regular communication:** School Readiness program coordinators meet monthly to discuss successes and challenges and collaborate with each other and Commission staff.

Summing It Up

In FY 2007-08, the School Readiness programs increased services to each core population compared to last fiscal year. They served 15,827 children ages 0-5 years (45.0% increase), 7,239 parents and caregivers (12.4% increase), and 1,076 staff and service providers (a 54.8% increase).^{134, 135} Most children participating in SR activities were three years of age and older, of Hispanic/Latino descent, and primarily spoke Spanish in the home. The following section provides the results of services provided to children, parents and caregivers, as well as staff and service providers this fiscal year. For this section of the report, similar services across each SR program were aggregated to highlight the main services provided throughout the county. The number of children and parents served are organized by the three of the four result areas for children and parents, which include improved child development, improved child health, and improved family functioning. The final result area – improved systems of care – is found in the section, “Making the Connection” on page 118.

“It gives information about where the kids should be... [developmentally that] I would have never known about.”

- School Readiness Parent

Improved Child Development

Early Care and Education (ECE) services include a variety of program components designed to increase the school readiness of children: full- and part-time preschool, parent and child activities in learning centers and service enhancements to programs funded through other sources.¹³⁶ Pre-kindergarten programs play a vital role in a child’s social, emotional, and cognitive development.¹³⁷

Exhibit 4.1 displays the number of unduplicated children served through ECE services. Over 5,000 children were served through the ECE activities, exceeding the projected goal of 4,250 (15.3% increase compared to FY

¹³² <http://www.ccfca.gov/Help/api.asp>

¹³³ National Education Goals Panel (1997), "Getting a Good Start in School," Washington, D.C. : National Education Goals Panel.

¹³⁴ May include duplicate counts within and between services. See each result area findings for more specific information.

¹³⁵ Children can receive multiple services so this is a duplicated count. In some cases, SR programs connect families with services and do not provide these services directly.

¹³⁶ Includes curriculum, behavioral and health enhancements provided to California Department of Education preschools, First 5 of San Diego Preschool for All Demonstration Project preschools, Head Start and some community and faith-based programs.

¹³⁷ “California Report Card 2008; The State of the State’s Children.” Children Now. 2008. 18 Aug. 2008
http://publications.childrennow.org/publications/invest/reportcard_2008.cfm

2006-07). Similar to last fiscal year, the number of children served through ECE activities exceeded their set goals, despite the fact that FY 2007-08 goals were increased from the previous fiscal year.

Exhibit 4.1 Children Served through Early Care and Education, FY 2006-07 and FY 2007-08*						
Service	FY 2006-07			FY 2007-08		
	Number	Goal	% of Goal	Number	Goal	% of Goal
Full-Time Preschool	628	524	119.8%	588	524	112.2%
Part-Time Preschool	624	529	118.0%	367	328	111.9%
Parent & Child Activities	1,678**	1,600	105.9%	1,865***	1,583	117.8%
Service Enhancements****	1,451	1,173	123.7%	2,232	1,815	123.0%
Total	4,381	3,826	114.5%	5,052	4,250	118.9%

*Includes unduplicated counts within services; may include duplicate counts between services.

** Includes 150 intensively served and 1,528 "light touch" children.

*** Includes 190 intensively served and 1,675 "light touch" children.

****Includes service enhancements such as curriculum and access to health, behavioral and social services.

This year, 13.1% of children served in all ECE activities had special needs,¹³⁸ compared to less than 10% in FY 2006-07 (9.5%; see Exhibit 4.2). Most notably was a dramatic increase in children with special needs enrolled in full-time preschool (1.6% to 20.2%). This increase was due to a more concerted effort by some contractors to include children with special needs. These findings suggest that the School Readiness programs are making progress towards serving the population of children ages 0-5 years with special needs, as it is estimated that between 8%-17% of children have special needs.^{139, 140.}
¹⁴¹ Children with special needs reported in the SR results are not duplicate children served by the Special Needs Project Demonstration Project.^{142, 143}

"For a lot of these moms, [the SR program is] their only social time... They are very isolated so they come together and talk about parenting."

- Key Community Expert

¹³⁸ Using the First 5 of California definition of special needs: includes children with disabilities and other special needs, such that they "are protected by the Americans with Disabilities Act (ADA), or have or at risk for a chronic condition whether physical, developmental, behavioral, or emotional and who also require education, developmental, health, behavioral/mental health, and related services and/or supports of a type or amount beyond that required generally" (www.first5ca.org)

¹³⁹ HDS and PFA initiatives both use CDC statistics for benchmarking the number of children with developmental delays at 17%. However, the CDC's statistics encompass ages 0-17 years: Centers for Disease Control and Prevention. "Child Development: Developmental Screenings." Atlanta, GA. <http://www.cdc.gov/ncbddd/child/devtool.htm> Accessed September 12, 2008. [FORMAT]

¹⁴⁰ Note that the percent of children with special needs is quoted from a 2001 publication. Other initiatives in the Commission utilize the CDC percentage of 17%.

¹⁴¹ Note that in the First 5 funded Healthy Development Services Initiative provides screening for children, which identifies mild to moderate delays in low-income areas. This Initiative has found that 20%-27% of children screened demonstrate some form of developmental delay, suggesting the high need in School Readiness populations.

¹⁴² The Special Needs Project (SNP) reports child-level data through a state level database, so duplication is minimal.

¹⁴³ See the end of this chapter for results from the local Special Needs Project evaluation.

Exhibit 4.2 Children with Special Needs Served through Early Care and Education, FY 2006-07 and FY 2007-08*				
Service	FY 2006-07		FY 2007-08	
	Number	% of Served	Number	% of Served
Full-Time Preschool	10	1.6%	119	20.2%
Part-Time Preschool	102	16.3%	65	17.7%
Parent & Child Activities	22	1.3%	122	6.5%
Service Enhancements**	283	19.5%	357	16.0%
Total	417	9.5%	663	13.1%

*Includes unduplicated counts within services; may include duplicate counts between services.

**Includes service enhancements such as curriculum and access to health, behavioral and social services.

Results from the Parent Retrospective Survey were overwhelmingly positive about the SR early education programs (see the “Improved Family Functioning” subtitle later on in the “Making a Difference” section). In addition, parents also noticed a difference in their children’s interest in learning and school. As one parent commented, “I think that programs like this will assist in allowing [the children] to feel more comfortable in the next grades. It helps them feel good about learning, trying to learn, and practicing skills.”

Improved Child Health

SR programs provide a variety of health and social services to participating children and families, following a “whole child” approach to preparing children for kindergarten.¹⁴⁴ These services may be funded directly by First 5 School Readiness funds (i.e. the SR contract may fund 50% of a school nurse or a speech therapist) or SR programs may reach out to other available services (e.g., the First 5 San Diego Oral Health Initiative or Healthy Development Services programs). Services directly funded as part of a First 5 San Diego SR program or provided referrals to other providers (i.e. indirectly) were counted as part of their overall children’s health service counts to demonstrate the whole child approach of SR.

Exhibit 4.3 displays the number of children receiving developmental, health and behavioral services, as well as referrals for further assessments or services and case management. This year, programs exceed their goal of 5,800 health and social services by 27.1%. This marks a 76.3% increase in services over last fiscal year.

¹⁴⁴ Many of these services are also available to families whose children do not participate in SR ECE activities.

**Exhibit 4.3 Children Served through Health and Social Services,
FY 2006-07 and FY 2007-08***

Service	FY 2006-07			FY 2007-08		
	Number	Goal	% of Goal	Number	Goal	% of Goal
Developmental Screenings	1,634	2,485	65.8%	2,618**	2,968	88.2%
Health Screenings***	1,910	1,357	140.8%	2,489	1,779	139.9%
Behavioral Services	122	100	122.0%	160	125	128.0%
Referrals/Case Management****	515	432	119.2%	2,106	928	226.9%
Total	4,181	4,374	95.6%	7,373	5,800	127.1%

*Includes unduplicated counts within services; may include duplicate counts between services.

**Includes 840 developmental screenings conducted by HDS.

*** Includes general health, dental, language/speech/hearing, and vision screenings; children may have had more than one type of health screening.

****Includes referrals to district special education, mental health and social services, and home health consultations.

Parents who participated in SR programs noted the comprehensive nature of the program. Through feedback in a parent focus group and the Parent Retrospective Survey, parents expressed gratitude for the opportunity to access a variety of health and social services. As one parent shared, “It opened my eyes to recognize new things that help my daughter be healthy.” And in the words of another parent, “It gave me a lot of information about my children’s developmental stages.” The programs also provided parents access to needed developmental screenings and intervention:

“If it hadn’t been for this grand program, one of my children would not have received his intervention in time. He was diagnosed... because of the timely diagnosis, my son has a future where he will overcome for himself. He is now at the right educational level for his age. Thank you for his evaluations and recommendations.”

For more information on the universal SR screening protocol, see “Creating Systems Change for Navigating Referrals” and “SR Developmental Screening System: Parents’ Perspective” later in this chapter.

Improved Family Functioning

The Parent and Family Support service element of the School Readiness Initiative addresses the needs of families through parent education classes, literacy programs, parent and child together (PACT) sessions and home visitation programs. Research has demonstrated that these types of parent services have a direct positive impact of the developmental progress of children.^{145, 146, 147} Parent and Family Support services were delivered

¹⁴⁵ U.S. Department of Education. No Child Left Behind: What Parents Need to Know. Accessed 15 December 2005. <http://www.ed.gov/nclb/overview/intro/parents/nclb_pg5.html>

¹⁴⁶ U.S. Department of Education, Office of Planning, Budget, and Evaluation; Office of Educational Research and Improvement (ED). Preparing Young Children for Success: Guideposts for Achieving Our First National Goal. An America 2000 Education Strategy. Washington, DC: Author, 1991.

in several formats this fiscal year. Some classes or groups were held as “drop-in” classes, open to the public at any time, while others were sequential, requiring enrollment and consistent participation in classes over a six to 40 week period. The subject matter of classes also varied and included topics such as child behavior, general health and parent support.

“It helped me... be more patient with my kids and husband.”

- School Readiness Parent

Overall, 6,642 parents and caregivers received services through Parent and Family Support, an increase of 14.4%, compared to FY 2006-07. All service types but two (sequential parent classes and single session PACT projects) exceeded their goals. Parents reported that they are now better prepared to recognize learning opportunities with their children, plan developmentally

appropriate activities and better understand their children (see below for results of the Parent Retrospective Survey). Many parents shared the effect of the programs. As one parent said, “[the program] helps with their learning abilities, in their school and how we can help in their class and at home.”

Exhibit 4.4 Parents and Caregivers Served through Parent and Family Support, FY 2006-07 and FY 2007-08*

Service	FY 2006-07			FY 2007-08		
	Number	Goal	% of Goal	Number	Goal	% of Goal
Sequential Parent Classes	1,580	3,158	50.0%	1,869	3,320	56.3%
Single Session Parent Classes	3,480**	1,669	208.5%	4,043***	1,939	208.5%
Sequential Parent & Child Together (PACT)	331	175	189.1%	274	175	156.6%
Single Session Parent & Child Together (PACT)	217	250	86.8%	107	100	107.0%
Home Programs	303	240	126.3%	349	242	144.2%
Total	5,808	5,392	107.7%	6,642	5,776	115.0%

*May include duplicate counts within and between services.

** These parents and caregivers participated in approximately 443 classes (189.3% of the goal of 234).

*** These parents and caregivers participated in approximately 543 classes (217.2% of the goal of 250).

¹⁴⁷ First 5 San Diego. Parent Center. Accessed 15 December 2005. <<http://www.cfc.ca.gov/sandiego/parent.html>>

Creating Systems Change for Navigating Referrals

As School Readiness continues its focus on universal screenings for children, understanding the assessment and referral system is vital for program improvement. During telephone interviews, School Readiness Coordinators were asked about their school district's screening procedures. All contractors conduct initial developmental screenings. If the screening identifies a need for further assessment, families are typically referred out.

Formal Plans for Tracking Children

Six of the nine programs* represented in the interviews identified formal plans for following-up on the status of the referral. These included using existing staff members to follow-up with the family. Many of the sites also reported that their in-house services provided needed interventions, reducing the need for communication with outside agencies. Three of the Coordinators specifically stated that, if necessary, staff attend IEP meetings with parents, sharing personal experiences with the challenges faced by the child and family. For those sites with no identified plan, there is little communication or feedback with parents regarding their follow-through or their experience with other services. Several of these sites reported frustration with lack of parent follow-through and the uncertainty of referrals.

Challenges in Communication

One challenge shared by several Coordinators is the difficulty they face receiving information from outside agencies regarding their referrals. One Coordinator stated that, "for confidential[ity] reasons, the teacher cannot get that information." Access to this information would assist SR staff in developing the best plan for the child. One site has overcome this barrier by using a psychologist or speech pathologist to conduct follow-up. These professionals can obtain the appropriate releases to ensure an ongoing exchange of information with the referred-to agency. Other sites reported that they continue to discuss this challenge and are working on improvements in information exchange. One of the challenges is that, while the school districts may refer screenings, assessments, and/or treatments to external agencies, they do not at this time have any formal data sharing agreements (either Business Services Agreements or MOAs) with community services providers. This is an area for future exploration.

Another barrier identified by Coordinators is parental follow-through. Often, children are referred to another site for follow-up or intervention services, but parents do not comply. Several Coordinators share that even when staff work with families, parents do not always obtain services needed by their child.

Solid Community Ties

Coordinators who identified a strong link with their local providers reported more success with follow-through from parents. Specifically, one Coordinator commented that because there are few providers in their region, they have been able to develop a strong relationship with service providers and these relationships often assist with linking parents: "We have a relationship with the referring agencies since most are to one local agency . . . also [we] have on-site services from the agency, so oftentimes it does not feel like an external referral."

SR programs have experienced varied success in screening and referring children for further assessments and/or interventions. From a systems standpoint, breaking down barriers to communication with referral agencies, and parents, is vital to ensure children receive the services they need. Continued improvement in protocols and partnerships may facilitate better success in the future.

* Includes eight SR program Coordinators and one Special Needs Demonstration Project coordinator

Making a Difference: School Readiness in Action

The overarching goal of SR is to increase the school readiness of children in low Academic Performance Index (API) performing schools through a variety of complementary approaches, including: direct education, health and human services to children, parent and family support, and improving connections between early care educators, kindergarten staff and the elementary school systems. Programs utilized standardized tools to measure outcomes for children, families and SR staff. In addition to selected site visits, interviews with SR Coordinators and a focus group with parents were conducted to better understand the day-to-day operations of programs and the partnerships that exist among children, parents, staff and community organizations. For more information on the methods used, please see Appendix B. Child and parent outcomes are organized by the three of the four original result areas: improved child development, improved child health, and improved family functioning. The final result area, improved systems of care, is found in “Making the Connection” on page 118.

Outcome Measurements

- **Child Development:** Desired Results Developmental Profile – Revised (DRDP-R) or Ages & Stages Questionnaire (ASQ)
- **Family Functioning:** Parent Retrospective Survey
- **Child Health:** SR Developmental Screening System
- **System of Care:** Preschool Teacher and Specialty Service Provider Surveys

Improved Child Development

The centerpiece of SR is providing quality early education experiences to children. Classroom-based programs used the revised Desired Results Developmental Profile (DRDP-R), which is a teacher’s observational assessment for children. The Ages and Stages Questionnaire (ASQ), completed by parents and/or SR staff, was used at parent-child activity centers. All data and findings are for children with both Fall (“pre”) and Spring (“post”) matched cases, for fiscal years 2006-07 and 2007-08. While both tools measure similar behaviors and skills, limitations in analysis and comparison exist due to differences in administration and scoring. Therefore, results cannot be discussed by developmental areas across both instruments, but rather must be presented individually. With these limitations in mind, results are suggestive but not conclusive of child outcomes.

“The children are gaining the skills that they need for school. We are really empowering these families.”

- SR Coordinator

Child Outcomes: Classroom-based Programs

Classroom-based child outcomes are measured through DRDP-R from six School Readiness programs and represent matched scores for 1,075 children (34.1% of children enrolled in early learning activities). Last fiscal year, DRDP-R data represented matched scores for 1,312 children or 49.4% of children enrolled in early learning activities.^{148, 149} This decrease in data could be due to the new First 5 San Diego consent form process,

¹⁴⁸ In FY 2004-05 and 2005-06 only four districts were required to complete the DRDP for their children enrolled in early learning activities. In FY 2006-07, two districts changed their child outcome instrument from the ASQ to the DRDP-R as their early learning activities were more similar to the other classroom based programs.

which was integrated into School Readiness mid-year. In fiscal year 2008-09, consent forms are being included in enrollment packets; therefore, increased participation rates are expected.

This year’s data was analyzed differently than previous years. The changes bring the analysis in line with the DRDP-R four domains of child development – personal and social competence, effective learning, physical and motor competence, as well as safety and health. The new analysis is also congruent of analysis conducted for the Preschool for All Demonstration (see Preschool for All, Chapter 5). Last year’s data was reanalyzed to reflect these changes.¹⁵⁰

Exhibit 4.5 displays the change in results of the DRDP-R from Fall to Spring assessments, by the instrument’s four domains, and within each domain. Data are mixed, including children attending full-time and part-time programs (see Appendix B for further details of methods and findings.)¹⁵¹

Key findings of the DRDP-R include:

- Comparing this fiscal year to last, more children were enrolled in full-time early learning programs (88.2% compared to 53.7%) than part-time programs (11.8% compared to 46.3%).¹⁵² As in last year, DRDP-R results suggest that students enrolled in full-time classroom-based services are increasing their developmental skills at a higher level than those in part-time services.
- The results as a whole indicate that children participating in ECE activities at classroom-based programs are increasing their mastery of each developmental area. All FY 2007-08 domain scores increased from FY 2006-07, except for motor skills.
- The largest increase for all students was found in safety and health, followed by effective learning and personal and social competence. This finding is in contrast to FY 2006-07, where the smallest increase for all students was found in safety and health.
- In both fiscal years, children in a full time program experienced higher results in all four DRDP-R domains than those attending the program part-time, with the largest difference found in safety and health. This suggests that increased exposure to SR programs may increase the benefit to children.

Domain	All	Full Time	Part Time
Personal and Social Competence			
FY 2006-07	+1.08*	+1.13*	+0.99*
FY 2007-08	+1.10*	+1.25*	+0.93*
Effective Learning			
FY 2006-07	+1.13*	+1.22*	+1.09*
FY 2007-08	+1.14*	+1.38*	+0.91*
Motor Skills			
FY 2006-07	+0.97*	+1.03*	+0.91*
FY 2007-08	+0.96*	+1.00*	+0.96*
Safety and Health			
FY 2006-07	+0.92*	+1.01*	+0.82*
FY 2007-08	+1.22*	+1.65*	+0.98*

*Changes are statistically significant ($p < .001$).

¹⁴⁹ Early learning activities at classroom based programs include full and part time preschool funded at least in part by the School Readiness Initiative (with blended or braided funding from the California Department of Education and the Preschool for All Demonstration project), serving 3,150 children during FY 2007-08 and 2,655 children during FY 2006-07. This number does not include children who were too young to be observed using the DRDP-R, or who were screened using the ASQ.

¹⁵⁰ Due to changes in instrument and analysis, comparisons with FY 2004-05 and FY 2005-06 are not available.

¹⁵¹ See the Appendix B: Methods for an explanation of the DRDP-R and each of the domains.

¹⁵² Children from one School Readiness program did not provide attendance data for their children in FY 2007-08 and have been excluded from analysis based on dosage this year (n=576).

Child Outcomes: Center Based Programs

ASQ data are reported for two center-based programs, totaling 240 matched cases, representing 74.8% of intensively served children at these sites (n=321).^{153,154}

The analysis used is in line with the intended use of the ASQ as a screener for developmental concerns at various ages. Therefore, the analysis is enhanced by utilizing the scientifically set boundaries, or “cut-off” scores for the ASQ’s age-specific instrument, preserving the design of the tool while comparing children’s status “above” or “below” the age-specified boundary score at each point in time.^{155, 156} Most of the children screened were two or three years of age. The average age of children screened with the ASQ was 2.87 years, though ages ranged from two to 62 months.

Key findings of the ASQ include:

- The results suggest evidence of age-appropriate developmental progress for the majority of children. In both fiscal years, over half of all children had increased scores in all five developmental areas (55.0% in FY 2007-08 and 55.8% in FY 2006-07). One parent mentioned that by using the ASQ, “I am able to see how my son is developing.”
- In both fiscal years, the majority of children were assessed at being above the cut-off point and continued to be above the cut-off point at retest for all five domains.
- In descending order, the three domains that had the highest percentage of increases were fine motor, problem-solving and personal-social. This is different from last fiscal year in which the three domains with the highest increases were personal-social, communication, and fine motor.
- In FY 2007-08, there were no decreases in percentages of children above the cut-off score in any domain. Last year, there was a decrease for

“We are not just doing SR for kids, but for parents... We are prepping school to receive parents and children.”

- Key Community Expert

Exhibit 4.6: ASQ – Percent of Children At or Above Cut-off in Fall and Spring by Developmental Area, by Fiscal Year

Domain	Fall	Spring	Change
Communication			
FY 2006-07	83.4%	83.4%	0%
FY 2007-08	80.1%	88.2%	8.1%
Gross Motor			
FY 2006-07	90.0%	90.4%	0.4%
FY 2007-08	96.6%	98.3%	1.7%
Fine Motor			
FY 2006-07	87.7%	90.8%	3.1%
FY 2007-08	86.4%	97.0%	10.3%
Problem-Solving			
FY 2006-07	87.7%	84.7%	-3.0%
FY 2007-08	87.3%	97.0%	9.7%
Personal-Social			
FY 2006-07	88.3%	92.6%	4.3%
FY 2007-08	87.3%	96.2%	8.9%

¹⁵³ See the Appendix B: Methods for how the ASQ, developed as a screening instrument, was authenticated for use in this evaluation.

¹⁵⁴In FY 2006-07, data included 163 matched cases from Escondido and Oceanside, representing 90.1% of intensively served children at these sites (n=181). Many of the ASQ’s were completed by parents with the assistance of School Readiness staff.

¹⁵⁵ “Above” the cut-off score indicates the child is at or above the skills expected for their age; “below” the cut-off score indicates the child may be behind for their age, and is recommended for further assessment. In this analysis, the cut-off scores used are specific to each instrument used for the screening.

¹⁵⁶ The instruments used at Fall and Spring are likely to be different. Using the “above” or “below” cut-off allows for accurate analysis, regardless of instrument used during the screening.

problem-solving and communication was stagnant.

- In both fiscal years, communication skills exhibited the highest number of children remaining below the cut-off in Spring, suggesting they may be developmentally behind their peers in this area.

**“Both my children and I
learn at the same time.”**

- School Readiness Parent

Although the ASQ data is suggestive, there are significant limitations with utilizing its findings in isolation for program improvement (see Appendix B for more detail on limitations). Future evaluation years will look for opportunities to pursue additional data collection strategies to verify the tool’s findings.

Improved Child Health

To provide optimal health and social services to children participating in the School Readiness Initiative, each program began providing universal developmental screenings and referrals in FY 2006-07.¹⁵⁷ Through various developmental screening tools, children enrolled in Early Care and Education services were screened and referred for further assessments and/or services. Following the SR Developmental Screening System (see “SR Developmental Screening System” textbox), screenings were provided in-house by the School Readiness Program, or referred to outside health service providers, such as First 5 San Diego’s Healthy Development Services Initiative.¹⁵⁸ Almost half (48.5%) of children receiving early care and education services were screened, compared to 70.6% in FY 2006-07.¹⁵⁹ Exhibit 4.7 displays the number and percent of children screened who were referred for assessments, identified with disabilities, developmental delays or other special needs, and receiving services, treatment or supplemental intervention.

SR Developmental Screening System

- Screenings: Using the ASQ or other district-specific tools
- Assessments: Children identified as at-risk are given further testing
- Referrals: Referrals are given based on the assessment results
- Treatment: Appropriate treatment and services

Key findings of the SR Developmental Screening System include:

- There was a decrease in the number of screenings that identified children as needing further assessment this fiscal year – only 15.9% versus 30.4% last fiscal year.
- Almost two-thirds (64.2%) of those assessed were identified as having a disability, developmental delay or other special need – a 38.4% increase over last fiscal year. This could be a sign of more accurate assessment and identification processes.
- Approximately 10% of all children screened were identified as having a disability, developmental delay or other special needs (10.2%). These rates were similar to last fiscal year and are in line with national

¹⁵⁷ Developmental screening tools include the Ages and Stages Questionnaire (ASQ) and the Parents’ Evaluation of Developmental Status (PEDS).

¹⁵⁸ One SR program subcontracted with a First 5 San Diego Healthy Development Services provider to conduct screenings for children enrolled. The screenings under this situation are included here as SR contract dollars funded these screenings.

¹⁵⁹ This includes children screened through School Readiness only; it does not include screenings completed by the Special Needs Demonstration Project.

statistics that assume between 8%-17% of children have special needs.¹⁶⁰ However, the percent of children identified is lower than what has been found locally in similar populations by HDS (20%-27% of children screened demonstrate some form of developmental delay).

- The percentage of children identified with disabilities or special needs who subsequently received services or treatment increased greatly this year. All but one child received services or treatment this year (99.4%), compared to about two-thirds last year (69.3%).

The number of confirmed services or treatment is significant, considering these children are often referred to different departments in the school district or to outside agencies (where referral tracking can be challenging). However, this finding may also be indicative of increased staffing in SR programs for case management or the partnership between SR and the First 5 San Diego Healthy Development Services Initiative. (See “SR Developmental Screening System: Parents’ Perspective,” for the experiences of families following the SR Developmental Screening System.)

Exhibit 4.7 Children Receiving Early and Comprehensive Developmental Screening and Intervention, by FY 2006-07 and FY 2007-08				
Service	FY 2006-07 (n=2,485)		FY 2007-08 (n=3,555)	
	N	Percent	N	Percent
Children Enrolled in Early Care and Education Activities	2,485	100.0%	3,555	100.0%
Screenings Conducted	1,756	70.6%	1,724	48.5%
Of those Screened, Number Referred for Assessment	534	30.4%	274	15.9%
Of those Assessed, Number Identified with Disabilities or Special Needs	205	38.4%	176	64.2%
Of those Identified with Disabilities or Special Needs, Number Receiving Services or Treatment	142	69.3%	175	99.4%
Of those Identified with Disabilities or Special Needs, Number Receiving Supplemental Intervention ¹⁶¹	236	115.1%	169	96.6%

As the number of children enrolled in SR Early Care and Education programs increases, so should the number of screenings. This fiscal year, there were fewer screenings, marking a drastic drop in the percentage of enrolled children receiving screenings.

While SR programs address barriers to screening children, the process of referring them and tracking the referral process also needs to be streamlined (see “Creating Systems Change for Navigating Referrals” section below). The current system is inadequate for referral tracking and each SR program works within the framework of their respective school districts. In addition, each have their own process for the assessment, referral and treatment processes, and their own definition of screening, assessment, treatment and

¹⁶⁰ HDS and PFA initiatives both use CDC statistics for benchmarking the number of children with developmental delays. However, the CDC’s statistics encompass ages 0-17 years: Centers for Disease Control and Prevention. “Child Development: Developmental Screenings.” Atlanta, GA. <<http://www.cdc.gov/ncbddd/child/devtool.htm>> Accessed September 12, 2008.

[FORMAT] Results from HDS have found that more than 20% of children in low income areas are identified with special needs.

¹⁶¹ Supplemental intervention includes services to children with mild or moderate disabilities or special needs that do not warrant a referral to an outside agency (e.g. internal language or behavioral services) and children with identified disabilities or special needs that did not need an assessment and continued directly to supplemental intervention.

intervention. Improvements in referral tracking for data reporting are planned for FY 2008-09 with the integration of First 5 San Diego CMEDS.

Improved Family Functioning

A cornerstone of First 5 is that parents are the first and best teachers and models for their children.^{162, 163, 164} The School Readiness Program includes a Parent and Family Support Services element to improve parents’ skills, literacy, and access to needed services. To measure these improvements, parents participating in SR parent education activities in all eight districts completed the Parent Retrospective Survey. The Survey is comprised of two components: a modified “Survey of Parenting Practice” developed by the University of Idaho¹⁶⁵ and a modified “Desired Results for Children and Families – Parent Survey” developed by the California Department of Education.¹⁶⁶

Similar to last fiscal year, most surveys were administered in person at the completion of a parent education activity. Some surveys were given to parents at the end of the school year to complete at home and return through the mail – 34.2% of participating parents completed a survey.¹⁶⁷ In order to determine the difference in change and satisfaction, surveys were coded based on the type of parenting activity in which parents engaged (see Exhibit 4.8 for distribution by fiscal year).¹⁶⁸ The majority of adults participating in parenting activities were the mothers (87.8%).¹⁶⁹ Only 7.9% were fathers, and 2.5% were grandparents. Other (1.9%) adults participating included aunts, adoptive parents, foster parents, day care providers and stepparents.

Exhibit 4.8. Type of Parenting Activity, FY 2006-07 and FY 2007-08				
Activity Type	FY 2006-07		FY 2007-08	
	Number	% of Total	Number	% of Total
Sequential Parent Classes	823	55.9%	714	31.4%
Single Session Parent Classes	170	11.6%	976	43.0%
Sequential Parent & Child Together Classes	174	11.8%	287	12.6%
Single Session Parent & Child Together Classes	162	11.0%	146	6.4%
Home Programs	143	9.7%	148	6.5%
TOTAL	1,472	100%	2,271	100%

¹⁶² U.S. Department of Education, Office of Planning, Budget, and Evaluation; Office of Educational Research and Improvement (ED). Preparing Young Children for Success: Guideposts for Achieving Our First National Goal. An America 2000 Education Strategy. Washington, DC: Author, 1991.

¹⁶³ First 5 San Diego. Parent Center. Accessed 15 December 2005. <<http://www.cfc.ca.gov/sandiego/parent.html>>

¹⁶⁴ U.S. Department of Education. No Child Left Behind: What Parents Need to Know. Accessed 15 December 2005. <http://www.ed.gov/nclb/overview/intro/parents/nclb_pg5.html>

¹⁶⁵ Shaklee, Harrie and Diane Demarest. Survey of Parenting Practice Tool Kit, 2nd Ed. University of Idaho. Boise, Idaho. 2005.

¹⁶⁶ California Department of Education. “Desired Results Reference Materials and Forms.” 2003. Accessed 10 July 2006 <<http://www.cde.ca.gov/sp/cd/ci/drdpforms.asp>>

¹⁶⁷ This is the approximate ceiling response rate, as it is likely that parents completed surveys more than once.

¹⁶⁸ It is unknown how many completed surveys were duplicates due to parents participating in multiple types of classes, or multiple times of the same class. However, 36.8% (n=476) reported that they participated in other parenting education classes prior to the parenting activity in which they were completing the survey (suggesting potential duplication).

¹⁶⁹ Parents were asked to think about one of their children ages 0-5 years when completing the survey.

The remainder of this section explores the results of the Parent Retrospective Survey from two perspectives: changes to parenting practices and parent satisfaction with the program.

Parenting Practices

The “Survey of Parenting Practice” is a tool which asks parents to rate their current level of knowledge, confidence, ability and behaviors (“now”) to their levels before completing the parent education activity (“then”). Ratings range from zero to six, with the higher the rating, the more knowledge, confidence, ability, or frequent behavior. This method of “retrospective” comparison allows for respondents to more accurately provide baseline data, compared to traditional pre/post methods, when participants tend to rate themselves higher on the pre-test.¹⁷⁰ In the course of a class, parents learn more about child development and often come to realize how much there is to know.

Mean parent scores on all items on the parenting practice survey increased significantly from “then” to “now.” Exhibit 4.9 illustrates the mean “then” and “now” outcomes for all twelve survey items, the mean difference between the two, and a comparison between this and last fiscal year. Increases were statistically significant for all items ($p < .001$).¹⁷¹ Below is a brief description of findings within the knowledge, confidence, ability, and behaviors scales.

- ***Type of intervention:*** While scores increased significantly among parents in all parenting activities, parents attending sequential parent and child together (PACT) classes and home visitation programs consistently demonstrated the greatest increases. This finding was true in FY 2006-07 as well.
- ***Knowledge:*** A parent’s knowledge of child development is the basis for sound parenting practices.¹⁷² In general, knowledge items showed the lowest mean “then” scores and the most improvement between “then” and “now” scores. Out of all twelve items on the survey, the statement, “My knowledge of how my child’s brain is growing and developing,” showed the greatest improvement.
- ***Confidence:*** Building on a foundation of child development knowledge, parenting confidence is formed by feedback and recognizing strengths in parenting.¹⁷³ Overall, items in the confidence category showed the second highest mean improvement from “then” to “now.” Within this category, the most improvement was seen in the statement, “My confidence that I can help my child learn at this age.”
- ***Ability:*** Parents bridge the gap between theory (knowledge and confidence) and practice through trainings in child development.¹⁷⁴ As a group, ability items showed the highest mean “then” and “now” scores. Out of all twelve items on the survey, “My ability to keep my child safe and healthy” had the highest mean “then” and “now” scores, and thus showed the least improvement (though still statistically significant).
- ***Behavior:*** Knowledge, confidence and abilities all add up to parental interaction with their children and other families.¹⁷⁵ Within the behavior category, the item that showed the most improvement was, “The amount of activities my child and I do together,” and the item that showed the least improvement was,

¹⁷⁰ “Pre-test overestimation is likely if participants lack a clean understanding of the attitude, behavior, or skill the program is attempting to affect.” Pratt, C., McGuigan, W. and Katzev, A. (2000) Measuring Program Outcomes: Using Retrospective Pre-test Methodology. American Journal of Evaluation. (21) 341-349.

¹⁷¹ Increases in knowledge, confidence, ability and behavior questions could also be due to participation in the early learning environment, interaction with teachers and other factors.

¹⁷² Shaklee, Harrie and Diane Demarest. Survey of Parenting Practice Tool Kit, 2nd Ed. University of Idaho. Boise, Idaho. 2005.

¹⁷³ Ibid.

¹⁷⁴ Ibid.

¹⁷⁵ Ibid.

“My connection with other families with children.” As a group, behavior items showed the least mean improvement.

- *Differences between fiscal years:* This fiscal year, the mean differences between “then” and “now” were greater in classroom-based sites for most items, although these differences were only statistically significant for one of the items. Last fiscal year, the differences were similar between classroom-based sites and center-based sites. Another difference between the two fiscal years was an increase in mean “then” scores from FY 2006-07 to FY 2007-08 for every item. This suggests that parents who completed surveys this fiscal year had somewhat greater parenting knowledge, confidence, ability, and positive parenting behavior than parents who completed surveys last year. This may be attributed to the fact that this fiscal year, parents had somewhat older children (mean age of child: 4 years and 3 months) in the program than last (mean age of child: 3 years and 9 months). The age of the participating child was found to be positively correlated with “then” scores and negatively correlated with mean difference scores.¹⁷⁶

Exhibit 4.9. Outcomes for Parenting Survey FY 2007-08

Survey Item	Mean “Then” (Before SR)	Mean “Now” (After SR)	Mean Difference	Mean Difference FY 2006-07
My knowledge of how my child is growing and developing. (n=1,819)	3.99	4.97	0.98*	1.20*
My knowledge of what behavior is typical at this age. (n=1,811)	3.91	4.87	0.96*	1.18*
My knowledge of how my child’s brain is growing and developing. (n=1,804)	3.98	5.00	1.02*	1.21*
My confidence in myself as a parent. (n=1,806)	4.28	5.18	0.90*	1.03*
My confidence in setting limits for my child. (n=1,800)	4.09	5.02	0.93*	1.14*
My confidence that I can help my child learn at this age. (n=1,813)	4.28	5.25	0.97*	1.16*
My ability to identify what my child needs. (n=1,811)	4.22	5.17	0.95*	1.12*
My ability to respond effective when my child is upset. (n=1,806)	4.11	5.00	0.89*	1.05*
My ability to keep my child safe and healthy. (n=1,806)	4.63	5.39	0.76*	0.82*
The amount of activities my child and I do together. (n=1,802)	4.18	5.06	0.88*	1.08*
The amount I read to my child. (n=1,811)	3.92	4.76	0.84*	1.06*
My connection with other families with children. (n=1,811)	3.96	4.78	0.82*	1.01*

Parent Satisfaction

Parent satisfaction is a core component for SR programs state wide. To measure this, SR providers implemented the “Desired Results for Children and Families – Parent Survey” - a survey developed by the California Department of Education already utilized by many school-based sites. The survey is a series of

¹⁷⁶ Significant positive correlations were found between child’s age and all but one “then” score. A significant positive correlation was also found between child’s age and the average of all “then” scores, $r = .12, p < .001$. Significant negative correlations were found between child’s age and all mean difference scores. A significant negative correlation was also found between child’s age and the average of all mean difference scores, $r = -.12, p < .001$.

satisfaction questions about components typically included in early care and education programs. Key findings from FY 2007-08 include (see Exhibit 4.10 for details):

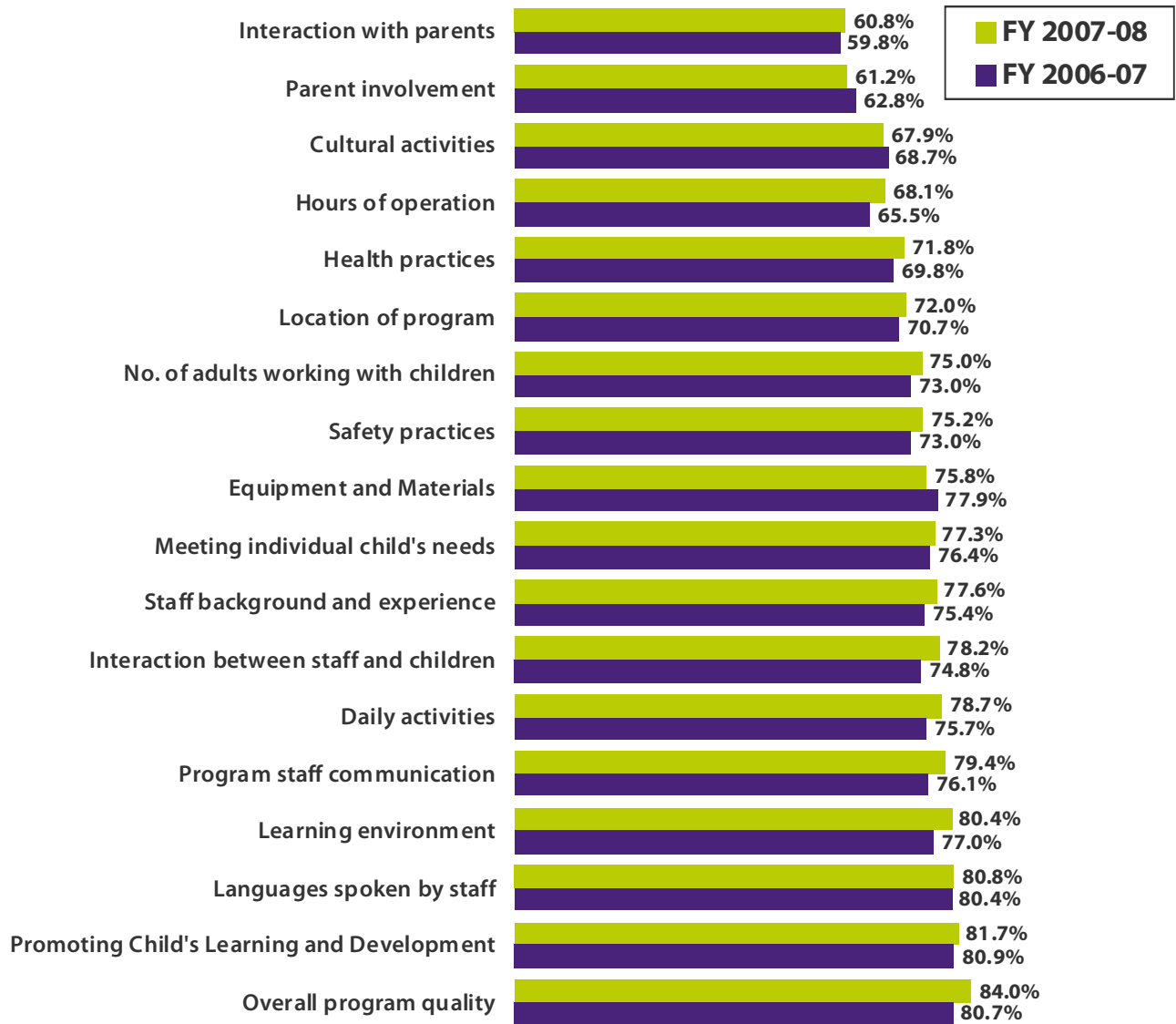
- Of all program components, the highest percentage of parents indicated that they were “very satisfied” with the “overall program quality” (84.0%).
- For each program component, at least 95% of parents reported that they were “very satisfied” or “satisfied,” regardless of the type of parenting activity they participated in.
- While parent satisfaction was high across parenting activities, sequential PACT classes had the highest percentage of parents reporting “very satisfied,” while parents in single session PACT classes exhibited the lowest percentage of “very satisfied”.
- For all program components, a higher percentage of parents in classroom-based programs were “very satisfied” than parents in center-based programs.¹⁷⁷
- Components that received the lowest satisfaction ratings were parent-centered (interaction with other parents, parent involvement) and programmatic (hours and cultural activities).
- Satisfaction ratings remained fairly similar between FY 2006-07 and FY 2007-08. Notably, the percentage of parents who were “very satisfied” increased for 15 of the 18 components from last year. The average increase among all 18 components was 1.6 percentage points, and the greatest increases were seen in “interaction between staff and children” and “learning environment” (3.4% increases for each).

“I couldn’t be happier with the program. The teachers are amazing and know how to make learning fun.”

- School Readiness Parent

¹⁷⁷ While these changes were significant in practice, they were not statistically significant.

Exhibit 4.10. Percentage of Parents Who Were “Very Satisfied” by Component and Fiscal Year



Making the Connection

Systems integration and improvement are core components of the School Readiness Initiative. This section explores improvements to the system of care through four core areas: connecting preschool and kindergarten teachers, experience level of the SR staff, parent interaction with staff, and enhancing sustainability and developing community partnerships.

Kindergarten Transition

Perhaps one of the most important components of SR systems improvement is enhancing communication between the SR programs, elementary schools, and parents. This communication is vital to ensuring that early childhood education programs support children as they development the skills critical for school readiness, and that schools support the transition needs of those children and families entering kindergarten.¹⁷⁸

During FY 2007-08, there was a 65.2% percent increase in kindergarten transition activities. These activities involved working directly with children and parents/guardians, as well as meetings and information sharing between SR program staff and kindergarten teachers. Specifically, 3,277 children participated in kindergarten transition activities (110.2% of this fiscal year's goal), such as Kinder Camp (a two to four week intensive program for children with little to no preschool experience), kindergarten visitation and kinder-readiness assessments. Additionally, 597 preschool parents (131.8% of this fiscal year's goal) were included in school based activities, such as meeting with School Readiness ECE program staff to discuss the changes that lay ahead as their child enters kindergarten. As one parent shared, "My child learned a lot and it prepared him well for entering kindergarten." However, one parent expressed the desire to be more involved in the process, "I think the more participation they have from parents, it will improve the goal of this program to prepare the children for kindergarten."

"It has opened up the opportunity for all school district teachers to come together and deliver the same teaching across the district."

- School Readiness Preschool Teacher

The critical component of kindergarten transition activities is effective communication between ECE staff and kindergarten teachers. This activity is crucial to ensuring a smooth transition for children entering elementary school. This year, 170 School Readiness staff (151.8% of this fiscal year's goal) participated in kindergarten articulation meetings with elementary staff (including kindergarten teachers, administrative staff, and support teams), an increase compared to last year. Survey responses¹⁷⁹ from preschool teachers and specialty service providers¹⁸⁰ show that despite increases in the number of ECE to kindergarten articulation activities this fiscal year, the interaction rates between SR personnel and kindergarten teachers remained relatively limited for a number of key activities – mutual trainings and meetings – for both this and last fiscal year (see Exhibit 4.11 and 4.12). Preschool teachers'

¹⁷⁸ Halfon, Neal. et al. Reaching Back to Create A Brighter Future: The Role of Schools in Promoting School Readiness. UCLA Center for Healthier Children, Families, and Communities, May 2001. Accessed 10 September 2007 <<http://www.cfc.ca.gov/PDF/SRI/stuart-reaching-back.pdf>>

¹⁷⁹ These surveys were based on the NEGP "Ready Schools Checklist": National Education Goals Panel. "A Self-Inventory for Ready Schools." Ready Schools, Washington, D.C. 1998. Accessed 10 September 2007. <<http://www.negp.gov/Reports/readysch.pdf>>

¹⁸⁰ Specialty service providers are any staff funded by SR, but not a teacher. This includes school nurses, behavioral specialists, speech and language specialists, and administrative staff.

interaction with kindergarten teachers remained fairly the same this fiscal year compared to the previous fiscal year. Meanwhile, specialty service provider’s interactions declined from last fiscal year.

Exhibit 4.11 Preschool Teachers Activities Involving Kindergartens, FY 2006-07 and FY 2007-08

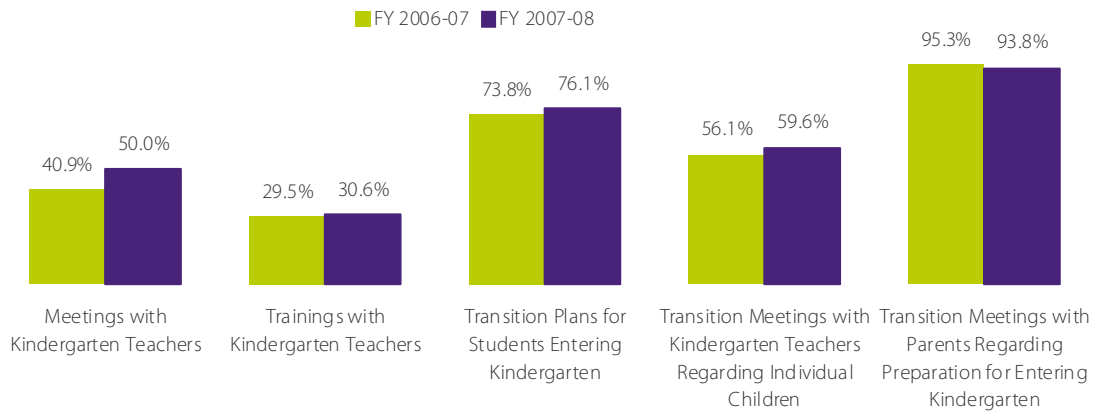
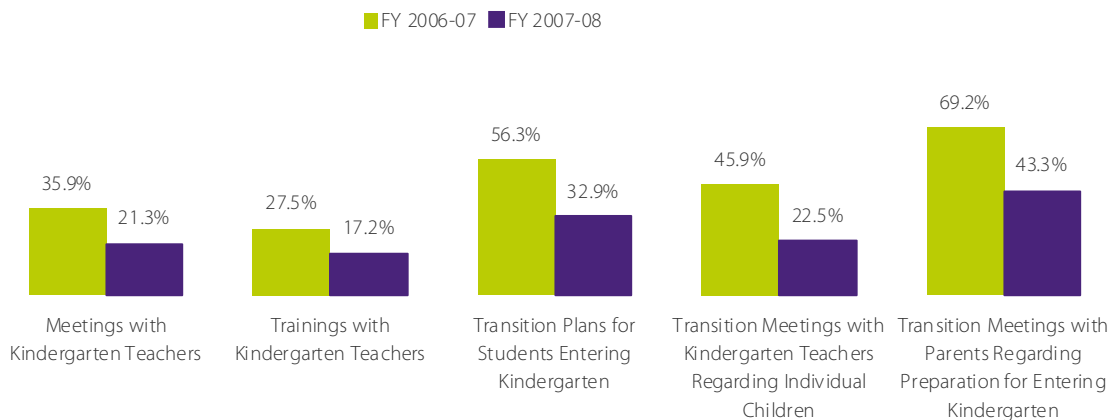


Exhibit 4.12 Specialty Service Providers Activities Involving Kindergartens, FY 2006-07 and FY 2007-08



Another critical step to ensuring that kindergarten teachers obtain preparatory information about children coming into their class is the contents of the transition files. Over three-fourths (76.1%) of preschool teachers and over one-quarter (32.9%) of specialty service providers have formal transition plans for students entering kindergarten. Exhibit 4.13 displays the increase across all types of transition documents inserted into transitional files in FY 2007-08 compared to last fiscal year, as reported by preschool teachers and specialty service providers whose sites have kindergarten transition plans. Notably, only approximately one-quarter of these files contain the DRDP-R results. These results would give kindergarten teachers important information about a child’s developmental strengths and areas where a child might need more focused assistance and attention.

Exhibit 4.13. School Readiness Transition File Contents by FY 2006-07 and FY 2007-08

Transition Document	Preschool Teacher		Specialty Service Provider	
	2006-07 (n=44)	2007-08 (n=37)	2006-07 (n=40)	2007-08 (n=31)
	Percent	Percent	Percent	Percent
DRDP-R Data	70.5%	88.9%	22.5%	25.8%
Health Information	65.9%	86.5%	17.5%	51.6%
# of Years in Preschool	45.5%	56.8%	10.0%	35.5%
Parent-Teacher Conference Notes	63.6%	75.7%	12.5%	35.5%

Staff Education and Experience

Survey results showed that teachers and specialty service providers were more experienced in FY 2007-08 than last fiscal year – 68.1% of preschool teachers and 47.8% of specialty service providers had worked in their position for over five years. Exhibit 4.14 and 4.15 show that most of preschool teachers (88.0%) and specialty service providers (89.6%) were educated at or past the Associate’s level, with the greatest increase in education level from the last fiscal year occurring among preschool teachers obtaining an Associate’s degree.

However, the number and percentage of SR staff pursuing degrees beyond the Associate’s level decreased from FY 2006-07 to FY 2007-08. Notably, participation of ECE staff in AB212 and CARES (stipend programs to support continuing education) decreased in the same period.¹⁸¹

SR programs also offer staff a variety of training opportunities. All preschool

teachers were offered opportunities to attend professional development activities, while not all specialty service providers were offered that same opportunity. Most teachers participated in these (98.0%), while notably fewer specialty service providers (76.7%) participated. Those staff that participated attended an average of 5.3 activities throughout this fiscal year – compared to 7.8 last fiscal year. These trainings included such topics as

Exhibit 4.14 Preschool Teachers Level of Education

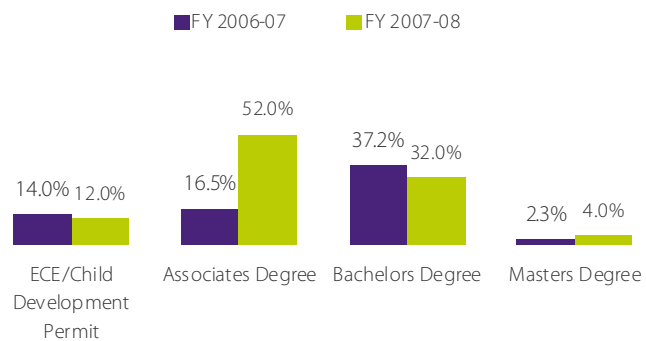
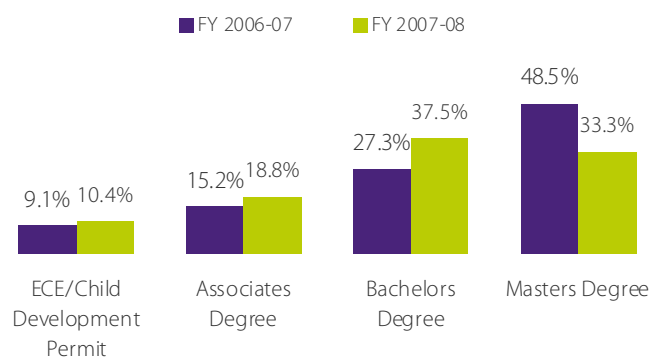


Exhibit 4.15 Specialty Service Providers Level of Education



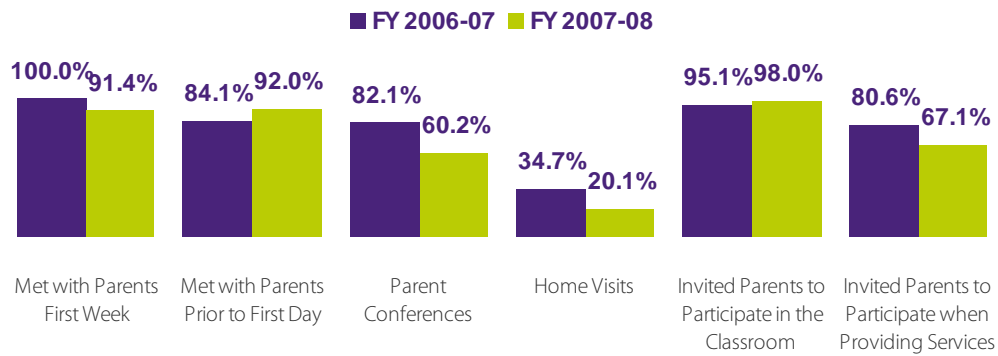
¹⁸¹ For more information on AB212 and CARES, see Chapter 7.

“Early Literacy and the Learning Child,” “High Quality Pre-K Classrooms,” and “English Language Learners and Literacy in the Early Years.” Some SR staff also worked with mentor teachers and behavioral specialists. This type of professional support is a best practice in promoting stability in the ECE workforce.¹⁸² All teachers this year and almost all last year (97.6%) felt their professional development was applicable to their classrooms.

Parent Interaction with Staff

Parent involvement in the learning environment is vital to a student’s success. In FY 2007-08, almost every SR preschool teacher responding to the Preschool Teacher survey indicated that they met with parents during the first week of school, (91.4%) and most met with parents prior to the first day of school (92%). The most common on-going parent involvement activity during the school year was to invite parents to participate in the classroom, followed by inviting parents to participate when ECE teachers and staff provide services to their child (see Exhibit 4.16). Interviews with Coordinators uncovered that SR programs sought to include parents in their administrative and planning activities. For example, five School Readiness programs have Parent Advisory Committees that provide parent and community input and leadership to these programs. Committee members assist program and district staff in planning, assessing, evaluating, and problem-solving at each site. Some past committee members (and other parents participating in SR) remain connected to School Readiness over time by volunteering, participating in staff hiring processes and working for the program as paid employees. However, despite all of these efforts, it is of note that most parent involvement activities declined this fiscal year when compared to last fiscal year.

Exhibit 4.16 Activities Involving Parents



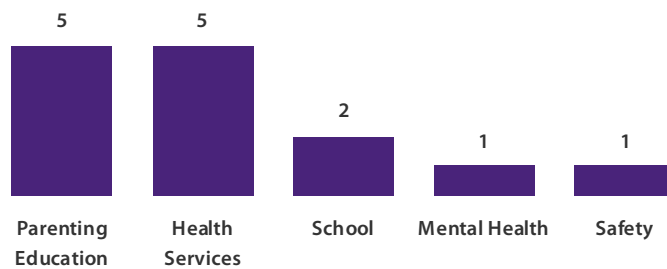
Sustainability and Community Partnerships

The SR programs utilize existing links with their district schools and relationships developed with other First 5 funded and non-First 5 funded community partners in an effort to enhance the system of care that supports young children. Interaction with, and support from, elementary schools are two important aspects of sustaining early care and education programs. School Readiness programs coordinators reported that they increased partnership efforts with schools districts in FY 2007-08 and continue to demonstrate success in maintaining relationships.

¹⁸² Halfon, Neal et al. Reaching Back to Create A Brighter Future: The Role of Schools in Promoting School Readiness. UCLA Center for Healthier Children, Families, and Communities, May 2001. <<http://www.cfc.ca.gov/PDF/SRI/stuart-reaching-back.pdf>> Accessed 10 September 2007

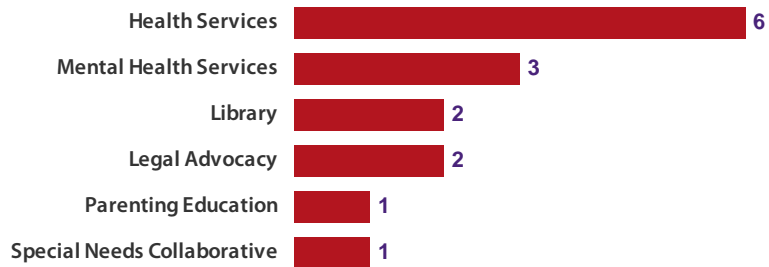
Most frequently, SR partnerships are with other First 5 funded programs, in particular, HDS that provides screenings and services for children with mild to moderate developmental delays and their parents and First 5 for Parents parenting education services (Exhibit 4.17). Partnerships with community agencies continue to expand. One Coordinator commented that one partner is now “offer[ing] more classes in the center... before maybe only one time a month but now we have parenting classes in the afternoon two times a week.” Many families enter First 5 San Diego services (and those of other community agencies) through referrals from their child’s SR program (for more details on families’ experiences, see below “SR Developmental Screening System: Parents’ Perspective”).

Exhibit 4.17 Ongoing Community Partnerships by Service Category (n=14)



Six of nine SR Coordinators reported that they have developed new relationships with community organizations that support and expand services for children participating in SR programs.¹⁸³ These partners include health service delivery, parenting education, mental health services, and local libraries.

Exhibit 4.18 New Community Partnerships by Service Category (n=15)



Two Coordinators stated that they had each formed four new partnerships this fiscal year. One notable increase in partnerships indicates that the SR programs are becoming more interwoven into their community’s service support fabric.

The following strengths and challenges section outlines the key areas for either continuance or improvement for SR programs for the next fiscal year.

Strengths

This fiscal year provided several opportunities that improved the quality of the School Readiness Initiative:

- **Results continue to be sustained on many core outcomes.** Children exhibited improved outcomes in all developmental domains; parents exhibited improved outcomes on all four parenting practice topic areas; and staff participated in quality professional development activities that they found valuable.
- **Continued networking opportunities for program staff.** Since the inception, School Readiness Coordinators have met monthly with Commission staff to discuss best practices, share information and ideas, and work together to solve procedural challenges. For the second year Commission staff enhanced these meetings with guest speakers from various First 5 funded agencies. In addition, more SR

¹⁸³ Includes eight SR program Coordinators and one Special Needs Demonstration Project coordinator.

Coordinators participated in First 5 all contractor meetings and representatives from each SR program attended the State First 5 conference. These events provided opportunities for face-to-face interaction with other First 5 programs and to gain a broader perspective on school readiness issues.

- **Continued and additional community partnerships.** School Readiness programs successfully sustained existing relationships and built new ones with other First 5 funded projects and other community agencies, including parenting education, health and school-based service providers. Several have created new partnerships with mental health and legal advocacy agencies, as well as local libraries.

The successes listed for the School Readiness Initiative are not exhaustive, as many programs experience success with program participants every day. SR program staff and parents interviewed for this report recognized the important work accomplished by School Readiness and First 5 San Diego to prepare children and families for school. Parents are thankful for their SR programs. One parent shared, “Thanks to the program, I feel my child will like school,” while another said, “Thank you for the support you give us parents so that we become better parents and we understand the needs of our children.”

Challenges

Even as the Commission’s longest running Initiative, School Readiness experienced some challenges. First 5 San Diego is learning from these challenges and working with SR programs to adapt their programs accordingly. Some key challenges include:

- **Maintaining gains from previous years.** There were a few key outcome areas where the data show a decline. These areas should be examined more deeply to determine the cause and ensure improvement in the next year.
 - Fewer SR teachers are participating in CARES and AB212 – programs that offer stipends to encourage ECE teachers and staff to improve their education levels. As studies show a correlation between the teacher’s education level and classroom quality, it is important to renew efforts to encourage continuing the formal education of ECE staff.
 - There were declines across all areas of activities involving parents. SR programs have the opportunity to encourage early parent involvement that is important to a child’s ongoing school success.
 - There is a decline in the contact reported between specialty service providers and kindergarten teachers, especially in the area of kindergarten transition. The K-12 and pre-kindergarten environments are substantially different, highlighting the importance of information exchange between kindergarten teachers and specialty service providers. Providers working directly with children with special needs provide critical information to kindergarten teachers, which will assist children to succeed in the kindergarten environment.
 - The number of developmental screenings conducted dropped by 28% to only 48.5%. This is below the target of ensuring 100% of children in First 5 SR ECE programs receive developmental screenings. Further, of those screened, the number of children referred for assessments dropped from 30.4% the previous year to 15.9%, though an improvement in the accuracy in those identified as needing services.
- **Sustaining programs beyond the First 5 investment.** Since its inception in 2002, the First 5 School Readiness Initiative was designed to receive a flat amount of funding each year. The intention was to build effective programs that local school districts and other funded agencies would commit to supporting with other resources. While some County First 5/Proposition 10 Commissions have required school districts to

“I know teachers are in need of more funding for supplies and more study tools for children.”
– School Readiness Parent

supply matching funds for SR programs, First 5 San Diego has not. First 5 California will be reducing the number of projects it funds. There is uncertainty whether, and to what extent, First 5 California will continue to fund School Readiness as a statewide Initiative. SR programs need to develop plans for sustainability and First 5 San Diego has plans to offer technical assistance to these school districts in FY 2008-09.

- **Inconsistency in SR Developmental Screening data.** In fiscal years 2006-07 and 2007-08, SR contractors reported the results of referrals from developmental screenings. Many SR staff expressed confusion around the definition of each step in the screening process, and also shared difficulty in following-up with families and service providers regarding the services. For FY 2008-09, changes have been made to the vocabulary and definitions of screening process steps, and child-level and referral data will be collected in the new CMEDS data system. Additional work needs to be done in improving coordination between health and school-based programs, including the establishment of formal agreements for referrals and data sharing.
- **Changes to data collection activities.** While data collection instruments and methods remained the same since FY 2006-07, the First 5 San Diego Consent Form and Process was introduced mid school year. SR programs had to incorporate school district guidelines, and meet with parents to explain and collect consent forms. This resulted in a decline in child-level data available for evaluation. In FY 2008-09, school districts will include the consent form in their enrollment packets, which should result in a consent rate. The CMEDS data system will streamline data tracking and allow a deeper analysis of results.

Update on Recommendations from FY 2006-07

The following actions were recommended in the Commission's Annual Evaluation Report for FY 2006-07. As described below, SR has taken strides to address many of these areas.

Recommendation 1: Encourage collaboration between SR providers and First 5 Initiatives.

Update: Although still in progress, great strides towards collaboration between First 5 Initiatives occurred throughout this fiscal year. Several First 5 San Diego funded programs, such as the American Academy of Pediatrics and Jewish Family Service, have made presentations at monthly SR meetings, making connections to improve partnerships between First 5 Initiatives.

Recommendation 2: First 5 and School Readiness programs should work together to coordinate administrative requirements.

Update: First 5 program staff and SR contractors have also worked together to coordinate administrative requirements. Fiscal reporting requirements have been streamlined this year, and contract renewal processes occurred earlier than in previous years.

Recommendation 3: Nurture mutual understanding.

Update: As exhibited by the results of SR Coordinator interviews, First 5 program staff has been available to contractors for all aspects of the contract. They have been flexible when working with contractors, and have been friendly, responsive and approachable. Further, they have clearly communicated their fiscal expectations of contractors, and shared what contractors can expect from them.

Recommendation 4: Sustaining programs over time.

Update: While advancements in the administration of School Readiness are evidenced throughout, program sustainability is the final recommendation yet to be addressed. Many SR programs have made steps towards securing their programs (see section "Sustainability and Community Partnerships" on page 122). Current SR contracts are scheduled to end in the next two fiscal years. Without arrangements to support programs fiscally, they could end by 2011. First 5 program staff has intentions to implement sustainability plans with SR contractors in FY 2008-09.

Recommendation 5: Continue to improve outcome measurement reporting.

Update: The only recommendation fully addressed was the continued improvement of outcome measurement reporting. All SR programs successfully collected and submitted child-level data. However, challenges in implementing the First 5 San Diego consent form the quantity of data available for evaluation. With the consent form fully implemented, the quantity outcome data in FY 2008-09 is expected to increase.

Recommendations

The following recommendations were developed based on FY 2007-08 data and evaluation findings.

- + **Increase parent involvement in programs and kindergarten transition.** The involvement of parents in School Readiness services is of utmost importance for the success of the program and the children enrolled. The results of the satisfaction portion of the Parent Retrospective revealed that parent involvement in programs received the lowest ratings for two consecutive years. Parents also requested additional parent-teacher meetings, especially those focusing on kindergarten transition. Further, staff responding to the Preschool Teacher and Specialty Service Provider Surveys indicated a marked decrease in the number of parents volunteering in classrooms and during services last year. SR program staff should strategize to increase parent participation in activities and services.
- + **Work with SR programs to retain past improvements.** Program results should be examined with the SR Coordinators as a group and with each individual program to determine what is causing declining trends: fewer teachers and staff participation in AB212 and CARES; fewer children receiving developmental screenings and fewer identified as needing assessments; and less contact between district specialty service providers and kindergarten teachers regarding kindergarten transitions. An improvement strategy should be developed around each of these areas.
- + **Continue collaboration between SR providers, other First 5 Initiatives, and community agencies.** Many SR programs successfully partnered with other First 5 agencies and some made connections beyond First 5. In several cases, community agencies reached out to SR programs for collaboration. Creating and maintaining ties to outside entities is a key step in creating sustainable programs and systems to serve children and families. First 5 San Diego should help strengthen these bonds to increase exposure in the community for future service planning and development.
- + **Sustain programs over time.** Both state and local First 5 funding for the School Readiness Initiative is only dedicated through 2011. First 5 San Diego and First 5 California are each embarking on strategic planning processes that will determine whether, or to what extent, SR funding will continue. Since the inception of the SR Initiative, the Commission expected that school districts would locate additional funding to sustain and expand the SR programs in their areas. At this important time, First 5 California, First 5 San Diego and the SR school districts must work together to address the timeline of SR funding and plan for changes in funding. School districts must actively seek additional funding and/or examine shifting existing district funds (i.e., Title I funding) to sustain and even expand their programs.
- + **Increase the quality and quantity of outcome data.** This year, the quantity and quality of outcome data was satisfactory. The number of matched DRDP-R data decreased, in spite of a substantial increase in the number of children served. Matched ASQ data increased in actual number, but decreased in the percentage of children served. These decreases could be due to the mid-year implementation of the First 5 San Diego consent form, and there was additional confusion around reporting referral data. Implementing the consent process as part of enrollment, clarifying the referral process and the activation of CMEDS may ameliorate these issues. Some districts in particular had more difficulty in implementing informed consent. If this does not improve during the fall enrollment process, Commission staff should work with those districts to improve data collection standards and reporting.

A Final Word on School Readiness

The School Readiness Initiative has had a positive impact on improving children's readiness for school, parenting practices and staff development. Children exhibited improved outcomes in all developmental domains, parents exhibited improved outcomes on all four parenting practice topic areas, and staff participated in numerous professional development activities. In addition, School Readiness programs have connected to larger systems through community partnerships. These close partnerships have resulted in a smoother system of care for families navigating referrals. In many communities, programs are operating to capacity, and often with waiting lists, indicating a continued need for similar quality services in San Diego County.

Special Needs Demonstration Project

In 2005, the Chula Vista Elementary School District (CVESD) was one of ten sites across the state with a First 5 Special Needs Demonstration Project (SNP). The local project, named Kids on TRACK, is jointly funded by First 5 California and First 5 San Diego, for a total of \$2,000,000 over four and a half years.¹⁸⁴ The project is designed around four goals:

- **Screening and Assessment:** Provide universal access to screenings in a designated catchment area, to promote early identification and diagnosis of physical and developmental issues.
- **Access to Service:** Improve access to, and utilization of, services and supports through the coordination of existing and new resources.
- **Community Participation and Inclusion:** Include and support young children with disabilities, developmental delays, and other special needs in appropriate, typical child care and community settings.

In addition, Kids on TRACK provides comprehensive case management for 75 children with special needs identified through the screening process. While the main focus of the SNP is to serve children ages 0-5 years with special needs, SNP also supports family members and professional staff. Parents and caregivers receive assistance in navigating complex systems of care, as well as receiving the training needed to become effective advocates for their children.

Key Partners

- Chula Vista Elementary School District
- San Diego County Office of Education Hope Infant Support Program
- Kids Included Together
- Exceptional Family Resource Center
- San Diego Regional Center California Early Start Program
- Chula Vista Community Collaborative Family Resource Centers

Important Changes for the Special Needs Demonstration Project

While the Kids on TRACK project increased outreach, screenings, services, and referrals this fiscal year, important changes have occurred with this project at both the state and local level. The following changes will impact the project in FY 2008-09:

- **First 5 California Evaluation:** In Spring 2008, the First 5 California Children & Families Commission began the planning phases of evaluating the ten SNP demonstration sites across the State. Kids on TRACK will continue serving children and families and entering data into the statewide database. The evaluation plan will also include Parent and Provider Surveys, and possibly site visits.
- **First 5 California Training and Technical Assistance:** In Spring 2008, the new First 5 California Training and Technical Assistance consultant began their contract with the State. This contractor will work with the ten sites across the State in FY 2008-09. Representatives from this team have already participated in Kids on TRACK activities, such as the Community Action Planning Team.
- **Shift to sustainable programming:** The Kids on TRACK staff and various leadership teams will slightly shift their focus to creating a sustainable program in FY 2008-09. With local and State funds ending in 2009 under the current contract, Kids on TRACK has already started thinking about innovative ways to prolong and/or integrate the program.

Screening and Assessment

In order to promote optimal early childhood development and school readiness, Kids on TRACK proactively identifies infants, toddlers, and preschool children with, or at-risk of having, a disability, developmental delay, or special need.¹⁸⁵ The program's annual goal is to provide health and developmental screenings for 500 children living in the CVESD catchment area.

In FY 2007-08, Kids on TRACK effectively increased outreach activities over FY 2006-07. *Promotoras* went to various locations in Chula Vista to recruit families qualified to participate in the program, often conducting screenings at events and sometimes making appointments for later screenings (see textbox, "Outreach Locations"). This fiscal year, the SNP provided screenings to 510 children, meeting the goal of 500, similar to last fiscal year.

Once a child has been screened and a concern is identified, the child is often referred to Kids on TRACK services. If in-house services do not address the need, children are referred to partner agencies. Sometimes, certain cases require additional scrutiny through Child Study Team (CST). The CST meets twice monthly and includes members representing SNP key program partners, CVESD Special Education Department, and School Readiness Initiative staff. The CST reviews individual child files and speaks to SNP Family Advocates and specialty service providers who work with the child and family. The CST determines appropriate referrals for the child and/or family, including the likelihood of the child to qualify for services mandated under the IDEA.

Below are some key results of SNP's Kids on TRACK:

- All 510 children screened received health survey, completed by a parent or guardian.¹⁸⁶
- 508 children received an age-appropriate Ages and Stages Questionnaire: Social-Emotional (ASQ:SE) screening, completed by trained Kids on TRACK staff and parents/caregivers together.¹⁸⁷
- 506 children received an age-appropriate Ages and Stages Questionnaire (ASQ), also completed by staff and parents/caregivers together.
- The majority of parents and caregivers of these children completed a Parent Stress Index: Short Form (PSI:SF) assessment (81.7%).¹⁸⁸

Exhibit 4.19 displays the results of all 508 screenings this year, with comparison to FY 2006-07 local and FY 2005-06 local and statewide figures.¹⁸⁹ The percentage of children recommended for assessment in this fiscal year is similar to last fiscal year and closely matches the statewide percentage. Due to high staff retention rates,

¹⁸⁴ First 5 California provides \$1,000,000 over four years and approved a no-cost extension for six months, until June 30, 2009. First 5 San Diego matches these funds dollar-for-dollar.

¹⁸⁵ California Institute on Human Services, Sonoma State University. "First 5 SNP Screening and Service Protocol" First 5 California Special Needs Project Coordination and Training. Sonoma State University, 2005

¹⁸⁶ The health screening consists of a "Level 1 Survey" parent report or a "Level 2 Screening", conducted by SNP staff. Elements of the "Level 2 Screening" include California Child Health and Disability Prevention Program (CHDP) standards for health and development, oral and nutritional health, vision, hearing and immunizations.

¹⁸⁷ The ASQ is a screener for developmental concerns at various ages. The ASQ:SE was designed as a complementary tool to the ASQ, specifically addressing social and emotional behavior of young children. Squires, Jane, Diane Bricker, and Elizabeth Twombly. Ages and Stages Questionnaires: Social-Emotional (ASQ:SE). Maryland: Paul H. Brooks, 2003

¹⁸⁸ The PSI:SF was developed to assess the multifaceted system between parents and children, including parent and child characteristics, family context and life stress events. Abidin, Richard R. Parenting Stress Index. 3rd ed. Florida: Psychological Assessment Resources, Inc., 1995

¹⁸⁹ At the time of this publication, FY 2007-08 and FY 2006-07 statewide data was not available.

more children have been screened by trained and experienced screeners and are therefore more likely to be referred to the most appropriate services.

Exhibit 4.19. Screening Results by Fiscal Year

Screening Result	FY 2005-06*	FY 2006-07	FY 2007-08	State**
	(n=258)	(n=501)	(n=508)	
	Local	Local	Local	Percent
	Percent	Percent	Percent	Percent
No Concerns, No Risk Factors	40.0%	55.6%	65.3%	58.0%
No Concerns, Risk Factors	52.0%	26.8%	16.0%	21.0%
Recommended for Assessment	3.0%	17.6%	18.7%	17.0%
Unknown	5.0%	0.0%	0.0%	3.0%

*FY 2005-06 data summarized from a Chula Vista Elementary School District PowerPoint presentation to the Board of Education, June 20, 2006.

**Spiker, Donna, Craig Zercher, Mario Crisp. "First 5 California Special Needs Project Year 1 Evaluation Findings." PowerPoint presentation. California Children and Families Commission Meeting. 19 October 2006. State data is from FY 2005-06, as, State data was not available for FY 2006-07 or FY 2007-08 at the time of this publication

In addition to these first-time screenings, Kids on TRACK staff aim to rescreen as many children as possible. Rescreening children at regular intervals ensures children are displaying age-appropriate development and additional services when needed. This year, 143 children were rescreened using the SNP screening protocol. Almost all children rescreened had no concerns or risk factors (76.9%). Sixteen children were found to have no developmental concerns, but risk factors were present (11.2%), and seventeen children had both developmental concerns and risk factors present (11.9%). There may be additional children rescreened this fiscal year that were not included, as the project has stringent, statewide requirements for entering rescreen data for analysis.

Access to Services

The Kids on TRACK program provides services to children with mild to moderate developmental delays or special needs, or who evidence risk factors based on a screening outcome. SNP funded case management and intervention services include a behavior specialist, language, speech and hearing (LSH) specialist, family advocates, and parenting classes and workshops created in collaboration with existing resources. In addition to the services funded through SNP, CVESD connects to the First 5 funded School Readiness Program, a district-funded Parent Intervention Program and

Outreach Locations

This year, *Promotoras* conducted outreach at 161 events, to an estimated 2,094 families.

Locations include:

- CVESD Schools and School Readiness Programs, including Parenting Classes and Kindergarten Registration
- Private Child Care Facilities
- Apartments and Mobile Home Parks
- Discount and Grocery Stores
- Chula Vista Library
- Festivals and Carnivals

the Special Education Department, and also makes referrals to community organizations.¹⁹⁰ Families are linked to this array of services by a family advocate that assists in navigating the system of care through intensive case management. Family advocates provided 752 service consultations this year, a 7.0% decrease over last fiscal year.

While most services and referrals are delivered through established partnerships in the community, some families need specialized services that the SNP does not provide. In these unique cases, the Child Study Team (CST) reviews case files and discusses the special circumstances surrounding the child and its family. For example, the CST considers the situations of families experiencing multiple stressors, such as domestic violence or parental mental health issues/illness, and other issues not traditionally supported directly by 0-5 funding.

Community Participation and Inclusion

Kids on TRACK continued both its community participation and inclusion activities in FY 2007-08. Community participation was accomplished through the efforts of three workgroups. First is the SNP Leadership Team, which brings together representatives from key partners, and staff from Kids on TRACK and First 5 San Diego. During the Leadership Team monthly meetings, participants discuss Kids on TRACK implementation, brainstorm ideas for program enhancements, and problem-solve challenges. Second is the Community Action Planning Team, comprised of selected members of the Leadership Team and Kids on TRACK service providers. The Community Action Planning team meets quarterly to discuss the same issues faced by the Leadership Team from a community point of view. The team participates in facilitated discussions that impact the overall delivery and philosophy of Kids on TRACK. Third, the statewide networking group held teleconferences during year to provide a setting for SNP administrative and service delivery staff to connect with staff from the nine other Special Needs Demonstration Project sites across California.¹⁹¹

Important program advances were made by the participants attending the three SNP workgroups:

- ***Children with special needs are enrolled through the same procedures as typically developing children:*** Due to the partnership between community agencies and CVESD, the location for district preschool enrollment was changed. Previously, children with disabilities and other special needs were required to enroll in district preschool and elementary school at a separate point-of-entry than children with typical abilities. Through the ongoing participation of CVESD key administrative staff, enrollment for all types of children now occurs in one place. Further, services for children with special needs are now available at

Kids on TRACK in the Community

This year, Kids on TRACK staff have exposed the program to the community through various avenues:

- Presentations at:
 - First 5 San Diego Commission
 - First 5 California Annual Conference
- Site Visits by:
 - San Diego Family Justice Center
 - San Diego County Children's Mental Health Services
 - Alliant University
- Media Reports by:
 - San Diego Union-Tribune
 - Voice of San Diego

¹⁹⁰ External referrals include connections to the San Diego Regional Center California Early Start Program, Rayo de Esperanza Family Resource Center, First 5 San Diego Healthy Development Services Initiative services provided by South Bay Community Services, and community health and preschool programs.

¹⁹¹ Teleconferences were held in lieu of statewide meetings as the statewide evaluator and training and technical assistance contractors were not selected until late in the fiscal year.

more school sites throughout the district. These are key steps toward routinely placing children with special needs in classrooms with typically developing children.

- **Enhancing services for children with special needs:** Last year, Kids on TRACK became a pilot site for the Center on Social Emotional Foundation for Early Learning (CSEFEL) Positive Behavior Support Program. This program, funded by CSEFEL, delivers specialized training for early childhood educators to support healthy social and emotional development of young children in group care settings. CSEFEL offers staff an understanding of the source of behavior challenges in young children and strategies to help those children participate successfully in school. This year, CSEFEL expanded into all CVESD early childhood programs; including State funded preschool and local Head Starts. To guide and support this expansion, Kids on TRACK and CVESD staff developed an “All Aboard!” inclusion technical assistance leadership team. Plans for a parent training component of CSEFEL is in development for FY 2008-09
- **Participation in various community organizations:** Several members of the SNP Leadership Team participated in various community organizations leading efforts for the special needs community in San Diego County, including the Child Care Planning Council, Early Childhood Mental Health Community, and First 5 Healthy Development Service (HDS).

Inclusion activities this year included:

- **Classroom-based services for children and teaching staff:** Kids on TRACK staff facilitated 164 services for 82 children with children with special needs in an inclusive classroom setting, exceeding this year’s goal (50 services and 25 children, respectively). This also marks a 193% increase in services over the previous fiscal year.
- **In-home services:** Kids on TRACK staff provided services to 58 families with children with special needs in their homes, falling short of the goal of 75. In contrast, last fiscal year, staff exceeded this goal by 34.0%.
- **Inclusion classes and workshops:** Kids on TRACK staff, in collaboration with key partners, provided a space for 1,390 children with and without with special needs and their parents and caregivers to learn and be active together. The attendance in these classes, as well as “Music and Movement” and “Baby Yoga”, exceeded the goal by 110.6%.

The focus of SNP is on early identification of children with disabilities, developmental delays, and other special needs in order to offer intervention services at a point where those services could have the greatest impact on a child’s development. In order to serve this population of children, staff must be trained to support families through a variety of resources and activities. Kids on TRACK addresses this need by providing critical professional development activities to program staff. Moreover, 75 trainings were offered on topics such as screening tools (ASQ, ASQ:SE, PSI:SF), health screenings, case management, home visiting, Individualized Education Plans, social-emotional curriculum, brain development, parent-child attachment, and children’s exposure to violence. Attendance has consistently exceeded the project goal.

“Inclusion is... when all children experience a sense of belonging as they are supported to successfully participate within a welcoming community. Inclusive practices enrich individuals, families, neighborhoods, and systems.”

**- Kids on TRACK
Definition of Inclusion**

Summary

This fiscal year brought about consistent outreach, screening, and services for children and families participating in Kids on TRACK. Several of previous years' challenges, such as statewide evaluation and training and technical assistance gaps, have been addressed. While future challenges do exist, SNP staff continue to expand and integrate into programs in the local community. Systems change and sustainability are focus areas for FY 2008-09.

The SNP Screening Protocol: Parents' Perspective

It is challenging for parents to go through the process of learning their child has a developmental disability or delay. Reactions can include denial, withdrawal, and reluctance or resistance to pursuing treatment. Parents from the Kids on TRACK Special Needs Demonstration Project shared their experience during a focus group conducted in the Spring of 2008.

Initial Contact

Participants in the focus group first heard of the program through some of the outreach activities such as flyers, referrals from either First 5 funded programs or Head Start, or school personnel. As one participant described: "I [called] only because I really needed help and I started looking through what I had. I noticed that the classes were close to my home so I called." Focus group participants noted that they would encourage friends and family members to attend the classes and connect to Kids on TRACK. This has been shown to be an important recruitment method within the Latino community – a community represented both in the focus group and in the population served by Kids on TRACK.

Experiencing the ASQ

Performing a developmental assessment on their child was both a new and intimidating experience for most participants. Parents in the focus group expressed strong feelings about their participation in the process. "I felt frustrated because... my tolerance [was] rather short," one parent reflected. Another parent stated that she was so concerned with what the results would say about her, and that she had "no idea" if her daughter had the abilities necessary to complete the tasks. Still another mother noted, "When they gave me the [screening] I felt like I was not educating my children correctly."

Two Phases of Understanding: Results and Change

Several mothers described a two stage process when it came to the screening results. The first came in finding out the results of the screening. They commented on the importance of the screening and the relief that came with knowing the child had not demonstrated significant delays. "Thank God that when they answered my phone call they told me that my kids were 100% okay." Another mother relayed her reaction when the results were not what she had hoped: "With the [screening] I asked myself what is going on here? ...Is it me? I did not want to accept it. I wanted to say NO! I already have two grown children, how could it be me?"

Throughout the screening process, the SNP staff play the critical role of helping parents become more knowledgeable and active participants in their child's development. In particular, SNP staff assist parents in the difficult first phase of when a children is identified with special needs.

The second phase for many of the parents participating in the focus group was the realization that *they* had to make changes in order to help their child's development. One mother whose child demonstrated delays commented that she initially felt overwhelmed by what lay ahead. "How do I even attempt that?" she said, adding, "I really am determined to change because it's a whole lifetime that you have been that way." For another mother the review of the screening results helped her see more clearly how she could make the changes that would help her child: "[I] realized that my child needed to socialize with other children because we are a military family and we move a lot."

Access to Services

Many focus group participants revealed that they had not received other referrals since receiving services provided by Kids on TRACK. All commented that they were able to participate in the classes and several stated that they had been participating for several months. Several women laughed when they stated that they were afraid they would be asked to stop coming – "they must be getting tired of seeing me." However, some new parents noted that they were unsure what Kids on TRACK program components they could access.

Seamless Referral Process

To better understand the referral process from an end-user perspective, focus group participants were asked about their experience with the referral process. Most were unfamiliar with a formal referral process. However, a couple of mothers had been referred to Kids on TRACK by school or Head Start staff, or other First 5 funded programs. Participants expressed confidence that their needs could be met by Kids on TRACK. They also expressed comfort with the services and their ability to share needs to the staff members. One mother said, "[The staff] has a way of saying things in a way that doesn't hurt your feelings. She says it so that you'll see your problems and move forward. She does it because she wants to help." These parents' feedback speaks positively to the Special Needs Project's goals of being a comprehensive and inclusive program model.

"All of us are very lucky because we know about these classes. I commented to my pediatrician and she was surprised that there were so many of us coming to these groups."

– Special Needs Demonstration Project Parent

Case Study 4

School Readiness and Preschool for All: Working Together to Create Services for Children

In Spring 2008, Harder+Company conducted visits to three early care and education sites funded by First 5 San Diego through both the School Readiness (SR) and Preschool for All (PFA) projects. In total, five staff members in Escondido, National, and San Ysidro school districts were interviewed. The purpose of the visits was to gain a better understanding of how the contractors blended/braided their funds, and how having the two funding sources affected their work.

Funding Source

National and San Ysidro programs began with SR funds in fiscal year 2002-03, and Escondido began in 2003-04. The PFA awards were made in the past two years. Overall, the funding sources as follows:

- **PFA:** PFA funds are used in the same way across all sites, i.e. primarily for preschools. In addition, for all of the sites, there are additional PFA funds that are used to enhance other non-PFA programs, such as State preschools and SR-funded child development programs.
- **SR:** All three sites differ in how they use SR funds, and in National, the use of SR funds has shifted since the initial contract. However, all three sites provide support services to PFA programs through SR-funded activities, such as staff development, child intervention, outreach, and supplies.

Managing Multiple Funding Sources

Although there was some difference in terminology (e.g. blending, braiding, combining funds), all three Directors were clear in how they closely managed multiple budgets, with each source of funds going to specific, albeit differing, activities and, in other cases, the activities complement each other. The following describes, in more detail, how each site earmarks its funds:

- **Escondido:** SR and PFA funds are not considered blended, as they are used for completely separate, yet complementary, programs: PFA funds are used for staffing, materials, and supplies at specific preschool classrooms. Additionally, SR funds reach the community at large via activities, such as parent and child activity centers as well as parent education classes. In addition, SR funds provide support to a number of Head Start, community child care and preschool programs (including PFA preschools), particularly in the area of behavioral consultation and intervention services.
- **National City:** PFA monies are used to fund slots for children who do not qualify for State preschool, as well as to enhance State preschool by providing classroom materials and supplies. The SR monies are used strictly for support services, such as speech intervention, behavior support, English language development, staff development, outreach, materials, and supplies. To summarize, all specialty service providers are paid through SR funds. National School District also renovated classrooms and facilities with a capital projects grant from First 5 San Diego.
- **San Ysidro:** PFA funds support fully-funded preschool slots as well as provide instructional materials and staff development opportunities for all classrooms (PFA, SR and State preschool). The SR contract funds child development programs for families that are not eligible for State preschool. It also funds specialized services, such as developmental screenings, speech therapy, and behavior intervention that are available for all children in the catchment area. San Ysidro School District also built new facilities with a capital projects grant from First 5 San Diego.

Service Delivery – Outsiders’ Perspective

Overall, school district managers have more clarity on what aspects of their early education programs are supported by First 5, than do the families and children served. Only Escondido has a visible distinction between its parent/child activity centers (SR) and its preschool classrooms (PFA). However, even in Escondido, the staff development (funded through SR) is offered to teachers of many programs, including PFA. As staff at one site explained, families probably cannot tell the difference between funding sources. They may be aware that there are multiple sources of funding and there is a demonstration project, but they do not know which source is paying for the various components of the programs.

Benefits and Challenges

All three Directors commented on how the combination of funds has enabled them to reach more children than just those attending preschool, and to identify and address potential developmental issues prior to preschool age by working with parents of toddlers. One Director noted how, thanks to early intervention, some cases are closed before children reach kindergarten. Other benefits include:

- Enhancing the materials and classrooms of the preschools
- Reaching other populations, such as teen parents and parents of infants
- Ability to complement both programs; as one Director explained, to “fit the holes of the other [program]”

While there were no disadvantages to having both funding sources, a few challenges were mentioned:

- *Reporting Requirements:* Two sites shared that having both SR and PFA funding means more reporting and more time is spent on paperwork and evaluation. One staff member mentioned that her team sometimes wonders if the stringent First 5 requirements are worth the trouble. Another wishes that PFA and SR used the same format. Interestingly, there were mixed opinions on whether the reporting requirements were similar or different between the two contracts. There was also differing opinions on the PFA requirements: one Director said PFA reporting requires more detail than SR, another said PFA reporting was more straightforward and had fewer requirements, while the third felt it was too soon to tell due to the newness of PFA.
- *Evaluation Materials:* All three site Directors mentioned challenges related to evaluation tools. One Director felt that the PFA assessment ECERS was “overkill” and should be simplified. The other two sites expressed some concern about First 5’s requirement that all programs use the same tools and assessments across the SR contracts, and also commented that having a common evaluation across the different programs raised challenges to ensuring the data are reflective of the work accomplished in each unique SR program.¹ Some directors commented that it is important to recognize that each community is different, and that certain tools may not work in them all. For instance, one Director felt parents were confused by the Parent Retrospective Survey and teachers are troubled when results show that parents appear to know less after participating in the program than when they started.² Additionally, in Escondido it has been challenging to find a common assessment tool because, unlike regular preschools, the program focuses on social services and enrolls children year-round, and may serve clients for up to 5 years. One site noted that it ensures its staff is knowledgeable about, and involved in, the evaluation and that has helped the evaluation process.

¹ When the SR Initiative was launched in 2002, districts were not required to have common programs. As a result, each of the 8 SR programs has a different design.

² This observation may not hold true for all parents as the evaluation results for this tool show significant improvements in parental knowledge from fall to spring.

Recommendations

Interviewees had the following suggestions for agencies considering having both PFA and SR contracts:

- Keep the paperwork and budgets of the two contracts separate, and be very clear on reporting.
- Look at both programs and their goals, and align them so that they complement each other: “Look at your community and see how the two can work together” to make the most of existing funds and avoid duplication.
- Be sure to provide services that are responsive to community needs, and work closely with the school district staff.

While the success and challenges experienced at dually funding SR/PFA sites are unique, overall the merging of First 5 funds has resulted in more and higher quality services for children and families. Such strategic planning for services in each of these districts adds to the sustainability of programs. However, SR and PFA contractors must continue to seek additional, non-First 5 funding to ensure the future for their programs.