

Introduction

Each year, a half million children enter California kindergarten classrooms.¹¹² But not all of these children arrive with the necessary skills that make them ready to learn, and often they perform at significantly lower levels than other children their age.¹¹³ 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. Employing such a comprehensive approach will assist children to enter kindergarten ready to learn.¹¹⁴ Participation in preschool programs has been found to have a positive impact on children’s health and development into early adulthood, including higher rates of high school graduation and lower rates of juvenile arrest.¹¹⁵

The School Readiness Initiative was launched in 2002, a joint project between First 5 California and local county Commissions. In San Diego County, eight programs in local school districts with low Academic Performance Index (API) scores were selected to participate. The Commission has dedicated \$11,531,398.50 to the Initiative since inception, including \$2,927,047.50 in FY 2006-07. Matched funds from First 5 California bring the total investment to \$23,062,797 since the Initiative’s inception. The School Readiness Initiative is based on the First 5 California School Readiness Framework, redesigned last year, and the National Education Goals Panel’s “Five Essential and Coordinated Essential Elements.”^{116, 117} First 5 California’s four result areas include:

- Result Area 1: Improved Family Functioning: Parent and Family Support
- Result Area 2: Improved Child Development: Early Care and Education
- Result Area 3: Improved Child Health: Health and Social Services
- Result Area 4: Improved Systems of Care: Schools’ Readiness for Children & Program Infrastructure, Administration and Evaluation (a combination of two NEGP elements)

New in School Readiness

- Implementation of the First 5 California School Readiness Framework Redesign
- Standardized Quarterly Progress Reports (QPR)
- Parent Retrospective Survey
- Preschool Teacher and Specialty Service Provider Surveys

School Readiness (SR) programs are designed to improve the transition from early care and education environments to elementary schools by fostering children’s physical, social, emotional, and cognitive

¹¹²First 5 California “School Readiness 2001.” 20 March 2001: 2 Accessed 17 August 2006. <http://www.cafc.ca.gov/pdf/sr5.pdf>

¹¹³ Ibid.

¹¹⁴ Ibid.

¹¹⁵ Reynolds, Arthur J., Judy A. Temple, Dylan L. Robertson, and Emily A. Mann. “Long-term Effects of an Early Childhood Intervention on Educational Achievement and Juvenile Arrest.” Journal of American Medical Association 285.18 (2001): 2339 Accessed 17 August 2006. http://www.cafc.ca.gov/PDF/SRI/chicago_cpc_jama.pdf

¹¹⁶ Early Connections: Technology in Early Child Development. Five Areas of Child Development. 2005. Accessed 17 August 2006. <<http://www.netc.org/earlyconnections/index1.html>

¹¹⁷ First 5 San Diego’s School Readiness Initiative aligns its goals and objects with both those of the State Commission and the First 5 San Diego Strategic Plan.

development. The SR Initiative also supports 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 schools systems through joint trainings and articulation planning meetings.

A complementary component of the School Readiness Initiative is the Special Needs Demonstration Project (SNP). The Chula Vista Elementary School District, also a SR program, was one of 10 sites across the state selected by First 5 California to implement the Demonstration Project. This pilot project was designed to enhance School Readiness services in a specific geographic area by early identification of children ages 0-5 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. This chapter highlights the results of both SR and SNP.

Key Elements

The School Readiness Initiative (SR) addresses each of the four Issue Areas in the First 5 San Diego Strategic Plan. As a partnership between First 5 San Diego and First 5 California, School Readiness is the longest running Commission initiative. During its five years of program activity, SR has evolved from a series of discrete programs in school districts that broadly addresses similar objectives, to a 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.
- **A “whole child” approach:** All program models are based upon the National Education Goals Panel (NEGP) “Five Essential and Coordinated Elements” of school readiness and each program addresses First 5 California’s four result areas and five essential elements.
- **Regular communication:** School Readiness program coordinators meet monthly to discuss successes and challenges and collaborate with each other and Commission staff.
- **State Activities:** Each program implemented the First 5 California School Readiness Framework Redesign and continues to receive State funding through 2010.

Summing It Up

In FY 2006-07, the School Readiness programs provided services to 10,912 children 0-5, 6,438 parents and caregivers, and 695 staff and service providers.¹¹⁸ Most children participating in SR activities were three years of age and older, of Hispanic/Latino descent, and primarily spoke Spanish in the home (see the Data Compendium for demographic details). The following section provides the results of services provided to children, parents/caregivers, and staff/service providers this fiscal year. In response to a recommendation in FY 2005-06, the reporting process was strengthened through the introduction of a customized quarterly progress report (QPR) that was mapped into the four key result areas of the State Framework Redesign. For this section of the report, similar services across each SR program were aggregated to highlight the main services provided throughout the county.¹¹⁹

Improved Child Development

Early Care and Education (ECE) services include a variety of program components designed to increase the school readiness of children: full-time and part-time preschool, parent and child activities in learning centers, and service enhancements to programs funded through other sources.¹²⁰ These various program services address First 5 San Diego's Strategic Plan "Issue Area 2: Children's Learning and Social-Emotional Health," Desired Result to *provide children access to quality services that promote their early learning and fill a gap in ECE services.*^{121, 122}

Exhibit 1.1 displays the number of unduplicated children served through ECE services.¹²³ Over 4,000 children were served through the ECE activities, exceeding the projected goal of 3,826 by 14.5%. ECE activities include full-time preschool (n=628, 119.8% of goal), which consists of classroom-based instruction five days per week; and part-time preschool (n=624, 118.0% of goal), held two to four days per week, often for shorter periods of time per day. Parent and child

What's in a goal?

New to the School Readiness Initiative is the use of program progress goals. Along with the Commission, each program established goals for measuring the delivery of key services provided. Based on trends from FY 2004-05 and 2005-06, goals represent an attainable amount above previous service delivery counts. It is the intention of the Commission and programs to meet or exceed goals set each year to help ensure program sustainability and expansion.

"My daughter has learned ... to express herself more."

- School Readiness Parent

¹¹⁸ May include duplicate counts within and between services. See each result area findings for more specific information.

¹¹⁹ Due to this change in reporting, comparisons to FY 2005-06 and FY 2004-05 are limited.

¹²⁰ Includes curriculum, behavioral and health enhancements provided to California Department of Education preschools, First 5 of San Diego Preschool For All Demonstration Project preschools, and some community and faith-based programs.

¹²¹ See Appendix B for more information related to Desired Results.

¹²² These services also address the First 5 California School Readiness indicator "number of children making developmental progress in the areas of cognitive, social, emotional, language, approached to learning, and health/physical development" (Result Area 2: Improved Child Development, Service Area: Children have Access to High-Quality and Developmentally Appropriate Preschool Activities Prior to Entering Kindergarten). See below for results of child outcomes (Desired Results Developmental Profile - Revised and the Ages and Stages Questionnaire).

¹²³ FY 2004-05 and 2005-06 reports included data from service counts. Due to the shift in collecting unduplicated children, parents and caregivers, and staff participating in School Readiness, comparisons cannot be drawn between the years. However, the change in unit of measurement has strengthened the ability to understand who is being served in the School Readiness Initiative.

activities (n=1,678, 104.9% of goal) include staff guided parent-child interaction in learning centers and parental free time with their children in developmentally appropriate focus areas. Support to other ECE services, described as service enhancements¹²⁴ (n=1451, 123.7% of goal) were also a portion of the SR program.

This year, almost ten percent of children served in all ECE activities had special needs (n=417, 9.5%). Most notably, almost twenty percent (19.5%, n=283) of children receiving service enhancements and 16.3% (n=102) of children participating in part-time preschool had special needs.¹²⁵ These findings suggest that the School Readiness programs are making progress towards serving the 0-5 special needs population, as it is estimated that between 8%-17% of children have special needs.^{126, 127} (The children with special needs reported in the SR results are not duplicate children served by the Special Needs Project Demonstration Project).^{128, 129}

Exhibit 4.1 Total Served through Early Care and Education (n=4,831)*					
Service	Children			Children with Special Needs	
	Number	Goal	% of Goal	Number	% of Served
Full-Time Preschool	628	524	119.8%	10	1.6%
Part-Time Preschool	624	529	118.0%	102	16.3%
Parent & Child Activities**	1,678	1,600	105.9%	22	1.3%
Service Enhancements***	1,451	1,173	123.7%	283	19.5%
Total	4,381	3,826	114.5%	417	9.5%

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

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

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

¹²⁴ Service enhancements include services to children with classroom time funded by other entities (i.e. California Department of Education, First 5 San Diego Preschool For All Demonstration Project), such as behavioral consultation, health screenings and curriculum investment.

¹²⁵ 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" (SRI International. Definition of Disability for the Evaluation of the Special Needs Project. Menlo Park, CA: Author, 2004.)

¹²⁶ 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 <http://www.cdc.gov/ncbddd/child/devtool.htm> accessed September 26, 2007. A sample based national study, conducted in 2001, estimated that approximately 8% of children aged 0-5 had special needs: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The National Survey of Children with Special Health Care Needs Chartbook 2001. Rockville, Maryland: U.S. Department of Health and Human Services, 2004. Accessed 10 September 2007 <http://mchb.hrsa.gov/chscn/index.htm>

¹²⁷ 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

¹²⁸ The Special Needs Project (SNP) reports child-level data to the First 5 California Commission, which should isolate the Special Needs Project data from the School Readiness Initiative. Through advances in program capacity around the state database and program database, duplication is minimal.

¹²⁹ See the end of this chapter for results from the local Special Needs Project evaluation.

The results of the satisfaction portion of the Parent Retrospective Survey were overwhelmingly positive about the SR ECE programs. In addition, parents also noticed a difference in their children’s social and personal development. As one parent commented in the survey, “My daughter has learned to socialize, to interact with other children and to express herself more.” Another parent noted, “It was a very positive experience for my daughter – she really thinks she can’t do things. The [staff] helped her and her self esteem. It reassured her and reassured me.”

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 programs. Research has demonstrated that these types of parent services have a direct impact of the developmental progress of children.^{130, 131, 132}

Parent and Family Support services were delivered in several formats this fiscal year. One distinct variable in this year’s reporting is the duration of services: 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 development, discipline, and nutrition.

“It gives me more ideas how to work with my kids at home.”

- School Readiness Parent

Overall, 5,808 parents and caregivers received services through Parent and Family Support, 107.7% of the yearly goal of 5,392. As seen in Exhibit 1.2, the majority of these parents participated in single session parent classes (n=3,480, 208.5%).¹³³ Sequential parent and child together (PACT) classes also had attendance of almost double the goal (n=331, 189.1%) and home programs exceeded the goal as well (n=303, 126.3%). However, sequential parent classes and single session PACT classes fell below the goal, at 50.0% (n=1,580) and 86.8% (n=217), respectively.

Through SR’s parenting classes, many parents are now better prepared to recognize learning opportunities with their children, plan developmentally appropriate activities, and understand their children better (see below for results of the Parent Retrospective Survey). As one parent said: “It helps me see the world more through my son’s [point of view] and how to calm myself.” Another parent described how the program has changed her confidence and family environment. “My husband and I learned how to set goals with our daughter. Also, we built confidence in our discipline. Our home has a more relaxed environment due to our daughter’s positive behavior.”

“As a family it integrates us more and we obtain experience from the other parents.”

- School Readiness Parent

¹³⁰ 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>

¹³¹ 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.

¹³² First 5 San Diego. Parent Center. Accessed 15 December 2005. <<http://www.cfc.ca.gov/sandiego/parent.html>>

¹³³ These parents attended at least 443 classes during the fiscal year, 189.3% of the goal.

Exhibit 4.2 Total Served through Parent and Family Support (n=5,808)*			
Service	Parents & Caregivers		
	Number	Goal	% of Goal
Sequential Parent Classes	1,580	3,158	50.0%
Single Session Parent Classes**	3,480	1,669	208.5%
Sequential Parent & Child Together (PACT)	331	175	189.1%
Single Session Parent & Child Together (PACT)	217	250	86.8%
Home Programs	303	240	126.3%
Total	5,808	5,392	107.7%

*May include duplicate counts within and between services.

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

Improved Child Health

The School Readiness Initiative provides a variety of health and social services to participating children and families, following a “whole child” approach to preparing children for kindergarten.¹³⁴ These services may be funded directly by First 5 School Readiness funds (e.g. the SR contract may fund 50% of a school nurse) or SR programs may reach out to other available services (such as the State’s First Smiles project or the First 5 San Diego Oral Health Initiative). Services directly funded as part of a First 5 San Diego SR program or through other sources (i.e. indirectly), were counted as part of their overall children’s health service counts to demonstrate the wrap-around services provided by the schools. Health services provided either directly or indirectly include: screenings (behavioral, dental, hearing, language and speech, and vision), health plan enrollment, health education, referrals for basic healthcare needs, mental health counseling, and specialized services for children with disabilities and other special needs. Together with early care and education programs and parent and family support programs, these services address the cognitive, physical, and social-emotional development of children. Provision of these services directly support the Commission’s Issue Area of Children’s Health, specifically, that children are born, stay healthy, and have access to preventative and comprehensive healthcare services.

Exhibit 1.3 displays the number of children receiving developmental, health and behavioral services, as well as referrals for further assessments or services and case management. As a whole, the programs fell just short of their goal of 4,374 screenings, at 95.6% (n=4181). However, they far exceeded their goals for health screenings (n=1,910, 140.8% of goal), behavioral services (n=122, 122.0% of goal), and referrals and case management (n=515, 119.2% of goal). The only service short of the goal was developmental screenings, completing only 65.8% (n=1,634) of the goal of 2,485 (every child enrolled in an early care and education activity). This shortfall could be due to the shift to the redesigned State Framework, which caused late implementation and challenges

¹³⁴ Many of these services are also available to families whose children do not participate in SR ECE activities.

in securing staff to perform the developmental screenings. All health screenings were funded directly and indirectly by School Readiness.¹³⁵

Exhibit 4.3 Total Served through Health and Social Services (n=4,181)*			
Service	Children		
	Number	Goal	% of Goal
Developmental Screenings	1,634	2,485	65.8%
Health Screenings**	1,910	1,357	140.8%
Behavioral Services	122	100	122.0%
Referrals*/Case Management**	515	432	119.2%
Total	4,181	4,374	95.6%

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

**Includes at least 536 dental, 842 language/speech/hearing, and 774 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 the School Readiness Initiative noted the comprehensive nature of the program. Through feedback in a parent focus group and the parent survey, parents expressed deep gratitude for the opportunity to access a variety of health and social services. As one parent shared, “*El programa es ... excelente [en] que tenemos los padres una herramienta para el desarrollo físico, psicológico y social de los niños/ The program is ... excellent [in that] we parents have a tool for the physical, psychological, and social development of the children.*” Another parent noted, “*En nuestro case ha satisfecho las necesidades del niño por arriba de nuestras expectativas/In our case [the program] has satisfied our child’s needs beyond our expectations.*”

Improved Systems of Care

Schools’ Readiness for Children is an important element of SR that addresses planning and communication between school administrators, kindergarten teachers, preschool teachers, ECE providers, School Readiness program staff and parents. It also involves professional development programs, as well as infrastructure, administration, and evaluation. This program portion of the State Framework aligns with First 5 San Diego’s Strategic Plan “Issue Area 4: Systems Improvement and Community Change,” which targets *providing communities with services that are effective, coordinated, integrated and sustainable.*¹³⁶

¹³⁵ Children in seven programs received developmental screenings directly from program staff. (One program subcontracted them to another agency.) Children in two programs received vision screenings directly from program staff. (Other agencies provided them in four programs and two programs did not offer vision screenings.) Children in three programs received speech, language and/or hearing screenings directly from program staff. (Other agencies provided them in three programs, and two programs did not offer speech/language/hearing screenings.) Children in one program received oral health screenings directly from the program’s staff. (Another agency provided them in one program, and six programs did not offer dental screenings.) Children in four programs received behavioral services directly from program staff. (One program subcontracted them to another agency and three programs did not offer behavioral services.)

¹³⁶ First 5 San Diego. [First 5 San Diego Commission 2004-09 Strategic Plan](#). San Diego, CA: 2004.

Perhaps one of the most important components of SR systems improvement is the facilitation of communication between the SR programs, elementary schools, and parents. This communication is vital to ensuring that early childhood education programs support the development of those skills that are critical for school readiness, it also encourages schools to prepare for the transition needs of those children and families entering kindergarten.¹³⁷ One key community expert described the importance of SR programs taking the lead to ensure clear articulation in this area of systems improvement:

“The relationship with parents can make a huge difference.”

- Key Community Expert

We’ve had kindergarten teachers help us figure out what would be the most important skills. We’ve had joint workshops where preschool and kindergarten teachers come together. Because of First 5, we have had kindergarten teachers sharing with one another what they do for assessments coming to kindergarten, and what kinds of materials they give parents over the summer before kindergarten. We didn’t have that kind of articulation before First 5; each school did their own thing. We communicate our top priorities to the for-profit [preschools] and other preschools in the community, which we didn’t before.

This fiscal year there was a tremendous increase in kindergarten transition activities involving children, parents/guardians, SR program staff, and kindergarten teachers. Over 2,000 children participated in kindergarten transition activities (n=1,984, 81.2% of goal), such as KinderCamp (a two to four week intensive program for children with little to no preschool experience), kindergarten visitation, and kindergarten readiness assessments (see the Data Compendium). An additional 366 children (182.1% of goal) received in-class support during the first week of kindergarten.

“There are no other schools that have this program, we need more places.”

- School Readiness Parent

Parents were also involved with the transitioning of their children to kindergarten. Over 600 parents (139.1% of goal) met with School Readiness ECE program staff to discuss the changes that lay ahead. However, several parents expressed discontent with the quantity and quality of their interaction with staff regarding kindergarten transition. As one parent stated, “One suggestion would be if they could hold parenting classes to help us as parents to be more involved in our children, to better prepare them.” And as another parent said, “[The program] needs updates for each kid. [It] needs more conversation and connection between parents and staff.”

The final component of kindergarten transition activities is effective communication between early care and education staff and kindergarten teachers. Almost 100 (n=97, 109.0% of goal) School Readiness staff participated in kindergarten articulation meetings with elementary staff (including kindergarten teachers, administrative staff, and support teams). These joint meetings included planning for transition and child reviews to facilitate wraparound curriculum development and preparation for children. The relationships built during these interactions have even led to outreach by kindergarten teachers. “[Through increased visibility] we have kindergarten teachers recruiting for us,” said one SR staff member.

¹³⁷ 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. 10 Accessed 10 September 2007 <http://www.cfc.ca.gov/PDF/SRI/stuart-reaching-back.pdf>

Providing for infrastructure, administration, and evaluation activities in the School Readiness Initiative involves coordination of program, district, and First 5 San Diego involvement. Activities such as contract monitoring, fiscal accountability and program evaluation all combine to ensure program maintenance and improvement.

- **Infrastructure:** Program infrastructure includes components such as access to teaching materials, staffing, and adequate program space. First 5 funding has brought expanded curriculum and staff to programs located in school district facilities throughout the life of the Initiative. This year, two SR programs received First 5 capital grants: one constructed a new SR building and the other furnished a site expansion. While there has been success in strengthening infrastructure, some programs still experience difficulties. One SR program is losing its building to a city development project and has yet to secure a new space. As one parent commented, “*Queremos un salón! Son los niños del futuro! Los niños necesitan su propio espacio/We want a classroom! These are the children of the future! The children need their own space.*” Waiting lists exist at several programs, and program staff has worked diligently to incorporate more services in-house or through community partnerships.

“School Readiness has allowed me to have more meetings and discussion with community preschools and Head Start.”

- School Readiness Program Staff

- **Administration:** Program staff received trainings (an average of 7.8 per person) throughout the fiscal year on various topics including innovative child and parent curriculum, home visiting, managing challenging classroom behavior, and other topics. A number of SR programs sought connections with other First 5 funded SR programs across the state and regular meetings with other San Diego SR programs promoted information exchange and linkages with other First 5 San Diego funded services. Finally, some programs provided modeling sessions with mentor teachers and behavioral specialists to teachers requesting further consultation, a best practice as promoting professional support provides stability to early childhood service providers.¹³⁸ (See the Data Compendium for details).

In several cases, SR programs have sought to include parents in their administrative and planning activities. For example, Parent Advisory Committees provide parent and community input and leadership in five School Readiness 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) have remained connected to School Readiness over time by volunteering, participating in staff hiring processes, and working for the program as paid employees.

- **Evaluation:** In FY 2005-06, First 5 California released its School Readiness Initiative Framework Redesign, including more stringent and streamlined reporting requirements. First 5 San Diego SR programs are now fully aligned, using common outcomes, and have successfully implemented common measurement tools and reporting procedures. All eight SR programs have been awarded with funding through 2010.

In addition to aligning to the state School Readiness framework, program staff has successfully addressed three of last year’s evaluation recommendations. First, collecting and reporting child outcomes were fully implemented in all eight programs using two standard measurement tools. Second, all eight School

¹³⁸ 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. 10 Accessed 10 September 2007 <http://www.cfc.ca.gov/PDF/SRI/stuart-reaching-back.pdf>

Readiness programs successfully implemented a pilot of the Parent Survey.¹³⁹ Third, a common reporting format for process and outcome data was implemented this fiscal year for all eight SR programs.¹⁴⁰

While the fourth recommendation from FY 2005-06, enhanced case management, was not fully addressed, the Commission pursued a different method for monitoring referrals. This consisted of screenings, assessments, referrals, and treatment. (Tracking children receiving developmental referrals was introduced this year. Results are detailed further in the chapter).

Building a System to Ensure the Care of Children

First 5 San Diego funds different health services for each SR contractor, depending on their in-house ability to serve the health needs of children. Every SR contractor provides health services, but not necessarily all services. For example, the Escondido Union’s nurse is partially funded by First 5 to conduct oral health screenings but not mental health screenings while San Diego Unified uses its First 5 funds to conduct mental health screenings, but not dental screenings. To fill any gaps in health services, and to ensure each SR contractor addresses the State’s “whole child” framework, each contractor relies, to some extent, on partnerships with other community agencies to address children’s health needs. First 5 San Diego encourages partnerships across its funded initiatives, and has facilitated the process through the creation of a special referral form between SR programs and HDS providers. However, the variability of First 5 funded health services within School Readiness programs is not always clear to other First 5 funded initiatives and has sometimes created confusion with health service providers regarding perceived supplantation of services. For example, one SR contractor not funded to conduct dental screenings reached out to an OHI contractor to obtain these services, but the OHI contractor declined, saying that SR was already funded to do this. Commission staff should continue to facilitate communication between initiatives to ensure children reach appropriate services.

¹³⁹ This survey contributed to understanding the impact on parental knowledge, confidence and ability from parenting classes, as well as satisfaction around 18 program areas.

¹⁴⁰ Only one SR program sent outcome data in a different format. The Quarterly Progress Report (QPR) completed by each program provided space for each data element, reducing the likelihood of incorrect, missing or outdated information. The consistency in data submitted facilitated successful and more powerful analysis. This shift in reporting formats better prepares the SR programs to implement the Commission’s forthcoming data system.

Experiencing Parent-Child Activity Centers

Entering the activity centers is like stepping into a fantasy land, with vibrant decorations and filled with parents, children, and staff working together throughout. Each activity center had a central theme for learning: barnyard animals and dinosaurs. Inside the activity centers were multiple stations encouraging stimulation of each of the five developmental areas: communication, gross motor, fine motor, personal-social, and problem-solving. While a trained adult may be able to see the developmental activities at each station, to a child, the room was just filled with toys and games and friends. Moving through the stations, children and parents work together on each of the child's five developmental areas.

Communication: Each activity center had clearly defined spaces for children to read and write, either alone, with other children or with an adult. During one site visit, a child approached an adult with a book and asked the adult to read it. Once the adult was reading the story more children gathered to listen. Parents and staff also encouraged language development with children through asking questions and conversing with each other.

Gross Motor: Each activity center had outdoor activities to promote children's exploration and exercise. Included in these outdoor areas were tricycles, balls, and playground equipment. One center even had a campground dramatic play area, complete with a tent and safari gear.

Fine Motor: Stations and activities to build fine motor skills were apparent at each activity center. One had a bin filled with macaroni with dinosaurs, and the other had a small-scale farm with animals and plants. Activities ranged from paper crafts to playing with shaving cream and food coloring.

Personal Social: Dramatic play areas were inviting at each activity center. One center had a dinosaur cave with music playing; and the other two had a dress up stations for boys and girls. During one site visit, a boy and his mother played in the dinosaur cave, acting out parent-child behavior using the dinosaurs.

Problem Solving: During site visits, very little conflict between children was evident. However, when a dispute would arise, like a child holding two toys when another child wanted one of them, staff and parents were quick to facilitate a negotiation between the children.

Making a Difference: School Readiness in Action

The overarching goal of the School Readiness Initiative 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 services to children, parent and family support, health and social services, and improving connections between early care environments and staff with kindergarten and elementary school systems. It is hoped that these combined activities will improve child and families outcomes.

Programs utilized standardized tools to measure outcomes for children, families and staff participating in the School Readiness Initiative. Each program successfully implemented and submitted quality data for each outcome measure, which was an improvement over previous years.

In addition to the use of standardized measurement tools, visits at select sites, interviews with School Readiness 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. The findings from all of these methods and tools are braided throughout the remainder of this chapter.

Improved Child Development

The centerpiece of the School Readiness Initiative is direct education services to children. Classroom based programs used the revised Desired Results Developmental Profile (DRDP-R), a teachers observational assessment for children.

^{141, 142} The Ages and Stages Questionnaire (ASQ), completed by parents and/or SR staff, was used in center-based settings.¹⁴³ All data and findings are for children with both Fall (“pre”) and Spring (“post”) matched cases. While both tools measure the similar behaviors and skills, limitations in analysis and comparison exist

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

“Some children will say, ‘My mom didn’t want to bring me and I say, Mom, you have to!’”

**- School Readiness
Program Staff**

¹⁴¹ Classrooms receiving California Department of Education funding are required to perform the DRDP-R within 60 days of child enrollment and 6 months thereafter.

¹⁴² The Developed Results Developed Profile (DRDP) was created by the California Department of Education (CDE) in order for educators to document the child developmental progress over time and improve program quality. Trained staff members are required to conduct the DRDP in the child’s home language (with assistance if needed) within 60 calendar days of initial enrollment in the program and every six months thereafter. (California Department of Education. [Introduction to Desired Results](http://www.cde.ca.gov/sp/cd/ci/desiredresults.asp). 6 July 2007. <http://www.cde.ca.gov/sp/cd/ci/desiredresults.asp>)

¹⁴³ In FY2005-06, the Commission and Harder+Company sought recommendations from key developmental psychiatrists – Gary Resnick of Westat and Todd Sosona of the California Institute of Mental Health – for a tool appropriate for center-based interventions that could map to the DRDP. The ASQ was suggested. Additional details are in Appendix B: Methods.

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.

Classroom Based Programs: Desired Results Developmental Profile – Revised

DRDP-R data come from six School Readiness programs and represent matched scores for 1,312 children or 49.4% of children enrolled in early learning activities.^{144, 145} These children were enrolled in both full-time and part-time early learning programs (53.7% and 46.3%, respectively). Almost half of all children had increased scores in all five developmental areas (48.6%, n=637).¹⁴⁶ Overall, the results suggest students enrolled in classroom-based services are increasing their developmental skills.¹⁴⁷ Due to revisions in the original DRDP instrument, direct comparisons with previous program years cannot be made, but general trends are suggested. (See the Data Compendium for the demographics of DRDP children.) Exhibit 1.4 presents the findings of the DRDP-R by the instrument's domains and within each domain the average change from pre to post assessment by all children, those attending full-time, and those attending part-time. (See Appendix B and C for further details of methods and findings.)

Key findings of the DRDP-R include:

- 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 2006-07 DRDP-R domain scores increased from FY 2005-06 and FY 2004-05.
- The largest increase for all students was found in communication, followed by problem-solving and personal-social. These domains also exhibited the largest increase in FY 2005-06 and FY 2004-05.
- Children in a full time program experienced higher results in all five DRDP-R domains than those attending the program part-time, with the largest difference found in fine motor skills. This suggests that increased exposure to SR programs may increase the benefit to children.

“[My daughter] enjoyed playing and learning in so many different things and different ways. I don’t think I could prepare all these materials and equipment for kids.”

- School Readiness Parent

¹⁴⁴ In FY 2004-05 and 2005-06 only four districts were required to complete the DRDP for their children enrolled in early learning activities. This year, 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.

¹⁴⁵ 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 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.

¹⁴⁶ To maintain consistency across program years and to connect findings between the school-based (measured by the DRDP-R) and center-based programs (measured by the ASQ), the desired results of the DRDP-R were recategorized as domains according to the original DRDP tool. See Appendix B for details.

¹⁴⁷ The evaluation team did not have access to comparison data for the DRDP-R to isolate what change is attributed to the intervention at what change would normally occur. See Appendix B for details.

Exhibit 4.4 DRDP-R Developmental Area Mean Score Change
By Attendance Type

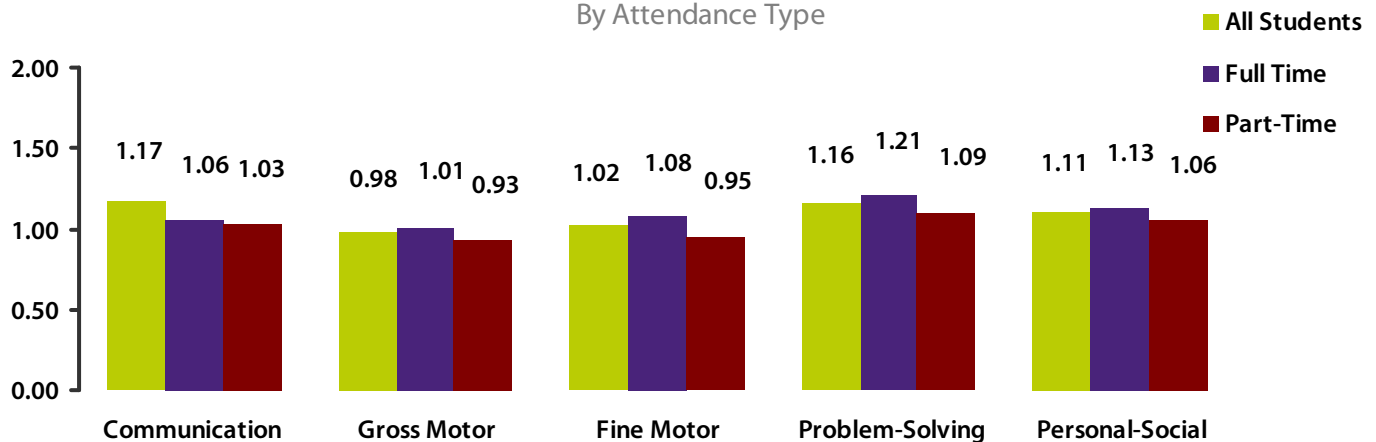


Exhibit 4.5 Change in DRDP Scores from Fall to Spring**

Developmental Area	Increased		No Change		Decreased	
	Percent	Number	Percent	Number	Percent	Number
Communication	95.2%	1,023	2.0%	22	2.8%	30
Gross Motor*	79.5%	995	16.1%	202	4.3%	54
Fine Motor	74.7%	937	21.6%	271	3.7%	46
Problem-Solving	96.7%	1,148	0.9%	11	2.4%	29
Personal-Social*	94.8%	1,118	2.0%	24	3.1%	37

*Percentages do not equal 100% due to rounding.

**Numbers do not equal total DRDP-R completed (n=1,312) as the analysis only includes children with valid responses for all items in the scale.

Center Based Programs: Ages and Stages Questionnaire

This year, ASQ data are reported for two center-based programs, totaling 163 matched cases, representing 90.1% of intensively served children at these sites (n=181).^{148, 149} The results suggest evidence of age-appropriate developmental progress for the majority of children. Over half of all children had increased scores in all five developmental areas (55.8%, n=91). Parents and guardians participating in a focus group also reported that the results of the ASQ provided guidance for focusing learning activities in the home. A grandmother stated, “I thought it was useful because it helped me as a grandmother. I knew where he was and what I could do to help him.”

“We need that hands-on for kids to learn. This is hands-on for parents too.”

- School Readiness Program Staff

¹⁴⁸ In FY 2004-05, 21 matched Fall/Spring data were reported; 48 matched Fall/Spring in 2005-06.

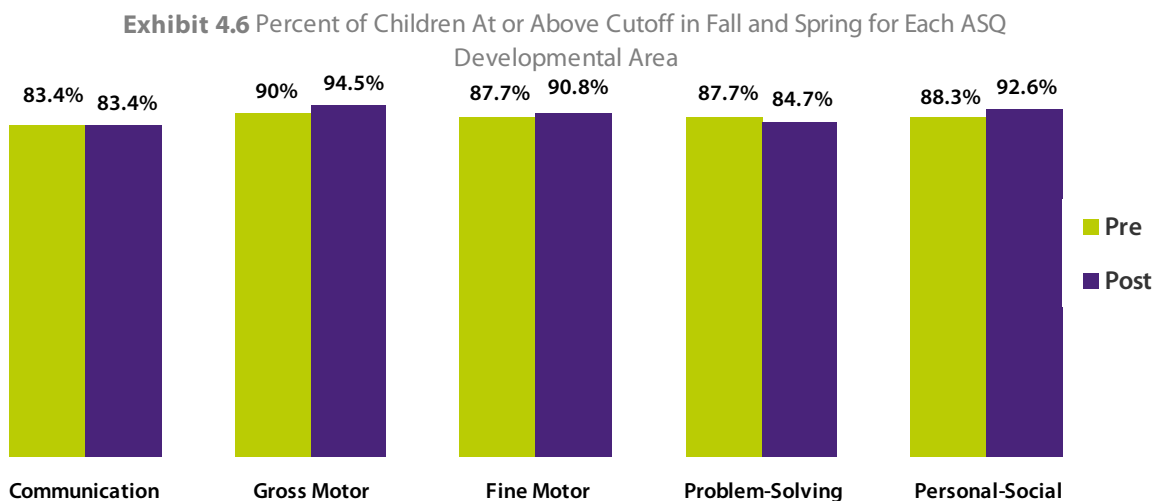
¹⁴⁹ Many of the ASQ’s were completed by parents with the assistance of School Readiness staff.

This year’s data was analyzed differently than previous years. The changes bring the analysis closer to the intended use of the ASQ as a screener for developmental concerns at various ages.¹⁵⁰ Therefore, the analysis this year was enhanced by utilizing the scientifically set 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 cut-off score at each point in time.^{151, 152}

Most of the children screened were two or three years of age. The average age of children screened with the ASQ was 2.84 years, though ages ranged from one to 61 months (see the Data Compendium).

Key findings of the ASQ include:

- In all five ASQ domains, the majority of children were assessed at being above the cut-off point and continued to be above the cut-off point at retest.
- In descending order, the three domains that had the highest percentage of increases were personal-social, communication, and fine motor. These were similar to FY 2005-06 findings.
- In descending order, the two domains with the highest percentage of decreases from Fall to Spring were problem-solving and communication.
- Communication skills exhibited the highest number of children remaining below the cut-off in Spring.



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

¹⁵⁰ In FY2005-06, the Commission and Harder+Company sought recommendations from key developmental psychiatrist Gary Resnick of Westat and Todd Sosona of the California Institute of Mental Health for a tool appropriate for center-based interventions that could map to the DRDP. The ASQ was suggested. Additional details are in Appendix B: Methods.

¹⁵¹ “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.

¹⁵² The instrument 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.

Improved Family Functioning

Parents are the first and best teachers and models for their children.^{153, 154, 155} The School Readiness Program includes a Parent and Family Support Services element to improve parenting skills, literacy, and access to needed services. In response to FY 2005-06 recommendations for improved parent outcomes, the Parent Retrospective Survey was designed as a pilot survey. Administered to parents participating in School Readiness parent education activities in all eight districts, the Parent Retrospective Survey is comprised of two components: a modified “Survey of Parenting Practice” developed by the University of Idaho and a modified “Desired Results for Children and Families – Parent Survey” developed by the California Department of Education.¹⁵⁶ Findings from this year’s pilot will inform future versions of the survey and processes of training and administration.

“The parents are the teachers.”

- School Readiness Program Staff

Parents participating in a focus group reported that completing the Parent Retrospective Survey was easy and well connected to the content of their parenting class. While transitioning the survey to a longitudinal design is not planned, connecting Parent Retrospective Survey results with child outcomes is under consideration with the Commission’s forthcoming data system.

Most surveys were administered in person at the completion of a parent education activity, while others were given to parents at the end of the school year to complete at home and return through the mail. Activities included parent classes (on topics such as behavior, nutrition, etc.), parent and child together (PACT) classes, and home programs (i.e. “Parents as Teachers”). Some of these activities were long-term (i.e. family literacy programs or home programs) or single session (i.e. workshops or playgroups). In order to determine the difference in change and satisfaction, surveys were coded based on their type (see Exhibit 1.7 for distribution).

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, 32.8% (n=221) reported that they participated in other parenting education classes prior to the parenting activity in which they were completing the survey (suggesting potential duplication).

The majority of adults participating in parenting activities were the mothers of the reference¹⁵⁷ children (77.6%,

Exhibit 4.7 Type of Parenting Activity (n=1,472)

Activity Type	Percent	Number
Sequential Parent Classes	55.9%	823
Single Session Parent Classes	11.6%	170
Sequential Parent & Child Together Classes	11.8%	174
Single Session Parent & Child Together Classes	11.0%	162
Home Programs	9.7%	143
Total	100.0%	1,472

¹⁵³ 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.

¹⁵⁴ First 5 San Diego. Parent Center. Accessed 15 December 2005. <<http://www.cfc.ca.gov/sandiego/parent.html>>

¹⁵⁵ 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>

¹⁵⁶ 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>

¹⁵⁷ Parents were asked to think about one of their children ages 0-5 when completing the survey.

n=726). Only 17.4% (n=163) were fathers, and 3.2% were grandparents (n=30). Other (1.7%, n=16) adults participating include aunts, uncles and great-grandparents. (See the Data Compendium for details on Parent Retrospective Survey respondent demographics).

Parenting Practices

The “Survey of Parenting Practice” component is a series of statements about knowledge, confidence, ability, and behaviors around parenting. When completing this section of the survey, parents rated their level of knowledge, confidence, ability and behaviors after completing the parent education activity (or “now”). Parents also rated their level of knowledge, confidence, ability and behaviors thinking back to before they participated in the parent education activity (or “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.¹⁵⁸ This portion of the Parent Retrospective Survey addresses the First 5 California School Readiness indicator “number and percent of parents who demonstrate increased knowledge (confidence and competence) to promote children’s optimal development and school readiness.”

“We need to take it to the next level: the parent as a learner, the parent as a teacher, and the parent as an advocate.”

- Key Community Expert

Overall, parents increased their ratings on all items on the parenting practice survey.¹⁵⁹ Exhibit 1.8 shows the mean “then” and “now” outcomes for all 12 survey items, as well as the mean difference between the two. It is of note that parents attending sequential parent and child together (PACT) classes consistently demonstrated the most change.¹⁶⁰ Below is a brief description of findings based on the knowledge, confidence, ability, and behaviors scales.

- ***Parental knowledge:*** A parent’s knowledge of child development is the basis for sound parenting practices.¹⁶¹ With all types of parenting classes included, parents increased their ratings on all three knowledge statements. Of all 12 survey statements measured, the change in parent rating was the greatest for the statement, “My knowledge of how my child’s brain is growing and developing.”
- ***Parental confidence:*** Building on a foundation of child development knowledge, parenting confidence is formed by feedback and recognizing strengths in parenting.¹⁶² Parents increased their ratings on all three confidence statements.
- ***Parental ability:*** Parents bridge the gap between theory (knowledge and confidence)

“I am very happy because it has helped me to be more confident in how to educate my daughters and how to understand them.”

- School Readiness Parent

¹⁵⁸ “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.

¹⁵⁹ Increases in knowledge, confidence, ability and connection questions could also be due to participation in the early learning environment, interaction with teachers and other factors.

¹⁶⁰ For full analysis notes and results see Appendix B and the Data Compendium, respectively.

¹⁶¹ Shaklee, Harrie and Diane Demarest. *Survey of Parenting Practice Tool Kit*, 2nd Ed. University of Idaho. Boise, Idaho. 2005.

¹⁶² Ibid.

and practice through trainings in child development.¹⁶³ Parent ratings increased on all three ability statements. Of all 12 survey statements measured, the statement with the least amount of change, although still statistically significant, was “My ability to keep my child safe and healthy.”

- *Parental behavior:* Knowledge, confidence and abilities all add up to parental interaction with their children and other families.¹⁶⁴ Parents who participated in all SR programs reported increased ratings on connections to their child and other families with children.

Exhibit 4.8 Outcomes for Parenting Survey

Survey Item	Mean “Then” (Before SR)	Mean “Now” (After SR)	Mean Difference	Number*
My knowledge of how my child is growing and developing.	3.73	4.93	1.20*	1,232
My knowledge of what behavior is typical at this age.	3.64	4.82	1.18*	1,221
My knowledge of how my child’s brain is growing and developing.	3.73	4.94	1.21*	1,220
My confidence in myself as a parent.	4.12	5.15	1.03*	1,220
My confidence in setting limits for my child.	3.86	5.01	1.14*	1,199
My confidence that I can help my child learn at this age.	4.05	5.20	1.16*	1,224
My ability to identify what my child needs.	4.00	5.12	1.12*	1,214
My ability to respond effective when my child is upset.	3.88	4.93	1.05*	1,215
My ability to keep my child safe and healthy	4.61	5.43	0.82*	1,222
The amount of activities my child and I do together.	3.93	5.02	1.08*	1,220
The amount I read to my child.	3.65	4.71	1.06*	1,228
My connection with other families with children.	3.75	4.77	1.01*	1,209

*Statistically significant at $p < .001$ with alpha set at .05 and .004 (Bonferroni’s Correction).

Parent Satisfaction

Parent satisfaction is a critical element identified by First 5 California’s redesign. To measure this, SR providers implemented the “DRDP Satisfaction Survey”-- a survey developed by the California Department of Education that many school-based sites already utilize. The survey is a series of satisfaction questions about components typically included in early care and education programs. (See the Data Compendium for detailed data.) Key findings include:

- Over eighty percent (80.7%, n=1,060) of parents

“I am happy about the length of time [the SR program] lasts, but I would like it to be more available; more days in more schools.”

- School Readiness Parent

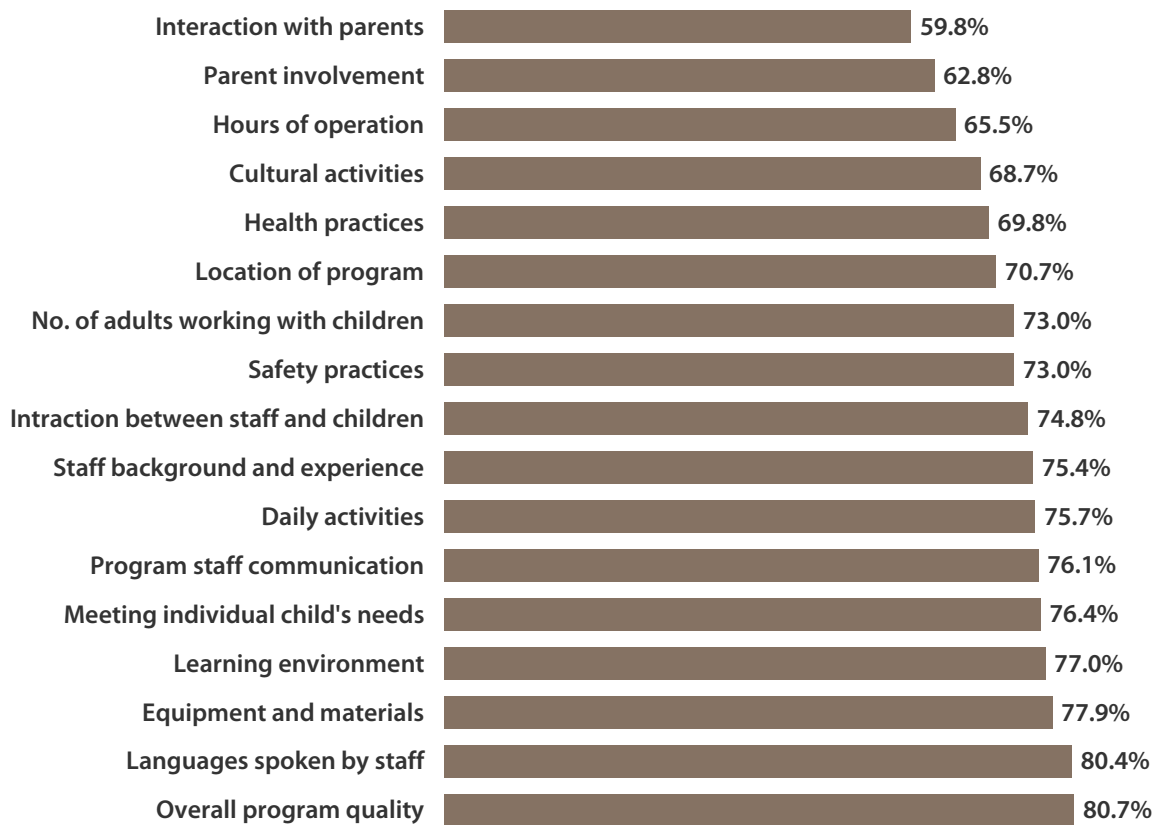
¹⁶³ Ibid.

¹⁶⁴ Ibid.

completing this portion of the Parent Retrospective Survey were “very satisfied” with the overall quality of their SR program, regardless of program type (classroom or center).

- For each program component, the overwhelming majority of parents reported they were “very satisfied” or “satisfied” (See the Data Compendium).
- The items with the lowest “very satisfied” ratings were parent-centered (interaction with other parents, parent involvement) and programmatic (hours and cultural activities).
- Results are very similar when examining by each type of parenting activity.

Exhibit 4.9 Percentage of Parents Who Were “Very Satisfied” by Component



Improved Child Health

To provide optimal health and social services to children participating in the School Readiness Initiative, each program began providing universal developmental screenings¹⁶⁵ and referrals in FY 2006-07. Through various developmental screening tools, children enrolled in Early Care and Education

“It’s so neat to see the effects of our interventions on these at-risk children.”

- **School Readiness Program Staff**

¹⁶⁵ Developmental screening tools include the Ages and Stages Questionnaire, Developmental Activities Screening Inventory (DASI-II), Beery-Buktenica Developmental Test, Developmental Profile II, Vineland Adaptive Behavior Scale-Parent Edition, parent interview, observations and other district-specific tools.

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 Health and Developmental Services Initiative. Universal screenings for all children in SR program activities addresses the First 5 California School Readiness indicator “number of children identified with disabilities/special needs who receive developmental services by the time of kindergarten entry” (Result Area 3: Improved Child Health, Service Area: Comprehensive Screening and Assessments).

Over 70% (70.6%) of children receiving early care and education services were screened (1,756 children of 2,485 enrolled).^{166, 167} Exhibit 1.10 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. It is of note that screeners identified nearly a third (30.4%) of all children as needing further assessment, and that 11.7% of those screened were identified as having a disability, developmental delay or other special need. The number identified is in keeping with national statistics that assume between 8%-17% of children have special needs.¹⁶⁸ Over two-thirds of children identified with

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

disabilities or special needs subsequently received services or treatment (69.3%, n=142). 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 the increased staffing in SR programs for behavioral and language/speech/hearing services or the partnership between SR and HDS. See “Navigating Referrals from School Readiness: A Case Study” for the experiences of one family following the SR Developmental Screenings System.

¹⁶⁶ Some SR programs did not begin screening children until the second or third quarter of the fiscal year.

¹⁶⁷ This includes children screened through School Readiness only; it does not include screenings completed by the Special Needs Demonstration Project.

¹⁶⁸ HDS and PFA initiatives both use the CDC statistics for benchmarking the number of children with developmental delays. However, the CDC’s statistics encompass ages 0-17 <http://www.cdc.gov/ncbddd/child/devtool.htm> accessed September 26, 2007. Another study, conducted in 2001, estimated that approximately 8% of children aged 0-5 had special needs: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. [The National Survey of Children with Special Health Care Needs Chartbook 2001](#). Rockville, Maryland: U.S. Department of Health and Human Services, 2004. Accessed 10 September 2007 <http://mchb.hrsa.gov/chscn/index.htm>

Exhibit 4.10 Children Receiving Early and Comprehensive Developmental Screening and Intervention

Service	Percent	Number
Children Enrolled in Early Care and Education Activities	100.0%	2,485
Screenings Conducted	70.6%	1,756
Of those Screened, Number Referred for Assessment	30.4%	534
Of those Assessed, Number Identified with Disabilities or Special Needs	11.7%	205
Of those Identified with Disabilities or Special Needs, Number Receiving Services or Treatment	8.1%	142
Of those Identified with Disabilities or Special Treatment, Number Receiving Supplemental Intervention ¹⁶⁹	13.4%	236

In the following case study “Navigating Referrals from School Readiness: A Case Study,” several families participating in School Readiness programs share their experiences within the SR Developmental Screenings System. These families first entered First 5 San Diego’s services through their local School Readiness program and were given referrals to, or received services through, partnering agencies (both within and outside First 5 San Diego funding).

Navigating Referrals from School Readiness: A Case Study

Celina* has been living in Oceanside for four years. She is married and works in a T-shirt factory. She has a two-year-old son, Ismael, whom she has been taking to the Listos parent-child center since he was one month old. In the early days, Celina would read to him. Eventually, when he started crawling, he would reach for objects and play. Nowadays, they go to Listos two to three times a week, for about a two-hour visit. It is easy for Celina to access the program: it is free, and even provides bus passes (which she no longer needs now that she drives). Also, language is not a problem for her because center staff speak both English and Spanish.

Celina did not start going to Listos for any particular need. She found out about it through her sister-in-law and because she was working, wanted to spend her free time with her child in a special setting. *“The time I went there, was to be only with him... instead of being at home and cooking and all that... there I sit and read with him, it’s his time.”*

The Listos School Readiness program has become an important source of information and support for Celina. She reported: *“I learned about children and sharing and being with other children, and how different children are.”* She also got to know other mothers, and as they shared stories about their problems, she realized that *“other people suffer too,”* which has been helpful for her. In a separate interview, Carmen Avila, Listos’ School Community Advisor, recalled how Celina has been exposed to other parents from all economic levels and observed the ways that they handle their children. Celina commented on the positive aspect of being with parents from many walks of life: *“I feel comfortable [at Listos] because there are all races there, Americans, Mexicans. My child is with American children, and Black ones... they are all treated the same.”*

¹⁶⁹ 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).

The support Celina received from the Listos staff has also been very helpful. Staff regularly asks about how things are going with the children, and give suggestions how to handle specific situations. In Ismael's case, he is a bit "*travieso*" (mischievous) and staff suggested that Celina spend more time with him, and be patient. They also lent her a video for him to watch at home, which he loves. Overall Celina believes the program has been very good for her son, and he has learned many things including coloring, painting and putting puzzles together. More importantly, he has learned to share, and to work toward something he wants. For instance, he knows that if he wants to watch a video at home, first he has to pick up his things. His mother is certain that life would be different with her and her child had they not gone to Listos. "*For example, my sister's child, she barely spends time with her child, she hasn't dedicated time to teach him...I know [my child], and I tell him that if he wants to watch TV he has to pick up, and he knows that and does it, if not there's no TV. While [my nephew] just says no... that's why I think things would've been different.*"

A recent concern has been Ismael's vocabulary, because he doesn't speak much. He also sometimes hits other children. Celina spoke to "Sra. Carmen" about it, who told her that his behavior may be linked to the fact that he doesn't speak much, that hitting is his way of communicating. Carmen explained that Listos screened Ismael with the Ages & Stages Questionnaire and referred him to a county program for speech therapy (the HOPE program) but according to his mother, "*he didn't qualify as he isn't disabled... he just needs us to talk to him more, and make him talk.... There is another program but he's too young, we're waiting for him to turn three.*" While Ismael did not qualify for services elsewhere, a Listos teacher is currently working with him, and he is starting to talk more. Listos will monitor his progress and refer him to services again if necessary.

The Listos center has also connected Celina to NCHS (North County Health Services). Celina had picked up a pamphlet on parenting classes offered at the Mesa Community Center, and decided to attend a series of classes on handling stress and communicating with children. It was very easy to connect to the classes. She just signed up for them and they were free. Her instructor, Maria Gomez, who is a Parenting Childhood Educator, commented in a separate interview on how Cristina was "very active, eager to learn. She wanted to learn how to handle stress."

For now, Celina continues to manage her job schedule to make sure she can take Ismael to the Listos center; she takes him in the mornings and works in the afternoons. It is important for him to keep learning, and what he takes away from Listos will help him be ready for kindergarten. "*Listos is like his little school where you learn things, and to not be afraid of people...some children are scared, and don't want to share things,*" said Celina.

* Names were changed to protect confidentiality.

Improved Systems of Care

School Readiness preschool teachers and specialty service providers completed staff surveys. These surveys were analyzed, along with the Parent Satisfaction survey, to address the First 5 California School Readiness indicator "number of schools with procedures that facilitate continuity between early care and education programs and elementary schools as described by NEGP 'ready schools'" and "number of children who participate in school-linked transition practices that meet NEGP criteria" (Result Area 4: Improved Systems of Care, Service Area: Schools' Readiness for Children). Using the National Education Goals Panel, "Ready

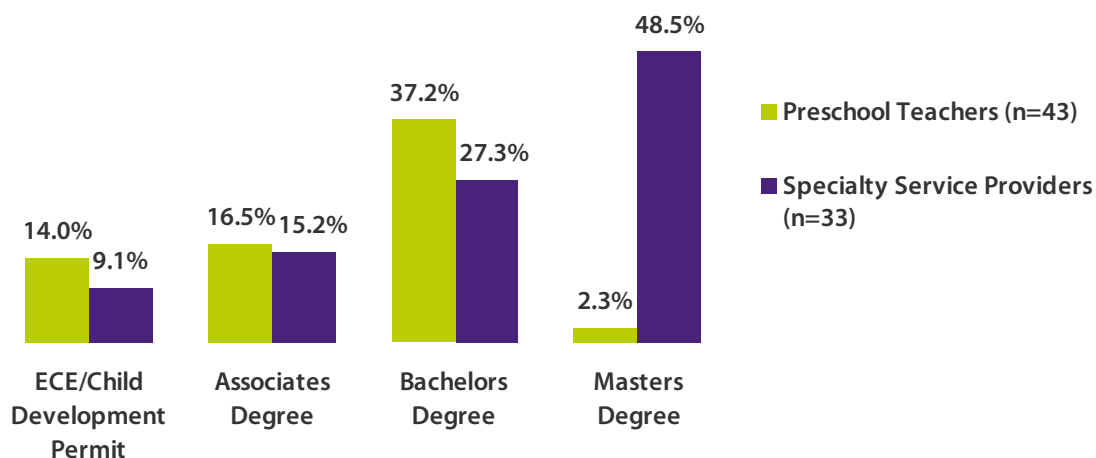
Schools Checklist,¹⁷⁰ as a foundation, customized surveys were designed to assess the overall status of the School Readiness Initiative from the point of view of staff.

The School Readiness Preschool Teacher and Specialty Service Provider surveys are instruments that gather information about professional development, interaction with parents and kindergartens, kindergarten transition activities, and school readiness awareness. Forty-four School Readiness preschool teachers¹⁷¹ and 40 specialty service providers (e.g. behavior specialists, language/speech/hearing specialists, school nurses, etc.) completed the surveys. Detailed survey results can be found in the Data Compendium.

Education and Experience

The majority of SR preschool teachers and specialty service providers were experienced in the field of early childhood education, with 65.1% (n=28) of preschool teachers and 30.8% (n=12) of specialty service providers having worked in their positions for over five years. Most of the preschool teachers (86.0%, n=37) and specialty service providers (91.0%, n=30) were educated at or past the Associates degree level, as shown in Exhibit 1.11. Most SR staff were also pursuing additional higher education: 69.0% (n=29) of preschool teachers and 81.6% (n=31) of specialty service providers were enrolled in a degree program at a university or community college; and 64.1% (n=25) of preschool teachers and 88.9% (n=32) of specialty service providers were currently, or had previously participated, in the AB212 or CARES program.¹⁷²

Exhibit 4.11 Level of Education



Most preschool teachers (95.5%, n=42) and specialty service providers (89.2%, n=33) participated in professional development activities, adding to their knowledge and abilities to serve children and their families. Those who participated attended an average of 7.8 activities throughout the year, and the majority felt the knowledge they gained was applicable to their classrooms (97.6%, n=40) or service provision (87.9%, n=29).

¹⁷⁰ 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>

¹⁷¹ Includes 27 preschool teachers who were dually funded by SR and PFA; see Chapter 5 for PFA Teacher Survey results.

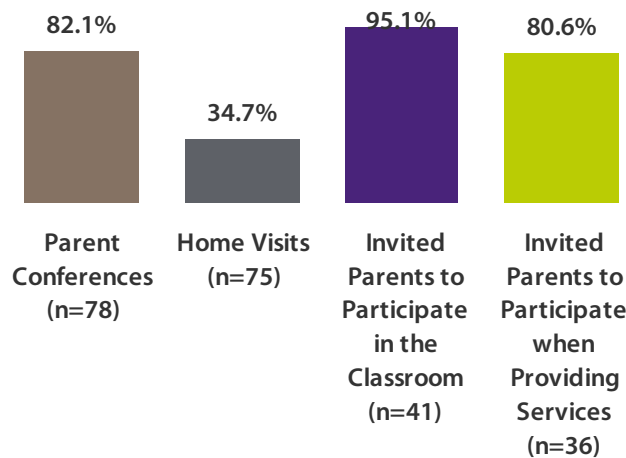
¹⁷² For more information on AB212 and CARES, see Chapter 8.

Interaction with Parents

Overall, preschool teachers and specialty service providers strive to make meaningful connections with the parents of their students. Every SR preschool teacher who responded (n=34) indicated that they met with parents during the first week of school, and 84.1% (n=37) reported meeting with parents prior to the first day of school. The most common parent involvement activity was parent conferences. As Exhibit 1.12 shows, most preschool teachers and specialty service providers held parent conferences (82.1%, n=64). Parents were also invited into classrooms by preschool teachers (95.1%, n=39) and asked to participate in services by specialty service providers (80.6%, n=29). On average, between seven and eight parents volunteered in preschool classrooms each month. Only four of the eight SR programs provided home visitation services, reflected by only 34.7% (n=26) of staff reported to have conducted home visits, 84.6% (n=22) of which were conducted by specialty service providers. This is consistent with the number of Parent Retrospective Surveys (discussed in the previous section), in which only 9.7% of parents who responded participated in home visiting programs.

One possible contribution to high parental involvement in SR programs is the prevalence of bilingual (Spanish/English) staff: 42.5% (n=17) of preschool teachers and 59.0% (n=23) of specialty service providers indicated they spoke Spanish while in the classroom or delivering services. However, it is also of note that Parent Satisfaction survey results (see section above) revealed that “parent interaction” in the programs had one of the lowest “very satisfied” parent scores and the highest “dissatisfied” scores, suggesting that schools still have room for improvement in interacting with parents.

Exhibit 4.12 Activities Involving Parents



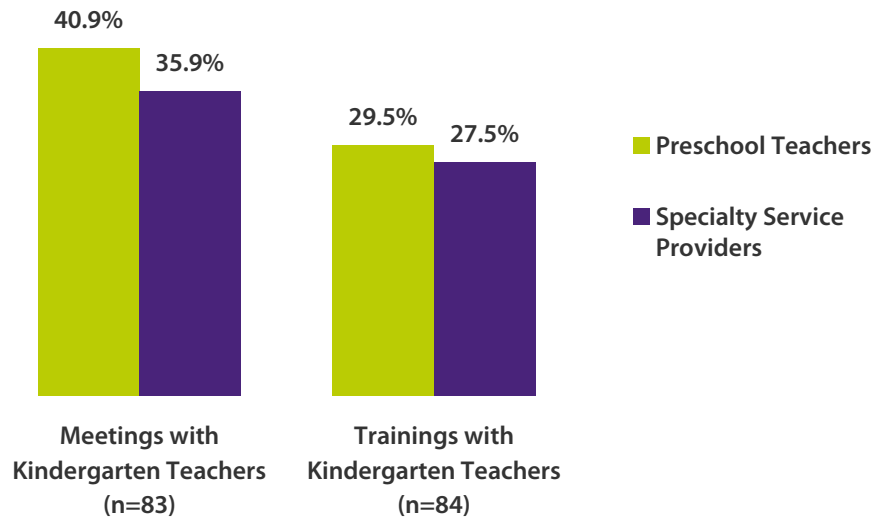
Interaction with Kindergartens

Most SR preschool teachers and specialty service providers do not have regular interaction with kindergarten teachers. As seen in Exhibit 1.13, only 40.9% (n=18) of preschool teachers and 35.9% (n=14) of specialty service providers had meetings with kindergarten teachers during the last school year. Even fewer preschool teachers and specialty service providers participated in trainings with kindergarten teachers (29.6%, n=13 and 27.5%, n=11, respectively).

“I think it is important not to label a child. A fresh start may be [needed] with many children, considering age and maturity.”

**- School Readiness
Preschool Teacher**

Exhibit 4.13 Activities Involving Kindergarten Teachers



However, as shown in Exhibit 1.15, there is much more interaction when children are transitioning to kindergarten. Almost three-fourths (73.8%, n=31) of preschool teachers and over half (56.3%, n=18) of specialty service providers have formal transition plans for students entering kindergarten. Exhibit 1.14 displays the types of documents inserted into transition files, as reported by preschool teachers and specialty service providers who indicated that their sites had prepared transition plans for children entering kindergarten. Other information provided in transition plans include:

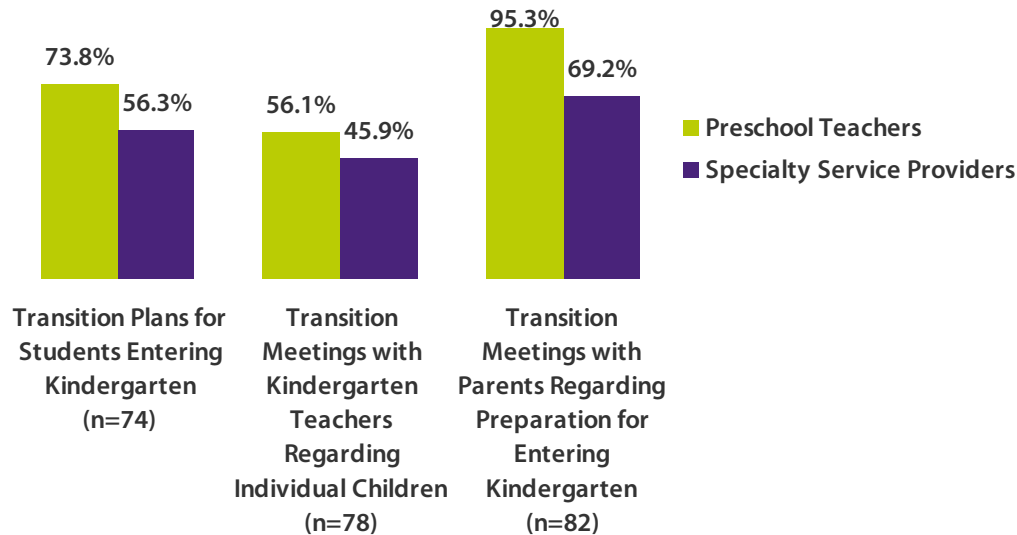
- Children’s and families’ strengths and weaknesses
- Children’s basic skill levels: behavioral, speech/language/hearing, literacy
- Prior intervention history: Individualized Education Plans (IEP), referrals

Exhibit 4.14 School Readiness Transition File Contents				
Transition Document	Preschool Teacher (n=44)		Specialty Service Provider (n=40)	
	Percent	Number	Percent	Number
DRDP Data	70.5%	31	22.5%	9
Health Information	65.9%	29	17.5%	7
Number of Years in Preschool	45.5%	20	10.0%	4
Parent-Teacher Conference Notes	63.6%	28	12.5%	5
Specialty Service Forms	N/A	N/A	26.1%	12

About half (56.1%, n=23) of preschool teachers and specialty service providers (45.9%, n=17) meet with kindergarten teachers to discuss individual children preparing to enter kindergarten, also shown in Exhibit 1.15. During these meetings, SR staff notify kindergarten teachers of any mild to moderate developmental

delays of individual children that may not be documented in an IEP.¹⁷³ And, almost all (95.3%, n=41) preschool teachers and over two-thirds (69.2%, n=27) of specialty service providers meet with parents (either individually or in a group setting) to discuss the transition of their children to kindergarten. These meetings often include discussion of child and parental expectations of kindergartens and elementary schools, as well as school enrollment and attendance logistics. Almost all (97.1%, n=34) preschool teachers and specialty service providers (81.3%, n=26) know which kindergartens their students will attend in the Fall.

Exhibit 4.15 Activities Involving Kindergartens



The results of the Preschool Teacher and Specialty Service Provider surveys suggest that School Readiness staff are well educated and continue to enhance their skills through professional development activities and continued enrollment in university or community college programs. School Readiness staff also have high levels of interaction with the parents of children enrolled in their classes and programs through parent-teacher conferences and parental involvement in classes and services. While regular communication with kindergarten teaching staff is often limited, interaction around transitions activities – both with kindergarten teachers and parents – is a critical component in most SR programs, and provides a way to prepare children, families and schools for children entering kindergarten in the Fall.

Making the Connection

Systems integration and improvement is a core component of the School Readiness Initiative. The systems-level evaluation for School Readiness includes several components, such as inter-school readiness networking, connecting with other First 5 funded agencies, developing collaborative partnerships with community agencies, and providing a venue for more effective articulation between public, private, and community-based preschools and elementary schools. The systems-level evaluation includes observational and secondary data gathered from School Readiness Coordinator meetings, as well as interviews with SR Coordinators and key

¹⁷³ Files for children with an Individualized Education Plan (IEP) are automatically shared with kindergarten teachers through school district protocols.

education experts in the San Diego area. Below are important strengths and challenges facing the continued implementation of the School Readiness Initiative.

Strengths

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

- **Alignment to the First 5 California School Readiness Initiative Framework Redesign.** In order to qualify for First 5 California SR funds through 2010, programs were required to implement the new State Framework Redesign. The State Framework was redesigned to focus SR programs across California into four result areas. While this shift was challenging for some, all SR programs successfully fulfilled the new requirements this fiscal year. By aligning with the State, the local SR programs now have common reporting formats, outcome measurements, and share the goal of creating a solid foundation of preparing children for success in school.¹⁷⁴ As one SR staff noted, “I feel that, by the alignment, I have a goal I’m working towards.”
- **Blended and braided funding streams.** Several SR programs were able to leverage First 5’s School Readiness dollars to secure additional funding for services and activities. Blended funding combines funding from multiple sources into one account, which collectively pays for multiple aspects of a program. A SR program staff describes efforts to blend funding, “I blended pretty well...I covered holes existing in each grant so that I would meet all those needs.” Braiding funding is different in that funding from multiple sources is earmarked for specific services, making it easier to attribute services to specific funding sources. Regardless of the method of funding, some SR programs with multiple contracts have been able to create seamless clusters of programs. As one SR program staff stated, “I think it’s wonderful for families. They don’t care who’s paying, it doesn’t matter.”
- **Increased 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. This year Commission staff enhanced these meetings with guest speakers from various First 5 funded agencies including Health and Developmental Services (HDS), 2-1-1, and the Kit for New Parents. In addition to these SR Coordinator meetings, some program staff has also attended Quarterly Contractor meetings hosted by the Commission. These meetings provide face-to-face interaction between agencies in various Initiatives that may have never otherwise connected. Additionally, SR program staff were invited to attend the First 5 Association Statewide Conference last May in Orange County.
- **Added community linkages.** Through the networking activities described above, School Readiness programs have connected and built relationships with community agencies throughout the County, within and outside the First 5 network. Agencies have approached SR programs to host their services. For example, C3, an HDS subcontractor, holds parenting classes at SR sites, utilizing their space and reaching out to SR families. As one SR program staff proclaimed, “[SR has] taken off and I think other agencies are seeing that... Other agencies came to us...Through the partnerships with agencies, we have increased our services to parents, which is part of the strengths of our program.” (See “Helping Parents Get What They Need – Linkages Between Agencies” in this chapter).
- This year, the School Readiness programs implemented universal screenings to identify potential health and developmental delays and risks. Health screenings were provided by either trained SR specialty service providers or outside agencies. Collaboration with the HDS Initiative was very strong. HDS providers performed developmental, language, speech, and hearing screenings at some SR sites, while SR staff referred families to HDS clinics. Partnerships with the First 5 San Diego Oral Health Initiative also

¹⁷⁴ Alignment to the State Framework Redesign also eliminated some reporting requirements.

provided dental screenings for some children and training for some SR staff (“Navigating Referrals from School Readiness: A Case Study”).

The successes listed for the School Readiness Initiative are not exhaustive, as many programs experience success with program participants every day. Key community experts interviewed for this report have recognized the advances SR and First 5 San Diego are making towards preparing children for school. As one such expert commented, “It’s been huge. Everything from parents being more registration-ready, having the documents and the physical [exam] ahead of time... We have more kids prepared academically than we used to have.”

Challenges

Even in its fifth year, the School Readiness Initiative experiences 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:

- **Administrative Requirements.** Some SR program staff and key community experts felt the administrative requirements associated with the First 5 California School Readiness Framework Redesign were overwhelming at times. The original SR grants changed to cost-reimbursement contracts requiring additional financial reporting. While the child outcome reporting remained the same, the new framework includes new program and outcome measurement requirements such as conducting developmental screenings, administering parent surveys, and distributing surveys to teachers and specialty service providers. SR providers, however, no longer have to administer a lengthy intake survey for every child, which was required under the former framework. SR program staff have also mentioned that the budgeting and invoicing requirements can be cumbersome and confusing, requiring SR program staff to work with school district accountants to adjust different databases for their reports. As one SR program staff explained, “I can understand the accountability, I need that there... But there are compromises we can make to meet the requirements. [The Commission and its contractors] just have to be open to the options.” Fortunately, the child outcome requirements and a portion of the parent survey were designed to be the same for SR classroom-based programs as they are for State Preschool Programs in order to reduce the workload. The stress on some programs was amplified because they have multiple reporting requirements to fulfill for other funding agencies, due to blended or braided funding streams. As one community key expert noted, “We’re doing more accounting and evaluation for SR than for any other program.”

- **Static funding amount.** Since its inception in 2002, the First 5 School Readiness Initiative was designed to have a flat amount of funding each year. The intention was to build effective programs local school districts and other funded agencies would become committed to supporting with other resources. While some county First 5/Proposition 10 Commissions have required school districts to supply matching funds for SR programs, First 5 San Diego has not. Both First 5 California and First 5 San Diego are supportive of funding through 2010, but maintain initial funding levels. Capped funding while implementing the new redesigned Framework created two challenges for programs. First, school districts had to provide their own resources to support cost of living adjustments and merit pay increases for teaching staff that are part of collective bargaining agreements. Second, the SR programs had to initiate additional programmatic and accountability activities align to the State’s new Framework. As one SR program staff stated, “Eventually, something has got to give, either staff or services.” To accommodate the new State Framework requirements, some SR programs have reduced contracted services and cut enrollment for kindergarten transition activities like KinderCamp, and reduced professional development activities. Some SR program staff have suggested that minimal cost of living

“That’s a strength. It’s a constant goal of ours to continue to improve.”

– Key Community Expert

adjustments would help them provide their contracted services better. “District cost of living is 5%...compensate for inflation. You have the salary and the benefits go up every year, so it wouldn’t cut into the program,” said a SR program staff member. First 5 program staff continues to encourage SR Coordinators to seek additional funding sources and develop sustainability plans. Some SR programs have sought out additional and alternative funding opportunities to ensure that programs remain strong and will provide contracted services and professional development opportunities. School districts also have the option of using other funds (such as Title I funding) in ensuring the sustainability of SR programs.

- **Dental assessments: AB 1433.** In the 2007-08 school year, children entering kindergarten, or by the age of six years old, must have a dental assessment (or parental waiver) in their school records to enroll in school. While these assessments will provide needed awareness around early childhood dental care, SR program staff and key community experts are concerned about the effect of the requirement on children and school systems. The new legislation mandates screenings but not treatment for childhood dental disease, and a limited pediatric dental system may become overtaxed. (See OHI Chapter 3 for details). SR and school staff may require additional training in proper oral health assessment methods to respond to the mandate for dental assessments, but as noted above, funding streams have not changed to support the increased costs.
- **Variation in data collection procedures.** While the alignment to the State Framework Redesign is being fully implemented, variation in data collection procedures and quality surfaced. Some SR programs had to implement new data warehousing techniques by designing and building databases themselves or by hiring database consultants. Other programs had existing databases that were altered to generate the needed data for the Commission’s Quarterly Progress Reports. All programs had to work with their school district accounting departments to accurately complete fiscal reports. The Commission’s new data system, due to be funded in FY 2007-08, will be beneficial to the process and quality of data. Ensuring that the Commission’s database can link to existing SR program databases will be critical.

Recommendations

The following recommendations were developed based on FY 2006-07.

- + **Encourage collaboration between SR providers and First 5 Initiatives.** Many SR programs successfully partnered with other First 5 agencies and some programs experienced delays or were unable to access other First 5 funded services. In at least one case, there was confusion about whether or not the particular SR program was already funded to provide these services. Other programs have not yet reached out to other First 5 Initiatives, attempting to serve children and families exclusively through district-offered services. In addition, sometimes the feedback loops did not close when tracking referrals from SR to other agencies, making it difficult to track outcomes for successful referrals. First 5 San Diego should strengthen collaboration between SR programs and other First 5 Initiatives by educating providers about the importance of follow-up services for children and families, and actively facilitate the collaboration between SR and other Initiatives. Meanwhile, SR coordinators should utilize dedicated First 5 staff as a liaison when connecting with other First 5 funded Initiatives as well as for other general questions, comments or concerns.
- + **First 5 and School Readiness programs should work together to coordinate administrative requirements.** Given that some SR programs felt challenged by the new administrative and data reporting requirements, First 5 San Diego and SR programs should engage school district support staff (such as school district accounting and information technology professionals) early in the planning process. Early involvement by these stakeholders may eliminate subsequent confusion and frustration regarding evaluation and fiscal management reporting requirements. While accounting staff were present during

implementation meetings, follow-up of school district systems and First 5 requirements is essential to accurate reporting.

- + **Nurture mutual understanding.** Continued collaboration between the First 5 San Diego Commission and SR program staff is the foundation for the successful administration of the School Readiness Initiative. SR program staff visit Commission offices regularly, and site visits by Commission staff to each program improve the general understanding of the services each unique program provides to children, families and staff. Commission and SR program staff need to continue working together to make decisions about effective program implementation strategies that will ensure the success of the SR program.
- + **Sustaining programs over time.** The extended funding through 2010 does not provide an increase in funding, including cost of living adjustments. As a joint partnership, school districts are expected to locate additional funding to sustain the SR programs in their areas. First 5 San Diego, First 5 California and school districts must work together to address the rising costs and rising demands for services. Ensuring the future sustainability of SR programs is a critical factor in their success. School districts must consider actively seeking out additional funding to supplement and possibly allow for the expansion of these early care and education programs.
- + **Continue to improve outcome measurement reporting.** The data submitted this fiscal year was impressive in both quantity and quality compared to previous years. But some SR programs encountered challenges in implementing and reporting on all outcome measurements. Through continued training and technical assistance, SR programs can improve the quality of data throughout the County.

A Final Word on School Readiness

The School Readiness Initiative has had a positive impact on improving children's readiness for school in the fifth year. This year, findings suggest that the Initiative had a positive impact on parenting practices and staff development. Indeed, children exhibited improved outcomes in all five developmental domains; parents exhibited improved outcomes on all four parenting practice topic areas; and staff participated in numerous professional development activities. In addition, the larger systems connected to School Readiness programs are improving upon the previously "stand alone" practices, which often presented a confusing, fragmented service delivery system to those trying to navigate services. In many communities, programs are now operating to capacity, and often with waiting lists, indicating there is continued need for similar quality services in San Diego County.

Helping Parents Get What They Need: Linkages Between Agencies

Harder+Company conducted three case studies of First 5 School Readiness families who accessed at least two First 5 funded initiatives during the current fiscal year. The families selected lived in different parts of San Diego (two in Oceanside and one in San Ysidro) and had varying language capabilities (two spoke only Spanish; one was bilingual but was more comfortable communicating in English). The services received outside of their primary provider agency included parenting classes, speech assessment, and one-on-one guidance.

Case 1 was a mother of three children who was having difficulties with her daughter, a middle child in the family. The daughter was defiant and fought considerably with her older brother. While attending the Listos parent-child activity center (her primary provider), the mother was connected to C3 developmental services (her secondary provider), and received C3 services on site at Listos.

Case 2 was a mother seeking to spend time with her young son in a learning environment. She began taking her son to Listos (her primary provider) when he was one month old. Through Listos she found out about parenting classes offered by NCHS (North County Health Services), her secondary provider. After her son turned two, there were concerns about his speech. Listos staff conducted an ASQ (Ages and Stages Questionnaire) and referred him to a county program for speech therapy (HOPE Infant Program), another secondary provider.

Case 3 was a mother of two children enrolled in the San Ysidro School District preschool program (her primary provider). At the preschool she received flyers and announcements about the school-readiness program called "Off to a Good Start," developed by the First 5 funded UC Cooperative Extension. As a result, she took classes on Literacy, Kindergarten Readiness, and Health/Nutrition through "Off to a Good Start."

Access to the secondary provider

All three mothers found out about the secondary provider parenting classes through their primary provider, either through flyers and/or staff announcements. In all three cases access to the classes was very easy (they just had to sign up) and the sessions were free.

The two mothers who were referred to other agencies for services, other than parenting classes, were able to make the connection. As seen below, Case 1 had easy access to the secondary provider, while Case 2 did not qualify for the referred service.

Benefits of linking to the secondary provider

In all three cases, the women reported that they benefited from the parenting classes. Overall, the classes complemented and/or supported what they learned through the primary provider. Case 1 attended numerous on-site classes (music and movement, behavior classes) offered by C3. When her teacher taught classes at another center, the mother followed her for sessions, such as Baby Massages. According to Listos staff, the mother is now "more comfortable dealing with her children." Due to the classes and additional support (see below), her daughter's behavior has improved. Case 2 had picked up a pamphlet at Listos about NCHS classes, on handling stress and communicating with children, offered at the Mesa Community Center.

Her instructor, a Parenting Childhood Educator, commented that the mother was “very active, eager to learn. She wanted to learn how to handle stress...She really tries. Every week she works on something.” Case 3 enjoyed the classes she took and benefited from them. However, she did not feel she received the most out of them because they were mainly in Spanish and, although she speaks some Spanish, she is most comfortable in English.

In addition to parenting classes, Case 1 received support from both the C3 Behavioral Specialist (Lori) and the C3 Bilingual Health Specialist (Frances). As with the parenting classes, access was easy because C3 staff were available on site at the Listos center.

In discussing the challenges the mother was facing with her daughter, Frances was able to get the mother to think about how she treated her daughter differently from her older son (who was more compliant). “Without ever thinking,” Frances explains, “we tend to treat [our children] differently, as if they were a problem child.” At the time, the mother didn’t think she treated her daughter differently, but eventually did come to realize it. “I remember [the mother] coming back and saying ‘what you told me, I realized I was doing it’... It took her a while, but she started making changes, and started treating her daughter the same as her son... and now she is much more confident, relaxed, and handling things differently.” The mother was also supported in addressing her daughter’s behavioral concerns through one-on-one guidance sessions with Lori, who agrees that the mother has grown through the process: “At first she was very quiet, reluctant to ask questions... Now she brings her concerns, shares examples, including what she has learned from a previous session [since she has attended so many].”

The Case 2 referral to the HOPE Infant program for speech therapy did not result in further services because the two year-old son did not qualify. “He isn’t disabled,” recalled his mother, “he just needs us to talk to him more, and make him talk... There is another program but he’s too young, we’re waiting for him to turn three.” Listos staff confirmed that he did not qualify for speech services because he was “too smart” (which staff attributes to his having attended Listos all his life), and no delays were identified. A Listos teacher is currently working with him, and he is starting to talk more. Listos will look into other services if needed at a later date.

What Helped?

The following are factors that facilitated a successful linking process among agencies, as reported by the clients as well as by their primary and secondary providers:¹

- *Availability of promotional material at the primary provider:* all three women found out about secondary provider classes offered in their community by picking up pamphlets or flyers at a place they frequently visit (their primary provider). The promotional materials appear to have caught the clients’ attention, and the subject matter was of interest to them. This form of passive recruitment is equally important as the active recruitment/referrals described below, where partner agencies work together delivering services.
- *Outreach by the secondary provider:* For C3, outreach to special populations is an important component of its service delivery strategy because parents are not aware of how to access services. By reaching out in the primary provider’s location, C3 (the secondary provider) takes a proactive approach of offering services to parents, and addressing parenting concerns, in their early stages.

- *Collaboration between providers:* Having promotional material displayed at another agency is an indication of effective networking strategies between providers, as they work together to make sure that families are aware of and are receiving the services they need. Co-location (such as C3 providing services at Listos) reduces duplication of services, helps fill gaps in services, and increases the chances of reaching hard-to-reach populations.
- *Continued support from the primary provider:* In addition to informing parents about classes offered by other agencies and encouraging parents to attend, Listos staff focuses on ensuring that their clients get the specific type of help they need. For example, Carmen, the Listos School Community Advisor, often sits in and listens to the secondary provider classes that are held on site, and encourages parents to ask questions. Carmen does this when she knows that a parent is facing a specific issue and may be too shy to talk about it, to encourage the parent to speak up.
- *Childcare support by the primary provider:* On-site child care is an essential part of successfully recruiting and retaining parents in parenting classes. At Listos, the secondary provider (C3) benefits from the fact that the primary provider offers childcare in a separate room, where children are engaged in guided play activities while parents attend a C3 session. In contrast, C3 does not offer childcare at its own sites, which can be a barrier to accessing services because parents cannot take their children to those parenting sessions.
- *Language support by the primary and secondary providers:* Some of the C3 classes given at Listos are taught in Spanish. For those that are not, Listos staff is available for translation. For example, the participants in Lori's behavioral sessions at Listos are mostly Hispanic and Lori conducts the sessions in English while Listos staff translates.
- *Transportation support from the primary provider:* When asked about their access to services, Cases 1 and 2 mentioned the availability of bus passes. Transportation assistance to access services at secondary providers is an indirect benefit for the secondary provider.

Challenges Encountered

- *Lack of English classes in areas where services are predominantly targeted toward Hispanic women:* In Case 3, the mother felt that her Spanish was "basic" and was more comfortable speaking in English. As a result, she did not feel she received the full benefit from the classes she attended. In order to meet the needs of the community, parenting classes in English are planned for FY 2007-08 through the First 5 For Parents Initiative.
- *Possible gaps in services:* For Case 2, it appears that the secondary provider did not think that speech therapy was warranted, and that the child was too young to qualify for school district mandated services. However, Listos staff was concerned and staff is working with him and tracking his progress. It is fortunate, in this case, that Listos has the specialized capability and resources to help the child. It is possible that another agency in the same situation may not have been able to provide the additional service. This is also an opportunity to strengthen ties with HDS providers.

Other Linkages

The primary agencies are often an effective link to other, non-First 5 funded community resources. Case 1, for example, uses the Listos center as a resource. “If you need any information,” the mother explains, “[staff members will] get it for you. If you need a dentist, or help with school registration...” Also, since the center is closed on Wednesdays, staff encourages parents to go to the library on that day instead. Now on Wednesdays several mothers meet outside Listos and walk to the library together.

Conclusion

It is somewhat difficult, if not impossible, for parents to discern a specific intervention that most helped their children in their quest for school readiness. What is clear is that the families in these case studies were touched by a variety of services that complemented and strengthened each other. In the eyes of the parents, the end result is a noticeable positive change in their children. For Case 1, the daughter’s behavior improved, she has learned how to share, and gets along better with others. She now goes to the nearby Head Start center, and her mother believes she is a little more advanced than the other children because of what she learned at Listos. The Case 2 mother says her son has learned many things including coloring, painting and putting puzzles together. More importantly, he has learned to share, and to work toward something he wants. His speech is being tracked by Listos staff and he is talking more. Finally, the children of the Case 3 mother have learned social skills, are familiar with routines and classroom settings, and have gained self-confidence. In addition, the mother has noticed a big change in her niece, whom she also takes to the San Ysidro preschool program. Before starting preschool, the niece was very shy, and now she has made progress. “She has come out of her shell. It has made her social, and she lets me leave her there now... that is something huge for me,” said the Case 3 mother.

Special Needs Demonstration Project

In 2005, the Chula Vista Elementary School District (CVESD) was selected by First 5 California to implement a Special Needs Demonstration Project (SNP) called Kids on TRACK. As a joint venture between First 5 California and First 5 San Diego, the Kids on TRACK program is one of 10 selected throughout the State, and delivers services to children and families in four CVESD catchment areas.

¹⁷⁵ This year, the CVESD SNP contract was extended through FY 2008-09 by the local Commission, for a total of \$2,000,000 over four and a half years.¹⁷⁶ The project is designed to meet the following State and local goals:

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

¹⁷⁵ Originally, the SNP served the catchment areas of three CVESD elementary schools. This fiscal year, the program expanded to include another school in response to the declining population of children 0-5 in the original three school catchment areas.

¹⁷⁶ First 5 California provides \$1,000,000 over four years; First 5 San Diego matches those funds and approved a no-cost extension for six months, until June 30, 2009.

- **Screening and Assessment:** Universal access to screening for 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 to the goals above, 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 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. SNP staff also attended professional development trainings and networking meetings to enhance their skills to serve children and families.

Outreach Locations

Between the months of March and July 2007, *Promotoras* reached out to families at 42 events:

- Chula Vista Elementary Schools and School Readiness Programs, including Parenting Classes and Kindergarten Registration (19 events)
- Apartments and Mobile Home Parks (15 events)
- Discount and Grocery Stores (4 events)
- Chula Vista Library (2 events)
- Festivals and Carnivals (2 events)

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.¹⁷⁷ The program’s annual goal is to provide health and developmental screenings for 500 children living in the CVESD catchment area.

In FY 2006-07, Kids on TRACK effectively increased outreach activities. *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 501 children, meeting their goal this year; demonstrating a 48.6% increase over FY 2005-06.¹⁷⁸

Once a child has been screened and a concern is identified, the child is referred to the Kids on TRACK Child Study Team (CST). The Child Study Team meets twice monthly and includes members representing SNP key program partners, CVESD Special Education Department and School Readiness Initiative staff. The multidisciplinary CST reviews individual child files and speaks to SNP Family Advocates and specialty service providers who intersect with the child and family. The CST makes decisions to refer the child and family to mandated services (such as IDEA or Mental Health) or other appropriate resources in the community. Often, the referrals suggested for families include services for both parents and children.

¹⁷⁷ 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

¹⁷⁸ In FY 2005-06, 258 screenings were conducted by SNP.

- All 501 children screened received an age-appropriate Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire: Social-Emotional (ASQ:SE) screening, completed by trained “Kids on Track” staff and parents/caregivers together.¹⁷⁹ This is almost double the number of screenings conducted in FY 2005-06, when only 258 children were screened.
- Almost all children given a developmental screening (98.9%, n=495) also received a health screening.¹⁸⁰
- The majority of parents and caregivers of these children completed a Parent Stress Index: Short Form (PSI:SF) assessment (84.4%, n=423).¹⁸¹

Exhibit 1.16 displays the results of all 501 screenings this year, with comparison to FY 2005-06 local and statewide figures.¹⁸² This year the percentage of children recommended for assessment is much higher than last fiscal year, closely matching the statewide percentage. Through increased staffing, more children have been screened by trained screeners and more accurately referred into services. The SNP has also expanded outreach to an additional school catchment area and community events.¹⁸³

Exhibit 4.16. Screening Results by Fiscal Year					
Screening Result	FY 2006-07		FY 2005-06*		
	Local		Local	State**	
	Percent	Number	Percent	Number	Percent
No Concerns, No Risk Factors	55.6%	278	40.0%	103	58.0%
No Concerns, Risk Factors	26.8%	134	52.0%	134	19.0%
Recommended for Assessment	17.6%	88	3.0%	8	18.0%
Unknown	0.0%	1	5.0%	13	5.0%

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

**At the time of this publication, FY 2006-07 Statewide data was not available.

¹⁷⁹ 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

¹⁸⁰ 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.

¹⁸¹ 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

¹⁸² At the time of this publication, FY 2006-07 statewide data was not available.

¹⁸³ See the Data Compendium for child demographics.

The ASQ Game

An ASQ screening can be given by a parent, teacher, medical provider, or other adult familiar with the child. It can be administered as a self-report, interview, or as an interactive play between a screener and child. During a site visit to the Special Needs Demonstration Project, the research team was able to observe an ASQ screening. In this particular instance, the screener introduced the ASQ to the child as if she was ready to start a game with quiz-like questions. The screener spent a few minutes speaking to the parent and getting to know the child while addressing the tool's communication questions. The screener moved along, completing ASQ questions while sharing activities the parent could implement at home to develop her child's communication. The child became excited when she saw a picture and a bright colored crayon. She began to color without any direction, providing the screener with information about her problem-solving and fine motor skills. The screener transitioned into new activities with words of encouragement such as "Muy bien!" Next, the screener demonstrated an activity that involved a ball. The screener, mother, and child all enjoyed tossing the ball back and forth, and the screener observed the child's gross motor skills. Throughout the exercises the screener, parent and child shared a few laughs and smiles.

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, school funded Parent Intervention Program and Special Education Department, and referrals to community organizations.¹⁸⁴ 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 809 service consultations in FY 2006-07. (See the Data Compendium for details of the number of children receiving services and referrals this 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 situation of military families and families with parents in college who may have access to services not available to the general public.

Community Participation and Inclusion

During FY 2006-07, the Kids on TRACK program increased both its community participation and inclusion activities. Community participation was accomplished through the efforts of three workgroups. First, the SNP

¹⁸⁴ External referrals include connections to the San Diego Regional Center California Early Start Program, Rayo de Esperanza Family Resource Center, First 5 San Diego Health and Developmental Initiative services provided by South Bay Community Services, and community health and preschool programs.

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, 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 activities that impact the overall delivery and philosophy of Kids on TRACK. Third, the statewide networking meetings 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.

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

- **Establishing the Kids on TRACK definition of inclusion:** The local SNP definition of inclusion was determined by the aforementioned groups after finding that no relevant descriptions for “inclusion” previously existed (see textbox at right for definition). By thoughtfully defining inclusion, Kids on TRACK is now better able to plan and develop the strategies needed to meet State and local goals for inclusion and full community participation of children with disabilities, developmental delays, and other special needs into supportive environments.
- **Children with special needs are enrolled through the same procedures as typically developing children:** Another large-scale change made due to the partnership between community agencies and CVESD is the change in location for district preschool enrollment. 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 will occur in one place starting in the 2007-08 school year. This is a key step toward routinely placing children with special needs in classrooms with typically developing children.
- **Enhancing services for children with special needs:** Kids on TRACK is now 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. As part of the partnership, 80 children were screened using the ASQ for delays and special needs.

Additional inclusion activities this year include:

- **Classroom-based services for children and teaching staff:** Kids on TRACK staff facilitated 56 services for 50 children with special needs in an inclusive classroom setting¹⁸⁵, exceeding this year’s goal (50 services and 25 children, respectively).
- **In-home services:** Kids on TRACK staff provided services to 201 families with children with special needs in their homes, exceeding the goal of 150 by 34.0%.

“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**

¹⁸⁵ An inclusive classroom setting is considered intentional integration of children with and without special needs into typical educational, developmental and natural environments.

- **Inclusion classes and workshops:** Kids on TRACK staff, in collaboration with key partners, provided a space for 388 families with and without children with special needs to learn and be active together. The attendance in these classes, including “Music and Movement” and “Baby Yoga”, exceeded the goal of 50 by 776.0%.
- **Workforce development in inclusion:** Kids on Track collaborated with community partner Kids Included Together, Inc. to offer a series of evening classes on topics supporting inclusive practices in early childhood education settings.

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; 76 trainings were offered on topics such as screening tools (ASQ, ASQ:SE, PSI:SF), health screenings, case management, home visiting, Individualized Education Plans (IEP), social-emotional curriculum, brain development, parent-child attachment, and exposure to violence. Attendance of 191 exceeded the project’s goals by 211.2%.

Summary

This fiscal year brought about immense improvement in both service provision and data collection for Kids on TRACK. While future challenges do exist, SNP staff continues to innovate and adjust to ever-changing situations.

Current and Anticipated Challenges

While the Kids on TRACK project increased outreach, screenings, services, and referrals this fiscal year, challenges were encountered with this project at both the state and local level. The following challenges may continue to impact the project in FY 2007-08:

- **First 5 California Evaluation:** In February 2007, the First 5 California evaluator concluded its contract with the State without an extension or replacement. Consequently, SNP sites were temporarily left without access to the statewide PEDS database. Sites were unable to enter data during this time and once access to the database was granted, families had to be located to sign on a new consent form and their data had to be re-entered into the PEDS system. At this point, some historic program data are still inaccessible.
- **First 5 California Training and Technical Assistance:** In April 2007, the First 5 California Training and Technical Assistance consultant severed their contract with the State. A new contractor has yet to be named, and SNP sites across California continue to need professional development and implementation consultations.
- **Goals may not reflect changes in the population.** The number of children ages 0-5 in the Kids on TRACK catchment areas has decreased over the past year, which will make it more difficult and resource-intensive to identify and screen the required number of children. Kids on TRACK will have to think innovatively to continue to provide 500 screenings next year.

