THE READY FOR SCHOOL PROGRAM IN LOS ANGELES:
SECOND YEAR EVALUATION REPORT

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EXECUTIVE SUMMARY

The Ready for School (RFS) Program is an effort to promote school readiness among children aged zero to five living in various Los Angeles communities where risk factors associated with lower school preparedness are high. The program is comprised of eight school readiness initiative grants from First 5 L.A. and First 5 California and is designed to provide integrated networks of services leading to increased readiness among young children as well as the schools they attend across a four-year period. Each site was founded on a core partnership including an elementary school, its associated early education programs, and a community adult school. The collective of sites are governed through the LAUSD Early Childhood Education Division in collaboration with several district entities including the Division of Special Education, the Student Health and Human Services Division, and the Division of Adult and Career Education, cooperatively promoting the development of a model school readiness program designed to effect system-wide change.

The goals of the RFS evaluation were 1) to develop a thorough understanding of the strategies employed by each of the sites and how they impacted the school readiness of children aged 0-5, and 2) to examine specific changes occurring in children, their families, and the communities as a result of interventions introduced by the RFS sites. Addressing these goals required development of a thorough system of documentation of RFS programs, their evolution, and the experiences of participants they served. The evaluation design consisted of two main components: 1) an analysis of participant growth as a function of program involvement and 2) in-depth case studies of the eight RFS sites examining the means by which services were delivered to community residents, focusing on factors that facilitated or hindered treatment delivery. These two components taken together addressed the following evaluation questions:

1. What is the nature of the interventions used by each site? How are sites addressing the five elements of school readiness as well as the unique needs of their communities?
2. Which factors facilitate and which factors impede implementation of school readiness programs?
3. What impact do site-level activities have on the school readiness of children ages 0-5 living in Los Angeles communities?
**Participant Growth Study Findings**

The goals of the participant growth study were 1) to develop a standardized method of tracking program participation across RFS programs and 2) to measure the progress of individual program participants and their families along key school readiness outcomes, relating progress to program elements. Careful analyses of data collected from families at the time of program enrollment and in follow-up data collections of representative samples of participants allowed us to gauge the degree of growth experienced by families participating in various aspects of the program. Following are key highlights of our findings with respect to participant growth:

- Although the population of participants served by RFS programs grew dramatically during the first two years (over 6,000 households had been involved with the program by January 2006), the demographic characteristics of the population had not shifted; families were largely first-generation immigrants from Latin American nations, with at least one child born in the U.S., a two-parent household with a working father and non-working mother.
- Expansion of outreach staff and development of parent leadership groups appeared to have an impact as larger percentages of parents were recruited via these means compared to the previous year.
- Dramatic increases were observed in family engagement in in-home learning activities when examining follow-up samples of participants; effects were strongest for families that had participated in more intense ongoing services such as case management and home visitation programs.
- Parents continued to rate their parenting satisfaction higher than their sense of efficacy; slight downward effects were observed for parents participating in more intense services, a finding we attributed to increased participant knowledge of the complexities of parenting.
- Attitudes and actual behaviors pertaining to the types of childcare used by families tended to shift following program enrollment; more families tended to favor out-of-home care (i.e., daycare centers, preschool) at follow-up than at intake; larger shifts were observed in the numbers of children who were actually placed in out-of-home care.
Case Study Findings

Complimenting the participant growth component of the RFS evaluation was a series of in-depth case studies of the individual program sites followed by a cross-site analysis of themes relevant to the program as a whole. This approach allowed us to develop a comprehensive profile of the school readiness intervention site, including how it worked in the face of real life challenges and how families and child care providers responded to services, and ultimately yielded insight into the factors underlying relationships among program elements and participant changes as well as detailed documentation of program experiences to help guide emerging and future school readiness programs. Key findings from analyses of case study data included the following:

- Local site governing councils continued to emerge as a critical component of school readiness programs, as those sites with frequently meeting, well-developed councils experienced a great deal more success in implementation of their intervention strategies. Although local councils existed in some form at every program site, effective local councils were those characterized by a high degree of collaboration, frequent communication, and involvement of all participants (including parents) as decision makers.

- Outreach efforts grew in size and effectiveness as the numbers of participants increased during the second year of programming. Findings pointed to well-coordinated, multi-method outreach models as the most effective practice. Sites without consistent, well-trained outreach workers using a limited number of methods saw much lower program attendance and fewer families drawn from outside school populations.

- Successful establishment of core parent leadership groups continued to be a highly effective strategy in collaboratives as parents developed a sense of empowerment while simultaneously providing a low-cost extension of outreach models across program sites.

- Central program staff was highly focused on evaluation recommendations from the first year, developing action plans that were aligned with recommendations, including strategies to coordinate child-care referral systems, special needs screening systems, and develop pre-K and kindergarten articulation programs.
General Conclusions and Recommendations

The second of four years of the RFS program was characterized by substantial growth and development in a short time frame. All sites had established most of their infrastructures and greatly expanded their service capabilities. Additional staff were hired, and greater numbers of families were reached quickly and efficiently. Through our dual-component approach to evaluation of the program, several important conclusions were drawn following two years of data collection and analysis related to the implementation and effectiveness of RFS:

• All aspects of the RFS program yield growth in family involvement in early education. Dramatic increases were observed across all types of program participants in the frequency with which participants engage in in-home learning activities. This change was particularly evident for families participating in the most intense levels of services.

• Continuing our observations from the first year, adherence to models that were highly collaborative, including frequent and constructive communication among partners was associated with higher degrees of success in program implementation. Building on existing collaborative ties and maintaining them through structured collaboration, such as formal development of local governing councils including school and community partners is critical for the success of this type of program.

• Inclusion of parents as active participants is a critical component of a program designed to effect community change. Parents played a critical role in implementation of the program at multiple levels, including volunteering on local governance committees, participation in the RFS Advisory Board, and most importantly, expansion of outreach to other parents in the community. Their knowledge of the community and representation of community interest was vital to the program’s development whereas their participation led to their own increased knowledge and sense of empowerment.
In light of evaluation findings that emerged during the second year, several recommendations were made for further program development:

- Local sites using coordinated multi-method approaches for outreach should solidify their systems and present them as models to sites with less developed outreach programs.

- Central program staff should develop a set of guidelines for organizing parent leadership programs and implement them across program sites.

- Central program staff should develop a standardized system of case management and involve case management staff in central trainings.

- Central staff should shift the focus of the outreach facilitator position to include increased on-site professional development for local site coordinators and staff.

- Local sites should continue development of sustainability plans that include strategies for any contingency related to future school readiness funding.
The Ready for School (RFS) Program is an effort to promote school readiness among children aged zero to five living in various Los Angeles communities where many families are identified as having children characteristically at risk of academic failure. Now in implementation for over two years, RFS continues to operate in various city communities, expanding its numbers of program activities as well as populations of young children and families served. Since its inception in December 2003, the LAUSD Program Evaluation and Research Branch (PERB) has conducted an ongoing evaluation of the eight RFS centers established in LAUSD as part of a school readiness initiative funded by First 5 L.A. and First 5 California to increase readiness for school among children aged 0-5. This report, the second of four such reports planned across the four years for which RFS Program fund were granted, was completed following 24 months of observation of the program, focusing on rates of success achieved in implementation during early and later phases of the program and evidence of program impact on the target populations. The evaluation of the RFS Program includes two main components: 1) an analysis of growth among program participants in key areas related to school readiness, and 2) embedded case studies, documenting strategies used by the centers to foster school readiness as well as assessing the unique challenges faced by each of the centers in their respective communities. This report is structured according to the methodological approaches taken by PERB to address each of these main evaluation components and findings that emerged through analysis of data collected during the first two years of program operation. We also provided formative assessments of program activities for all sites and recommendations for further program development based on evaluation conclusions drawn to date.

Program Background

First 5 California launched the School Readiness Initiative (SRI) in 2002, a joint program with each of California's 58 county Children and Families Commissions. The Los Angeles commission – First 5 Los Angeles – worked with school districts and non-profit community-based agencies to generate applications for joint county-state SRI funding. In 2003, the Los Angeles Unified School District (LAUSD) was awarded a planning grant from First 5 Los Angeles to develop SRI programs in eight school communities. Each program targeted an area
surrounding an LAUSD elementary school with an Academic Performance Index (API) rank of two or below in 1999. The purpose for all communities participating in the statewide School Readiness Initiative was to prepare children, age zero to five, for elementary school success. The Initiative subscribed to the National Education Goals Panel (NEGP) definition of school readiness, which stated that children should be ready for school as well as schools should be ready for children, whereupon five “Essential and Coordinated Elements” of school readiness were created that every SRI program was asked to address:

- early care and education services, including those that improve access to high quality early learning care programs, information and outreach regarding such programs, and professional development for early learning care teachers and providers,
- parenting and family support services, promoting family literacy and strong parenting skills through adult education, home visitation, employment development and other social services for families,
- health and social services, including increasing health plan enrollments, providing health care programs and referral networks, and case management programs,
- school capacity programs, creating awareness of kindergarten content standards, parent outreach related to elementary school expectations, kindergarten transition and cross-training programs, shared curriculum and planning for kindergarten, and early learning teachers/providers, and
- program infrastructure and administration development, including coordination of programs, staff development, program evaluation, fiscal accountability, collaborative governance, and parent leadership programs.

Each of the eight LAUSD school readiness grantees aimed to provide a comprehensive approach containing all five elements of school readiness through integration of new and existing school readiness programs targeting the specific needs identified by residents in each community. Unique community needs were determined through formal needs assessments conducted during the planning phase of the RFS program. Each site was founded on a core partnership that included an elementary school, its associated early education programs, and a community adult school. The collective of sites constituted the larger LAUSD RFS program, governed through the LAUSD Early Education Division in collaboration with several district entities including the Division of Special Education, the Student Health and Human Services

*Ready For School Program: Second Year Evaluation Report*
Division, and the Division of Adult and Career Education, collectively promoting the
development of a model school readiness program including systemwide change.

Each LAUSD First 5 L.A. School Readiness Initiative (SRI) grantee used a strategic plan
including a definition of school readiness as assurance that children be physically, socially,
emotionally, and cognitively ready to enter kindergarten; that schools have the capacity to
provide a high quality and developmentally appropriate curriculum to early learners; and that a
network of family and community support services be developed contributing to children’s
academic success. In line with the model promoted by First 5 organizations, programs were built
upon existing assets to create improved infrastructures tailored to meet the unique needs of their
communities and to achieve comprehensive lists of desired outcomes categorized under the five
essential elements, linking families, schools, and community agencies promoting school
readiness (CCFC, 2003). The eight sites also addressed the needs of children living in culturally
and linguistically diverse communities as well as children with developmental disabilities and
other special needs.

Organization of the Sites. Grant application documents were analyzed prior to designing
the evaluation of the program, linking program elements to desired outcomes. Following these
document reviews, the structure of each program was diagrammed, categorizing the types of
services offered by the programs and the types of program participants targeted by relative
service intensity level; Table 1 shows the three categorizations used and the types of services
comprising those categories. Type I programs were those providing the highest level of service
intensity to program participants, generally on an ongoing basis. Participants of this type tended
to have continued involvement in the program interacting with program staff on a one-on-one
basis; Type II programs involved participants on a more limited basis, but to a sufficient degree
that direct interaction with program staff occurred and short term change as a result of access to
services would be expected. Type III participants were those with limited involvement in the
program, either via one-time access to the RFS center or as recipients of outreach efforts or
attending workshops or informational fairs.
Table 1. Categorization of Ready For School Services and Participation Levels

<table>
<thead>
<tr>
<th>Program Category (Participation Level)</th>
<th>Types of Program Activities</th>
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<tbody>
<tr>
<td>Type I (Core Participants)</td>
<td>• Home Visitation</td>
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<td>• Case Management</td>
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<td></td>
<td>• Mental Health Services</td>
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<td>• Family Support Groups</td>
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<td>• Parent Leadership Groups</td>
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<td></td>
<td>• Enhanced Early Learning Programs</td>
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<tr>
<td>Type II (Individual Non-Core)</td>
<td>• Long-Term Family Literacy Classes</td>
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<tr>
<td></td>
<td>• Long-Term Parenting Education Classes</td>
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<tr>
<td></td>
<td>• Long-Term Health Care Programs</td>
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<td></td>
<td>• Standard Early Learning Programs</td>
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<tr>
<td>Type III (Community Participants)</td>
<td>• Short-Term Workshops/Events</td>
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<tr>
<td></td>
<td>• Walk-In Resources/Referrals</td>
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<td></td>
<td>• Community Fairs</td>
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<td></td>
<td>• Health Enrollment/One-Time Services</td>
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<td></td>
<td>• Provider Trainings</td>
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<td></td>
<td>• Focused Outreach Programs</td>
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During the second year, the distinction among varying program intensity levels became increasingly important to observe as the program activities at each site grew in number and levels of participation for each of hundreds of families grew more and more complex. As discussed below in sections outlining data analysis and findings, important variations in participant outcomes were observed as a function of the types of programs in which participants were engaged. For example, program models using holistic school readiness interventions at the family level in addition to providing a tailor-made treatment plan for each family based on its individual needs re-affirmed the need to conduct detailed observation of program delivery and participant response.

The Ready For School Program Evaluation

Examination of school readiness programs over the past couple of decades has taken on a variety of forms, focusing on myriad factors theorized to be predictive of school success. Long-term benefits of school readiness programs are well documented in the literature and include positive outcomes such as improved health among children, increased potential for academic success, and fewer behavioral problems leading to reduced needs for grade retentions and special
education services (Karoly et al., 1998; Barnett, 1995; Lazar et al., 1982). Longitudinal correlational studies have even linked school readiness interventions to reduced juvenile delinquency and increased higher educational attainment (Zigler et al., 1992; Schweinhart et al., 1993; Ramey et al., 2000). Benefits of these studies tend to be most pronounced with children of minority and lower socio-economic status (Barnett, 1995). Given the recognized impact of school readiness programs, it is incumbent upon program developers to understand the elements of school readiness that foster change in communities ultimately making a difference in the lives of children preparing to enter a school system. Included in this equation is a solid definition of what it means to be school ready.

Early childhood researchers tend to agree that school readiness is a multifaceted and complex construct, related to key factors such as parents’ involvement in the child’s education, children’s access to early learning activities and resources in the community, and a strong linkage between community resources and elementary school curricula (Pianta, 2002). The National Education Goals Panel acknowledged that school readiness was not solely dependent upon a child’s developmental state but also the social and cultural contexts within which that development took place. Kagen et al. (1995) asserted that complete school readiness programs should aim to provide services supporting safe and nurturing environments for children while working to enhance their early physical and cognitive growth. Programs should also focus on developing parenting skills, increasing employment opportunities, and creating an overall higher quality of living for families of young children.

This issue becomes increasingly complex when introducing school readiness interventions in a densely populated, multicultural, urban environment such as Los Angeles. As Delgado-Gaitan (1993) argued, involvement of families in children’s education goes beyond providing economic support for poorer families; it is essential to foster understanding among parents and relatives of the young children of the value of education for their children as well as their ability to provide a positive influence. Parents of young children in urban areas, particularly recent immigrants, are easily discouraged from becoming involved in their children’s education due to economic constraints. They also may feel psychologically constrained, lacking the knowledge of available resources or the means to seek services that could help foster their children’s early education experience. School readiness programs can work to bridge cultural and linguistic challenges by taking such steps as providing transportation services, bilingual
community liaisons, and affordable high quality child care programs (Martinez & Velasquez, 2000).

The focus of the present research is on the context of school readiness and the impact of intervention strategies on children aged zero to five, their families, and their communities. Key program elements and desired outcomes among children and families were linked to factors identified through needs assessments and elements of school readiness outlined by the National Education Goals Panel (see Kagan et al., 1995), including increased access to high quality early learning care, access to health and nutrition programs, levels of parenting skills and satisfaction, and strength in connection among families, schools, and community agencies. The overarching goals of the RFS evaluation were to develop a thorough understanding of the strategies employed by each of the sites and how they impacted the school readiness of children aged 0-5 as well as to examine changes occurring in the children, their families, and the communities as a result of interventions introduced by the RFS sites. Addressing these goals required development of a thorough system of documentation of RFS programs, their evolution, and the experiences of participants they served. The evaluation team continued to work closely with RFS program staff during the second year of program development to build upon a system created during early phases of the program to track activities and participant progress, not only providing the comprehensive data needed for the evaluation of the program but also providing descriptive data needed by the program to fulfill grant reporting requirements. This system of record keeping in conjunction with the need to examine each unique program in depth ultimately formed the design of the RFS evaluation.

The evaluation consisted of two main components: 1) an analysis of participant growth as a function of time involved in the program and types of services received by children aged 0-5, their families, and service providers, and 2) systematic case studies of the eight RFS sites examining the means by which services were delivered to community residents, focusing on community factors that facilitated or hindered treatment delivery. The participant growth component of the evaluation followed the delivery of services to children aged zero to five and other program participants over time, focusing on individual and family level changes in response to the interventions implemented by the eight sites. Long term analysis of progress made in fostering school readiness centered on the five essential elements of school readiness. The case studies involved an in-depth look at service delivery in the eight different communities vis-à-vis documentation of program activities, providing insight on factors contributing to
successful interventions, ultimately yielding detailed models for developing school readiness programs. These two evaluation components taken together addressed the following evaluation questions:

1. What is the nature of the interventions used by each site? How are sites addressing the five elements of school readiness as well as the unique needs of their communities?
2. Which factors facilitate and which factors impede implementation of school readiness programs?
3. What impact do site-level activities have on the school readiness of children ages 0-5 living in Los Angeles communities?

The dual methodological approach to evaluating the RFS program provided a systematic mechanism for understanding varied approaches to fostering school readiness taken by the RFS sites as well as a close examination of the experiences of participants involved and how they were impacted by the program. Two separate sets of data collection mechanisms were established to conduct the participant growth and case studies. Although there was interrelation among the data systems, the methodological approaches to developing these mechanisms were handled separately for the purposes of this report, with key conclusions based on the collective analyses discussed in the concluding section.

PARTICIPANT GROWTH STUDY

The goals of the participant growth study were 1) to develop a standardized method of tracking program participation across RFS programs and 2) to measure the progress of individual and groups of program participants along key school readiness outcomes and relate this progress to program elements. The study involved the development of a universal data tracking system for participants involved in the various categories of programming available at the RFS sites as well as weekly technical meetings with site coordinators to determine the types of programs being offered and the most appropriate strategies for collection of information on program participants. Analysis involved examination of the demographic make-up of participants receiving various kinds of services at the centers, the relative dosages of treatment received, and measures of change for participants who provided information about their school readiness experiences via
questionnaires administered at the time they entered the program and during a six-month follow-up.

Key developments in the participant growth study during the second year included the development of a relational database to track RFS participants and programs. The multilayered make-up of the RFS treatment approach (i.e., from individual child, to family, to community level) required that large and multidimensional sets of data be linked in a complex manner. The development of this system benefited from ongoing feedback from program staff as programs continued to operate and measurement tools progressed accordingly. This allowed for increased opportunities to analyze participant growth given the ability to document patterns of participation in great detail.

**Method**

Capturing key data elements on participants during the second year remained a challenge as the number of people served and different types of services made available by RFS grew dramatically. Addressing this challenge, however, was helped tremendously by the development of the relational database, allowing for information to be tracked in greater quantity and more efficiently. As was the case during the first year of programming, program sites made great efforts to recruit participants from their communities that were not already linked in some way to the school system, continuing the need to collect basic demographic and survey data from families and their children on an ongoing basis. The systems designed to provide data for the evaluation continued to provide the record keeping necessary for program administration, particularly in tabulations of service units provided as a reporting requirement of the First 5 organizations. Following the first 18 months of program implementation, a new element was added to the system of participant tracking to obtain follow-up information on participants who had been involved in the program for at least six months, allowing for examination of preliminary outcomes among participants as linked to their participation in RFS services. Regular extraction of information from these systems continued to provide program staff as well as evaluation staff with a comprehensive picture of program participants, their enrollment in RFS programs, and changes that occurred for them along the way.
Participants

Improved record-keeping strategies allowed for more precise tracking of program participation during the second year, a necessary improvement given the overall patterns of growth in participant numbers across sites. By the end of Year One (June 2004), as six of the eight program sites had begun implementation of the majority of grant activities, the program had enrolled 1,274\(^1\) children five and under living in an estimated 969 households. At the end of Year Two (July 2005) these figures had more than doubled, as all eight sites had fully implemented nearly all planned activities; 3,002 children in an estimated 2,335 households had been served by RFS programs during that year. More recent totals, tabulated in January 2006, show that the number of participants being reached has been accelerating rapidly during Year Three. Mid-way through this year, 4,440 children living in an estimated 3,197 households have been served across the eight sites. Applying a correction factor based on percentages of participants who tend to receive services across multiple program years, we estimate that the program has served a total of 7,749 children living in an estimated 5,782 households since its conception in late 2003. Based on these rates of growth, Figure 1 provides a picture of projected participant population growth by the end of Year 3 (June 2006).

Although the population served by the RFS program has increased dramatically in size, households currently enrolled in RFS programs are characteristically similar to those examined in the first year evaluation report.\(^2\) Families enrolled in RFS programs are typically made up of parents who are first-generation immigrants with young children who were born in the U.S. In 81% of cases, all parents in the household were born in a foreign country, generally Mexico (approximately 66%) or a country in Central America (approximately 14%). In fact, the only discernable demographic shift in the population was a slight growth in the size of ethnically Latino portion of the population. In fact, 90% of families were Latino (up 8% from Year One), 4% were Black, 3% Asian or Pacific Islander, and the remaining 3% White. Spanish was the primary language spoken by 80% of the population, followed by English, which was spoken by 16% of households, Korean by 1%, and the remaining 3% of households speaking a combination of other languages.

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1 Totals presented here are enrollment counts, meaning only children and families directly enrolled in some type of RFS-sponsored service were included. These counts to not include attendees of fairs, outreach activities, or other non-direct services.
2 Copies of this report are available from the Los Angeles Unified School District Program Evaluation and Research branch at http://perb.lausd.net.
Procedures for Data Collection

Participant data collection strategies continued to follow the detailed model developed during the first year of evaluation, including standardized intake forms completed during family enrollments and in-depth school readiness questionnaires administered to Type I and II participants. An additional element introduced during the second year was a standardized attendance form that sites began to use collectively starting at the end of the 2004-05 year, allowing for more precise documentation of who participants were, including those having limited involvement, as well as allowing for more thorough documentation of the well-roundedness and completeness of programs administered to families involved in multiple services. Data from these forms were used to track and modify information summarized in matrix form for each RFS site, and program identification numbers linked to individual clients receiving those services assigned by the newly developed RFS database. The addition of attendance tracking during the second year reduced the need for methods used to track family service progress through service logs, though many of the RFS sites continued to keep the logs on paper onsite for their own use in tracking family participation. Data continued to be collected.

Figure 1: Estimated Growth in Households Served by Program Year
manually on site during the time events occurred and transmitted to the central RFS database by evaluation staff on a weekly basis.

Although sign-in forms were used to gather attendance data, including basic demographic information, at all RFS activities, families enrolled in Type I or II program events provided additional information via intake forms designed to capture the basic background on each family as well as primary school readiness concerns. This same group was asked to complete a School Readiness Questionnaire (SRQ) at an appropriate time (generally by the second or third session of an activity when the program had had the opportunity to build a rapport with the participant) providing us with more in-depth information about the family, including key outcomes of interest (see Instruments section below for more detail about these tools). Select groups of participants were called upon to complete follow-up versions of the SRQ form at designated follow-up points occurring a minimum of six months following their initial enrollments in the program. A total of three follow-up measurements were implemented at the time this report was written. The first occurring mid-way through Year Two, the second at the end of Year Two, and a third mid-way through Year Three.

Slight modifications were made in procedures for follow-up measurement principally between the first and second follow-up data collection points. During the first follow-up collection, we attempted to contact all eligible participants who had been enrolled in the program for at least six months following the first half of Year Two, employing varied protocols at each site based on the preferences of each site’s administrator. Whereas a universal follow-up approach was taken during the first administration of follow-up questionnaires, a random sampling technique was used for the second follow-up at the end of Year Two, enabling data collection staff to devote more time per participant in tracking down information as well as affording us the ability to offer incentives to willing participants (each family involved in the follow-up sample was given a children’s book of their choice in English or Spanish). Though the response rate was not much higher for the subsequent follow-up (roughly 60%), we were able to determine that a solid portion of the families involved were unreachable six months later, normally because they had moved and no forwarding information was available. Despite the rate of attrition, we were confident in our ability to follow-up with a sample of participants who were representative of the program population as a whole, given our increased opportunity to interview them in depth. Representativeness was confirmed by comparison of the demographic characteristics of the sample to the larger population.
Instruments

A set of instruments was developed according to program and evaluation data needs and revised in the late spring of the first program year based on findings from pilot administrations of the instrument. Resulting from this process were three main data collection documents used jointly by program and evaluation staff to populate the database on RFS participants including an intake form for families enrolling in RFS services, a school readiness questionnaire containing both intake and follow-up versions, and a one-page form for systematically documenting specific program activities and participants targeted. During the second year, slight modifications were made to the forms in order to assist program sites with documenting information in a more structured manner, providing more comprehensive and reliable data about their activities. The one-page form was separated into two separate one-page forms to be used depending on whether a direct or non-direct service was being documented, and an attendance sheet was designed to document individual level data on participants having more limited involvement than those families enrolled in Type I or II activities.

Documenting Program Activities

A set of two standardized forms were developed to allow program directors (as well as facilitators of individual programs) to log essential information about each program activity systematically, helping programs document their progress toward addressing goals as well as to communicate details about individual program elements to the evaluation staff (see Appendix A). Each form was designed for ease of use and contained three main parts: 1) a space to complete basic information about the activity, including its purpose and target audience, 2) a space allowing open-ended input on the event activities, the outcomes, and recommendations based on the outcomes, and 3) spaces to log information about the identified target group for the activity. The key difference between the first and second form was that the first was to be used for direct services provided to children and/or their families or to providers, and the second was designed to capture non-direct service events such as outreach and program meetings that did not include a direct benefit to families or providers. Direct service forms were linked to attendance sheets logging individual information on participants involved in the corresponding activity.

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3 A direct service was one in which an identified group of family or provider participants is receiving some type of intervention designed to provide a direct benefit to them, including parenting classes and workshops; indirect services were those designed to effect community change, including outreach, information fairs, and networking meetings.
session. On the non-direct service form, a table was provided for a facilitator to indicate the target audience of the event or meeting, recording participant information on an aggregate level. This dual-form documentation system fulfilled numerous objectives: 1) it provided program staff with a simple and structured way to capture essential information about program activities, 2) it provided data in a standardized form contributing to the evaluation team’s matrices of program information, and 3) it provided key information about program participants participating in only Type III activities for which intake forms were not collected. All data were used to inform site case studies and to assist sites with reporting service statistics to First 5.

Information from the documentation tool was used in conjunction with the scopes of work for RFS grantees to complete individual program matrices. Each matrix allowed the evaluation team to break down the program into the greatest level of detail possible, tracking the numbers of participants served program by program, the duration of services, and other information including the types of services provided, the agencies involved, and individual notes about the status of each activity. The program matrix served several functions as well including: 1) providing information to site-level program staff on the status of programs and the numbers of participants reached, 2) informing the site-level case study by providing an at-a-glance picture of the range of services offered, including those created following the beginning of grant implementation phase, and 3) linking activity-level information to individual information by providing the fields necessary to provide the program dimension to the relational RFS database.

**The Family Intake Form**

RFS sites needed a system to track enrollment and basic information on participants. A Family Intake Form was developed for use by centers to capture vital contact information as well as household demographics about members of the household, including the relationship to each child, age, and birthplace; information about the child’s parents or guardians and family income; a brief survey of families’ former participation in any school readiness programs; and a checklist of families’ perceived school readiness needs (see Appendix B). The checklist was developed by the evaluation team to create a simple profile of all families as they came into contact with the centers. We were particularly interested in dimensions such as access to learning resources, health care and early child care, comfort level in talking to school personnel, and language ability. The intake form was designed to fit on one sheet of paper with two pages back-to-back, allowing families with brief contact with the center to provide basic family information at the
time of their first enrollment in an RFS program. It also served as the starting point for recording data on a family in the RFS Database. As a modification to the form in Year Two, the family log section was eliminated in favor of additional space for participants to list information about members of their households, resulting in more detailed information to be included in the database. Families were assigned identification numbers by the database as a means of linking one family member to all others in the household, and linking all family members to an identified activity for analysis purposes (e.g., a parent’s participation in an adult English language development class theoretically is linked to improvement in the child’s welfare as the parent now has the ability to help with homework assignments).

The School Readiness Questionnaire

The School Readiness Questionnaire (SRQ), a three-page, double-sided instrument developed especially for the RFS evaluation project, included a number of scales and individual items designed to measure key outcomes related to school readiness. Variables measured using SRQ items were designed to be sensitive to change over time. The SRQ consisted of two parts: Part A included items about the participating family; Part B contained a series of items pertaining to each individual child aged zero to five in the participating family. This enabled us to gather individual child outcome data and examine them within the context of each participating family, and also reduced the number of questions asked to smaller families with fewer participating children (see Appendix C). Part A of the SRQ asked a number of questions pertaining to families’ experiences as related to employment, child care, adult education courses (if any), educational activities and resources in the home, parent sense of competency, and health care; Part B included items about each individual child’s child care history, health care situation, and health status. Although most of the items were assumed to have high face validity (see Appendix C), some of the items joined to comprise scales, designed to tap into a single measure related to one or more school readiness outcomes. Those items were the English language proficiency items, the Family Activities Scale (IFAS), and the Parent Sense of Competency Scale (PSCS), discussed in detail in the following sections.

English Proficiency Scale. Three items in the SRQ assessed participants’ perceptions of their abilities with the English language (see Appendix C). Each item asked respondents to rate the frequency with which they were able to exhibit some skill related to English, including understanding, speaking, and reading and writing (in the interest of brevity, reading and writing
were combined into a single item, with the expectation that they would be highly correlated). Although the items were designed to be used as separate measures of different facets of ability with the English language, we wanted to assess the properties of the items as a scale in order to gauge whether the items could be combined to form a composite score for English proficiency. A look at item statistics for the three items indicated that the reliability of the three was sufficiently high (\( \alpha = .83 \)), thus we were able to form a composite score by calculating the mean for all three items with reasonable confidence.

**Table 2. Principal Components Analysis of In-Home Family Activities Scale Items**

<table>
<thead>
<tr>
<th>Item: Frequency of Behavior</th>
<th>Factor Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Point out household objects and go over their shapes/colors/names with the child</td>
<td>.659</td>
</tr>
<tr>
<td>Practice naming or writing letters of the alphabet with the child</td>
<td>.791</td>
</tr>
<tr>
<td>Do counting activities with the child</td>
<td>.798</td>
</tr>
<tr>
<td>Sing songs to the child</td>
<td>.650</td>
</tr>
<tr>
<td>Read or show pictures to the child</td>
<td>.789</td>
</tr>
<tr>
<td>Tell stories to the child</td>
<td>.732</td>
</tr>
</tbody>
</table>

**The Family Activities Scale.** To determine the degree to which families engaged their children in cognitive development activities in the home, we developed a six-item scale assessing frequency of family practice of activities known to be linked to better school preparedness (Dunst, Trivette, and Deal, 1988; Pianta et al., 1999; see Appendix C). Parents were asked to rate the frequency with which they or other adults in their household engaged in activities such as reading to their children, engaging in counting activities, or singing songs. Response options ranged from not at all to daily. Principal components analysis (using imputations for missing values\(^4\)) of the scale items using first year cohort data showed that the items coalesced along a single component (see Table 2), which we interpreted as a measure of in-home cognitive development practice. A test for internal consistency showed that reliability of the scale was high (\( \alpha = .83 \)), increasing our confidence in the series of items as a dependable measure of early learning activities taking place in the home. A composite score was created for each family by calculating the mean response to the six scale items.

\(^4\) To avoid biased results, multiple imputations were applied to compute the missing values instead of using list-wise deletion (Schafer, 1997).
### Table 3. Principal Components Analysis of Parent Sense of Competency Scale Items

<table>
<thead>
<tr>
<th>Item:</th>
<th>Factor 1 Loading</th>
<th>Factor 2 Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parenting Efficacy Items (α = 0.75)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am better at other things than I am at parenting (deleted)</td>
<td>-0.38</td>
<td>0.32</td>
</tr>
<tr>
<td>I find parenting to be tiring</td>
<td>-0.03</td>
<td>0.71</td>
</tr>
<tr>
<td>It's hard to find time to do all I want to be a parent</td>
<td>0.01</td>
<td>0.66</td>
</tr>
<tr>
<td>It is hard to decide what to do to be a good parent</td>
<td>0.02</td>
<td>0.77</td>
</tr>
<tr>
<td>Being a parent makes people get tense and anxious</td>
<td>0.11</td>
<td>0.74</td>
</tr>
<tr>
<td>It is hard to know if I am doing a good job as a parent</td>
<td>0.12</td>
<td>0.64</td>
</tr>
<tr>
<td><strong>Parenting Satisfaction Items (α = 0.79)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I find parenting very satisfying</td>
<td>0.56</td>
<td>-0.01</td>
</tr>
<tr>
<td>I can always figure out what is bothering my child</td>
<td>0.70</td>
<td>0.02</td>
</tr>
<tr>
<td>I am a good model for other parents</td>
<td>0.70</td>
<td>-0.06</td>
</tr>
<tr>
<td>I know what to do to be a good parent</td>
<td>0.70</td>
<td>0.09</td>
</tr>
<tr>
<td>I have the skills I need to be a good parent</td>
<td>0.73</td>
<td>0.02</td>
</tr>
<tr>
<td>I am doing a good job as a parent</td>
<td>0.79</td>
<td>-0.10</td>
</tr>
</tbody>
</table>

**The Parent Sense of Competency Scale.** RFS programs focused on providing families with the tools needed to be effective parents as well as effective teachers of their children. Twelve items included in intake and follow-up questionnaires administered to core program participants were designed to assess parents’ sense of parenting competency. We used a modified version of the Parent Sense of Competence Scale, developed by Gibaud-Wallston and Wandersman (1978), measuring two dimensions of perceived parenting competence: 1) parenting satisfaction, an affective dimension of parenting competency, and 2) parental efficacy, an instrumental dimension. Factor analyses of the scale items (using imputations for missing values) yielded two principal factors that were aligned with factors in previous studies using this scale (Johnston & Mash, 1989). We examined the item-to-total correlations for each of the two groups of items and determined that the reliability would be improved slightly by deleting the item related to being better at other things than being a parent; this item was therefore dropped when calculating parent efficacy scores for participants, leaving the two scales with reasonably high reliability ratings (see Table 3).

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5 Given known low literacy levels in the targeted populations of the Ready For School centers, item wording was modified in order to measure at a fourth grade reading level, prompting our decision to assess the psychometric properties of the newly created scale.

6 To avoid biased results, multiple imputations were applied to compute the missing values instead of using listwise deletion (Schafer, 1997).
Program Participants Served: Analysis and Findings

The majority of program sites’ having completed from 16 to 24 months of ongoing service to their communities, analysis of participant characteristics shifted away from participant backgrounds and toward participant growth over time. We first examined the characteristics in populations enrolling in the program during the second year to assess any demographics shifts. Following this, we turned our attention to examination of patterns in the data from the two recent follow-up participant assessments to address the degree to which participant perceptions and behavior had changed following program participation. Data from interviews and observations conducted for case studies of the sites helped to provide insight on some of the patterns observed and are discussed in later sections of this report. The current section takes a careful look at participant behavior on a programwide level.

Characteristics of Program Participants

Connecting program elements with the families in need of school readiness services continued to be a major thrust of program goals across sites during the second year of operation. Careful examination of the manner in which programs approached this challenge (including evaluating the success of early outreach programs) was examined in the site case studies. The analyses of participant growth focused on data collected directly from program participants as they enrolled in programs; baseline assessments of participants’ backgrounds and school readiness needs were drawn from intake data as they enrolled. Data from needs assessments conducted prior to program implementation coupled with analysis of participant intake data during the first year allowed us to postulate the profile of a typical family enrolled in the RFS program: a two-parent household having a working father, non-working mother, both parents first generation immigrants with most young children born in the U.S., low education levels, living below the poverty line.

As outlined in the sections above, recent cohorts of participants continued to fit the expected profile, largely first-generation immigrants to the U.S. with limited education, low incomes, and Spanish-speaking. This factor continued to play an important role in our examination of participants, as recent immigration to the United States was highly correlated with a number of outcome measures as families entered the program (discussed in detail below). Continuing from the first year, we documented the birthplace of incoming participants but did not request information on immigration status and number of years living in the U.S. in an effort
to minimize anxiety on the part of immigrants who were unsure of their status. Although we did not collect direct information about their naturalization status, our understanding that most families immigrated to the U.S. at some point proved important in analyses, particularly in evaluating needs related to school readiness, such as lack of familiarity with U.S. school systems, disadvantages in the workforce, and lack of English-speaking ability.

Examining the second-year cohort of participants, income levels were slightly lower than the previous year; 70% of families reported having an income less than $20,000 per year, another 18% had incomes ranging from $20,000 to 30,000, and 5% had incomes ranging from $30,000 to $40,000 (an additional 4% of participants had incomes ranging from $40,000 to $80,000, and the percentage having incomes higher than $80,000 was negligible). Similar to the previous year, income levels were distributed fairly evenly across households of different sizes, the majority of households ranging in size from two to nine members. The fact that 80% of children enrolled in RFS programs lived in two-parent households did not change. Single-parent households continued to be more likely to live below the poverty line ($\chi^2 = 12.73, p < .01$). Child care situations for incoming children were similar to those observed during the first year; roughly 80% stayed at home with at least one parent, another family member, or a non-relative child-care provider during the day; the remaining 20% were in a daycare outside the home or a preschool program. During the evening, 95% of the children in the population were at home with at least one parent.

Families enrolling in RFS programs during the second year continued to be working families; 97% of fathers/male guardians reported that they worked either during the daytime, the evening or both. Most (63%) mothers/females guardians did not work. Families tended to include at least one working parent, and education levels were varied but mostly low for both mothers and fathers. Similar to figures for the previous year, slightly more than a fifth (24%) of fathers had no education at all; education for an additional 37% was limited to grammar school, 24% had completed a high school diploma, 8% had attended some college, and 8% were college graduates. Figures for mothers were similar; 23% had no schooling, 39% had a grammar school education, 23% had a high school diploma, 10% had attended some college, and 5% were college graduates. Given the picture of the socio-economic and cultural context in which families

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7 Estimates of household size were calculated by tallying the number of names and relations to the identified children listed on intake forms as being members of the same household. Participants were not asked to list a household size directly. Mean household size was 4.5 with a standard deviation of 1.5.

8 Throughout this section, the terms mother and father are used interchangeably with male guardian and female guardian, respectively.
were striving to prepare their children for school, it was clear that the families enrolled in RFS services during the second year continued to fit the profile of families who have been shown to benefit from school readiness interventions (Barnett, 1995; Delgado-Gaitan, 2003).

**Defining School Readiness for Families**

School Readiness Initiative grants emphasized that defining school readiness for families was an essential first step in supporting them in their efforts to prepare their young children for school success. Program developers asserted that it was not enough to make school readiness services available, but to increase understanding among community members of all facets of school readiness. Families enrolling in RFS services were asked to complete a brief checklist at the time of intake designed to provide a quick assessment of their primary needs related to school readiness. Information obtained from this checklist was beneficial to program staff at the site level in terms of shaping an intervention plan for each family. It also provided evaluators with data on families’ self-identified primary school readiness needs.

When surveyed about aspects of school readiness that mattered most to them, the majority (55%) of parents felt that the child’s knowledge of letters, numbers and other basic cognitive skills was the most important aspect. Nearly a quarter (23%) felt that health matters were the most important, though a much smaller portion of parents (13%) reported not having access to health care services. Smaller portions felt that social development (16%) or understanding of the English language (5%) was the most important aspect of their children’s school readiness.

Analysis of the school readiness checklist completed by families at intake revealed several major themes related to family needs that were similar to those observed in the first year. These included the need for increased access to funding, transportation, and resources to use in the home to promote early learning, and the need among parents to develop their own skills, particularly English-speaking ability. Major needs expressed continued to be financial; 34% expressed needs related to transportation, 38% felt their income was inadequate to support their children’s school readiness, and 51% felt they lacked resources in the home (such as educational toys, books, or computers) to help prepare their children’s education.

Based on needs assessments, RFS sites recognized the importance of providing support to parents in developing English language skills and general leadership opportunities. Similar to figures for the first year, only 53% of parents in the program felt that their English skills were adequate to help prepare their children to succeed in school, an anticipated statistic given the
percentage of parents who were born outside the United States. Despite this phenomenon, most parents (70%) felt they knew where they could go with questions about school readiness and had knowledge of services available in the community to help (75%). In fact, nearly all parents (94%) felt they could talk to teachers and other school staff in order to understand what schools expect of children. Given high rates of confidence parents expressed with their ability to seek out information on school expectations, nearly 40% felt they didn’t have the knowledge needed to teach their children, and roughly half (49%) indicated that they did not feel confident that they knew enough about school readiness to serve as a guide for other parents. Having observed consistent patterns across the first two years of programming, we concluded that families entering the RFS program tended to be aware that services were available but did not know how to access them or had not developed an interest in accessing them until recently; 75% of parents reported never having accessed a school readiness program prior to enrolling in this one.

Participant Program Enrollment

As parents continued to enroll in the program during the second and third years, we continued to ask them how they became connected with the RFS programs. As was the case during the first year, the most common response was that they had learned from a teacher or childcare provider, though at 25%, this was a smaller portion than in the first year (38%). A sizable increase in parents reported having learned about the program from sources that were not mentioned in the first year, including the RFS coordinators themselves and their outreach workers; this increased from 10% in the first year to 23% in the second year. Roughly 19% of parents learned about the program through fliers and posters, another 22% from other parents in the community, and 11% from health and information fairs, figures that were almost identical to those from the first year. We examined the effectiveness of individual outreach programs more closely in our case studies of RFS programs (see sections below on cross-site case study analysis).

Following the completion of Year 2, we re-examined the proportions of participants enrolled in various types of services compared to the previous year and found that a larger portion (31%) were enrolled in individual service programs, including one-on-one onsite case management programs in which families had been identified as being in need of unique problem resolution as well as home visitation programs in which families work directly with a facilitator on a regular basis in the home. Over half of the families (57%) were enrolled in parent education service, including all classes taking places over a minimum of several weeks in which parenting
skills development was a focus. Although fewer than half (47%) of participants coming into the program felt they had the language skills necessary to help prepare their children for their educations, only 10% were enrolled in some type of RFS sponsored ESL service. About 13% had participated in parent leadership activities, mainly serving on program governance committees, parent cadres, the RFS Advisory Board, or other parent volunteer programs.

Participant Growth Along Key Outcomes

Items included in our surveying of families enrolled in more intense RFS services were designed to provide estimates of child and family progress in becoming more school ready. Whereas our focus during the first year of the evaluation focused on characteristics of the participants as they enrolled in the program, our second year included follow-up assessments which allowed us to assess degrees of change in samples of participants following several months of participation in various types of RFS services. As we examined growth among participants, we continued to focus on the four key domains related to progress among families in increased school readiness. Table 4 summarizes the four domains, including learning in the home, parenting development, early care access, and health care quality, as well as the measurement tools corresponding to these domains. Analyses of growth discussed in the following sections, each focusing on a domain of interest, are based on patterns observed across multiple follow-up assessments of participants and include figures from our most recent follow-up assessments conducted in January 2006.

Preparing for Outcome Analyses. Before discussing some of the patterns observed when examining changes in participant behavior, it is important to say a brief word about data treatment, given the diversity of experiences participants encounter in the program. As discussed in the sections above, sampling techniques were modified from cohort to cohort making direct comparisons across cohorts unfeasible. However, while some patterns in participant growth data fluctuated across follow-ups, some patterns made a consistent and strong showing, prompting us to break down the analyses into finer elements in order to yield insight about some of the underlying effects. Some comparisons of outcomes failed to yield any significant change over the given time periods but nonetheless were suggestive of a program effect; in order to examine these patterns in a meaningful way, we calculated effect sizes for each comparison in order to determine whether there was a meaningful change observed.

9 This figure includes only families enrolled in ESL programs sponsored directly by RFS centers; it cannot be assumed that remaining 90% of parents have not sought any type of English-language-development services.
Table 4. School Readiness Domains Examined in Participant Growth Study

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
<th>Measured Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Home Early Learning</td>
<td>Families’ knowledge of kindergarten expectations; frequency of activities</td>
<td>• Family Activity Scale (FAS)</td>
</tr>
<tr>
<td></td>
<td>employed in the home to engage early learning.</td>
<td>• Item on child’s access to resources in the home.</td>
</tr>
<tr>
<td>Parenting Development</td>
<td>Parents’ knowledge of parenting skills, sense of competency in parenting,</td>
<td>• Items on access and use of adult education programs.</td>
</tr>
<tr>
<td></td>
<td>and satisfaction with ability to prepare child for school.</td>
<td>• English language proficiency items.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Parent Sense of Competency Scale Items</td>
</tr>
<tr>
<td>Early Care Access</td>
<td>Knowledge of early care programs; alignment of early care needs and early</td>
<td>• Items questioning family satisfaction with meeting child care needs</td>
</tr>
<tr>
<td></td>
<td>care expectations with access.</td>
<td>• Engagement in seeking better childcare options.</td>
</tr>
<tr>
<td>Health Care Access</td>
<td>Family access to adequate health coverage for child; satisfaction with child’s</td>
<td>• Type of health care coverage reported.</td>
</tr>
<tr>
<td></td>
<td>health and nutrition.</td>
<td>• Items on access to health care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Items assessing satisfaction with child’s health and nutrition.</td>
</tr>
</tbody>
</table>

In some instances, we made comparisons following disaggregation of the data, particularly by service type. In order to do this, we coded all programs across the eight RFS centers and then assigned dichotomous scores to families based on whether they had participated on any level in certain types of services categories, such as case management, parent leadership, or parent education services. This allowed us to forge composite scores based on relative service intensity levels (for example, separating families who had enrolled in at least one multi-session program activity across several weeks or longer versus families who had enrolled only in short-term events or single-session services). This manner of cross-sectioning the data proved meaningful as varying patterns emerged in outcome difference scores when making comparisons involving specific groups based on service enrollment.
**In-Home Early Learning.** We continued to measure the degree of in-home learning as a domain of school readiness via responses to the scale items included in the Family Activities Scale (FAS) as well as an item asking parents about resources available in the home. Overall, families tended to enter the program with fairly healthy FAS scores reporting that they engaged in most in-home learning activities on a near-weekly basis ($M = 2.89$, $SD = 0.64$). Unlike the pattern of results in the first year in which most comparisons along demographic lines appeared to have no relationship to frequency of in-home learning activities, we did observe some minor effects when comparing groups of participants along various demographic lines during the second year. Perhaps somewhat counterintuitive, single-parent households engaged more in in-home learning than did dual-parent households ($t = 2.44, p < .05$) as well as households with two working parents as opposed to those with a stay-at-home mom ($t = 1.99, p < .05$). Not surprisingly, however, families with U.S.-born parents tended to engage in in-home learning more frequently than their foreign-born counterparts ($t = 3.5, p < .001$), which we assume accounts for the other differences observed along household demographic lines since immigrant families are far more likely to be dual-parent households ($\chi^2 = 10.3, p < .01$) and have one working parent ($\chi^2 = 19.5, p < .001$). Calculated effects for all of the above comparisons are of small size, ranging from 0.17 to 0.30.

Similar to patterns observed in the first year, engagement in in-home learning activities was strongly related to access to educational resources in the home (see Table 5). As expected, scores were significantly higher for families having access to computers and other types of learning resources in the home. Also similar to findings from the first year, however, families living above the poverty line were far more likely to have access to educational resources in the home than those below the poverty line (see Table 6). The one exception to this rule was access to books; according to our data (as in the first year) families’ having access to books was unrelated to their living above or below the poverty line. One could attribute this phenomenon to the fact that books are not as costly as the other resources listed and further that families who are motivated to keep books in the home are also more motivated to engage in early learning activities with their children.
Table 5. Differences in Family Activity Scores for Homes With and Without Educational Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Yes: M (SD)</th>
<th>No: M (SD)</th>
<th>t</th>
<th>d</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audio Media</td>
<td>3.21 (.62)</td>
<td>2.78 (.70)</td>
<td>9.20**</td>
<td>0.66</td>
<td>Medium</td>
</tr>
<tr>
<td>Visual Media</td>
<td>3.07 (.66)</td>
<td>2.77 (.73)</td>
<td>6.20**</td>
<td>0.44</td>
<td>Medium</td>
</tr>
<tr>
<td>Books</td>
<td>3.02 (.68)</td>
<td>2.60 (.61)</td>
<td>6.78**</td>
<td>0.61</td>
<td>Medium</td>
</tr>
<tr>
<td>Computers</td>
<td>3.19 (.63)</td>
<td>2.85 (.50)</td>
<td>7.46*</td>
<td>0.50</td>
<td>Medium</td>
</tr>
<tr>
<td>Educational Toys</td>
<td>3.06 (.68)</td>
<td>2.74 (.71)</td>
<td>6.42**</td>
<td>0.46</td>
<td>Medium</td>
</tr>
</tbody>
</table>

*p < .01; **p < .001

Table 6. Comparisons of Families Above and Below Poverty Line on Likelihood of Having Access to Educational Resources

<table>
<thead>
<tr>
<th>Type of Resource</th>
<th>$\chi^2$ Value</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer</td>
<td>46.20</td>
<td>$p &lt; .01$</td>
</tr>
<tr>
<td>Visual Media</td>
<td>15.89</td>
<td>$p &lt; .01$</td>
</tr>
<tr>
<td>Books</td>
<td>3.18</td>
<td>NS</td>
</tr>
<tr>
<td>Educational Toys</td>
<td>17.61</td>
<td>$p &lt; .01$</td>
</tr>
<tr>
<td>Audio Media</td>
<td>13.28</td>
<td>$p &lt; .01$</td>
</tr>
</tbody>
</table>

The FAS scale scores began to emerge as an important outcome measure as we assessed degrees of change in in-home early learning activity behavior in the home as a function of enrollment in the RFS program, paying particular attention to the types of services in which families had participated. Table 7 charts change in participant behavior as measured in the two follow-up cohorts, each a random sample of participants who had been involved with the program on some level for at least six months. As shown, visible effects were observed across families in both cohorts, the effects being more pronounced in the second cohort. This finding suggested that elements of the program yielded increased engagement in in-home learning within a short time frame. The sizable effects prompted us to examine the types of RFS programs that appear to be associated with larger or smaller growth along this index.
Table 7. Growth in All Family FAS Scores Across Follow-up Assessments

<table>
<thead>
<tr>
<th>Cohort</th>
<th>N</th>
<th>Intake: M (SD)</th>
<th>Follow-up: M (SD)</th>
<th>t</th>
<th>d</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>47</td>
<td>2.82 (.92)</td>
<td>3.11 (.52)</td>
<td>2.18*</td>
<td>.39</td>
<td>Moderate</td>
</tr>
<tr>
<td>2</td>
<td>63</td>
<td>2.89 (.64)</td>
<td>3.34 (.61)</td>
<td>5.09**</td>
<td>.72</td>
<td>Large</td>
</tr>
</tbody>
</table>

*p < .05; **p < .01

We began by examining those participants in the most recent cohort who had enrolled in some type of more intense service during Year Two or Year Three,\textsuperscript{10} including long term parenting and kindergarten transition classes, parent leadership groups, and case management programs. As shown in the first comparison in Table 8, service intensity level was related to growth, as effects were much larger when comparing those families who had enrolled in at least one more intense level of service to those who had participated in only in short-term or one-time services. Given that finding, it is important to note that there was growth among the latter group of participants, even though the effects were smaller and did not pass the significance test. Given large numbers of families in our sample who had participated one of the two most commonly offered services, long-term parent education classes and case management/home visitation programs, we examined patterns in scores across these groups of participants.

Table 8. Growth in Family FAS Scores by Service Intensity Group

<table>
<thead>
<tr>
<th>Service Intensity</th>
<th>N</th>
<th>Intake: M (SD)</th>
<th>Follow-up: M (SD)</th>
<th>t</th>
<th>d</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>15</td>
<td>2.86 (.55)</td>
<td>3.23 (.68)</td>
<td>2.02</td>
<td>.62</td>
<td>Moderate</td>
</tr>
<tr>
<td>High</td>
<td>48</td>
<td>2.90 (.67)</td>
<td>3.37 (.59)</td>
<td>4.67*</td>
<td>.75</td>
<td>Large</td>
</tr>
</tbody>
</table>

*p < .05; **p < .01

We examined growth among participants across groups who had participated in a case management program, a long-term parent education program, both, or neither. As shown in Table 9, although differential rates of growth were not evident merely as a function of program type, the most pronounced effect was for those families who had participated in case management services only. What is of key importance is the solid pattern of changes in these scores for all participants, suggesting that behavior change on the part of families as they engage

\textsuperscript{10} Since patterns generally were consistent across the two most recent cohorts, comparisons are made using data from the most recent cohort only to reduce clutter.

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in their children’s learning is possible in a short amount of time, indicating a distinct program effect.

**Table 9. Growth in Family FAS Scores by Service Type in Cohort 2**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>N</th>
<th>Intake: M (SD)</th>
<th>Follow-up: M (SD)</th>
<th>t*</th>
<th>d</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Intense Services</td>
<td>18</td>
<td>2.86 (.51)</td>
<td>3.28 (.66)</td>
<td>2.52</td>
<td>0.74</td>
<td>Large</td>
</tr>
<tr>
<td>PE Only</td>
<td>25</td>
<td>2.83 (.75)</td>
<td>3.27 (.69)</td>
<td>2.75</td>
<td>0.63</td>
<td>Moderate</td>
</tr>
<tr>
<td>CM Only</td>
<td>8</td>
<td>2.90 (.75)</td>
<td>3.56 (.31)</td>
<td>2.41</td>
<td>1.24</td>
<td>Very Large</td>
</tr>
<tr>
<td>CM + PE</td>
<td>12</td>
<td>3.05 (3.4)</td>
<td>3.40 (.53)</td>
<td>2.40</td>
<td>0.66</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

*aCM = Case Management; PE = Parent Education
All values significant at p < .05.

**Table 10. Changes in Family Access to Educational Recourses at Follow-Up**

<table>
<thead>
<tr>
<th>Type of Resource</th>
<th>Percentage of Households</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intake</td>
</tr>
<tr>
<td>Computer</td>
<td>37%</td>
</tr>
<tr>
<td>Visual Media</td>
<td>59%</td>
</tr>
<tr>
<td>Books</td>
<td>82%</td>
</tr>
<tr>
<td>Educational Toys</td>
<td>39%</td>
</tr>
<tr>
<td>Audio Media</td>
<td>64%</td>
</tr>
</tbody>
</table>

Examination of families in follow-up samples also showed increases in family acquisition of all types of educational resources in the home. As shown in Table 10, percentages of households reporting having access to the various resources increased in all five resource categories when comparing follow-up responses to intake. Given the relative affordability of books, it was not surprising to see that it was the most common resource available to households at intake; even so the number of households reporting having access to books increased at follow-up. Likewise, the portion of households reporting access to a computer remained lower than the other forms of educational resources. Substantial increases were observed in visual and audio media, a finding we attribute to some combination of two potential factors: 1) families’ increased understanding of their importance and thereby acquiring them, and 2) families’ increased ability to attribute educational merit to objects already in the home they had previously thought were unrelated to school readiness.
**Parenting Quality.** We examined parenting quality from a number of angles including measures of parenting efficacy and satisfaction among parents and access and satisfaction related to adult education programs. As was the case in the first year, parent satisfaction scores ($M = 3.14$, $SD = 0.38$) were higher than parent efficacy scores ($M = 2.30$, $SD = 0.50$). Additionally, parent efficacy and satisfaction scores were again uncorrelated ($r = .029$, $NS$), re-affirming our decision to examine them as distinct dimensions of parenting competency. Once again, parents born in the United States scored significantly higher on parenting efficacy ($t = 3.87$, $p < .001$) and satisfaction ($t = 4.05$, $p < .001$) than their foreign-born counterparts. Although parenting competency was not related to single-parent versus dual-parent status, parenting satisfaction was higher for households having two working parents when compared to those with one working parent ($t = 2.43$, $p < .05$), a pattern which we attribute to the relationship between dual-working households and immigrant status of parents (no differences in parenting efficacy; see above section on in-home learning).

Parents continued to express English language proficiency as a major factor in their ability to help prepare their children to be school ready. Confidence with the language appeared to factor into parents’ own sense of competency as English proficiency scores were positively correlated with parent efficacy ($r = .14$, $p < .01$) and satisfaction ($r = .16$, $p < .01$). Once more, the distribution of English proficiency scores was bimodal, indicating that there was a stark gap among parents who felt sufficiently comfortable with the English language and those who did not. This pattern of findings confirmed that multiple groups of parents comprised the population of families seeking to improve parenting competency, including those seeking to learn English in order to assist their children more with school readiness and those whose self-rated lack of competency was related to other factors, independent of household characteristics such as size and income.

Related to parenting development, we looked again at enrollment in adult education courses and observed that 29% of adult participants were enrolled in some type of adult education course, a figure that was similar to that for the previous year. Of these, about 60% were ESL courses, another 26% were parenting education, and another 12% were career development courses of some type. We examined the English proficiency scores of parents in our follow-up samples to determine if any short-term change was detectable; there was no difference following six months of program participation, regardless of whether or not parents had enrolled in an ESL course. This is not to suggest that ESL courses to which RFS programs
refer are not effective, merely that no evidence of group-level detectable change among these samples of participants is available using our measures following a six-month period (see case study discussions of parent response to English development programs in later sections of this report).

We looked at changes in Parent Sense of Competency (PSC) Scale scores in our two most recent follow-up cohorts and observed that patterns were not as vivid as those observed with Family Activity Scale (FAS) scores. Table 11 shows changes in efficacy and satisfaction scores across the two cohorts; parenting efficacy and satisfaction scores showed no significant change in either follow-up assessment. Curiously, both scores shifted downward in our previous follow-up; scores for participants having enrolled in an RFS program in early Year Two with whom we followed up in July 2005 appeared to drop slightly although the change was not significant and the effect small. When examining scores in greater depth, an interesting pattern emerged; upward movement in both parent efficacy and satisfaction were most notable in participants who had not participated in any intensive level services (see Table 12). Although none of the changes attained significance (most likely due to the small cell sizes when dividing up the sample into multiple groups), a medium effect was detected on parenting efficacy for participants not having participated in case management or parent education classes; parents who had participated in more intensive services showed no change on this index. On satisfaction, small upward effects were observed for parents in case management programs and for those who had enrolled in no intensive services; a small downward effect was noted for those who had enrolled only in parenting classes.

Table 11. Growth in PSC Scale Scores For Follow-Up Cohorts

<table>
<thead>
<tr>
<th>Comparison</th>
<th>N</th>
<th>Intake: M (SD)</th>
<th>Follow-up: M (SD)</th>
<th>t</th>
<th>d</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting Efficacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cohort 1</td>
<td>47</td>
<td>2.37 (.51)</td>
<td>2.24 (.49)</td>
<td>1.35</td>
<td>.26</td>
<td>Small</td>
</tr>
<tr>
<td>Cohort 2</td>
<td>63</td>
<td>2.30 (.50)</td>
<td>2.32 (.39)</td>
<td>0.32</td>
<td>.05</td>
<td>Negligible</td>
</tr>
<tr>
<td>Parenting Satisfaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cohort 1</td>
<td>47</td>
<td>3.00 (.44)</td>
<td>3.11 (.26)</td>
<td>1.91</td>
<td>.31</td>
<td>Small</td>
</tr>
<tr>
<td>Cohort 2</td>
<td>63</td>
<td>3.13 (.38)</td>
<td>3.13 (.33)</td>
<td>0.01</td>
<td>.00</td>
<td>Negligible</td>
</tr>
</tbody>
</table>

*p < .05; **p < .01
Table 12. Growth in Family PSC Scores by Service Type in Cohort 2

<table>
<thead>
<tr>
<th>Service Categorya</th>
<th>N</th>
<th>Intake: M (SD)</th>
<th>Follow-up: M (SD)</th>
<th>t*</th>
<th>d</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parenting Efficacy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Intense Services</td>
<td>18</td>
<td>2.48 (.48)</td>
<td>2.48 (.32)</td>
<td>1.32</td>
<td>0.40</td>
<td>Moderate</td>
</tr>
<tr>
<td>PE Only</td>
<td>25</td>
<td>2.39 (.62)</td>
<td>2.30 (.46)</td>
<td>0.76</td>
<td>0.17</td>
<td>Small</td>
</tr>
<tr>
<td>CM + PE</td>
<td>8</td>
<td>2.17 (.31)</td>
<td>2.18 (.36)</td>
<td>0.00</td>
<td>0.03</td>
<td>Negligible</td>
</tr>
<tr>
<td>CM Only</td>
<td>12</td>
<td>2.20 (.32)</td>
<td>2.25 (.32)</td>
<td>0.66</td>
<td>0.16</td>
<td>Small</td>
</tr>
<tr>
<td><strong>Parenting Satisfaction</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Intense Services</td>
<td>18</td>
<td>3.16 (.38)</td>
<td>3.26 (.39)</td>
<td>0.79</td>
<td>0.27</td>
<td>Small</td>
</tr>
<tr>
<td>PE Only</td>
<td>25</td>
<td>3.16 (.46)</td>
<td>3.03 (.22)</td>
<td>1.34</td>
<td>0.37</td>
<td>Small</td>
</tr>
<tr>
<td>CM + PE</td>
<td>8</td>
<td>3.06 (.12)</td>
<td>3.15 (.39)</td>
<td>0.54</td>
<td>0.33</td>
<td>Small</td>
</tr>
<tr>
<td>CM Only</td>
<td>12</td>
<td>3.07 (.32)</td>
<td>3.15 (.33)</td>
<td>0.61</td>
<td>0.26</td>
<td>Small</td>
</tr>
</tbody>
</table>

aCM = Case Management; PE = Parent Education
*No t values attained significance.

Our observance of the unanticipated patterns in scores, particularly the slight downward shifts in parenting competency scores for parents who had taken long-term parenting classes, led us to focus on the validity of our measures. We questioned the possibility of a response shift bias among our participants, meaning knowledge gained as part of participation in programs designed to educate them on the complexities of parenting actually changed the way they view the concepts, confounding our comparisons. It also shifted our attention toward parenting competency as part of the overall parenting development equation leading us to examine the variables carefully in the context of the program, paying careful attention to individual level parent response to parenting classes in our case studies (see sections below on case studies).

**Early Care Access.** As a great deal of attention was focused on expanding early care opportunities across the grants, it was essential to examine the impact of program efforts on families’ access and satisfaction with early care in their communities. Following Year Two, 72% of parents responded at intake that they felt their child care needs were being met, down slightly from the 80% figure attained in the first year. A potential factor underlying this phenomenon could be expanded outreach efforts occurring in the second year targeting greater numbers of parents in need of child care solutions. Of those who felt their needs were not being met, the most common reason given was the expense associated with childcare (42%) followed by a lack
of knowledge of where to find childcare (32%). An additional 10% cited transportation problems as their reason, 9% felt available child care options were unsuitable for their purposes, and the remaining 7% cited various other reasons. Looking at our two most recent follow-up samples, we noticed that the percentage of parents who reported having had their child care needs met was up to 83%, leading us to conclude that a portion of participants were able to find solutions to their child care problems in the short term.

Similar to the first year, parents tended to vary in their preferences for the types of childcare their children received. Roughly 60% believed that internal care (in-home care with a parent, relative, or friend) was the ideal type of care for their child. The remaining parents believed that external care (daycare or preschool) was the ideal. Although childcare preferences were unrelated to the age of the child ($\chi^2 = 0.25, \text{NS}$) the variable was related to other household characteristics. For example, Latino families were more likely to prefer in-home care than non-Latino families ($\chi^2 = 6.44, p < .05$); the same was true for dual-parent households ($\chi^2 = 20.60, p < .01$).

We examined alignment between childcare preferences and actual child-care scenarios by cross-tabulating these two variables based on responses given by parents about individual children in our follow-up samples. As shown in Table 13, there was some degree of misalignment between preferences and actual scenarios at intake as 27% of families preferred external care but were in reality taking care of their children at home. A very small percentage had children in external care while preferring internal care. At follow-up, both preferences and actual scenarios had shifted as well as alignment between them. Some children who before had been cared for in the home were now in an external care situation; likewise, preferences for external care increased overall. Given the two shifts in favor of external care, both in actual and ideal, there was a slight improvement in alignment between preferring external care and actually having the child in external care. It appeared, however, that actual shifts toward external care exceeded shifts in attitudes as the number of families who preferred internal care but had children in external care also shifted slightly.
Table 13. Cross-tabulation of Childcare Preferences by Actual Childcare Scenarios: Intake and Follow-up

<table>
<thead>
<tr>
<th></th>
<th>Preference: Internal</th>
<th>Preference: External</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Provided at Home</td>
<td>53%</td>
<td>27%</td>
<td>80%</td>
</tr>
<tr>
<td>Care by Daycare/Preschool</td>
<td>6%</td>
<td>14%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>59%</strong></td>
<td><strong>41%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Preference: Internal</th>
<th>Preference: External</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Provided at Home</td>
<td>44%</td>
<td>28%</td>
<td>72%</td>
</tr>
<tr>
<td>Care by Daycare/Preschool</td>
<td>11%</td>
<td>17%</td>
<td>28%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>55%</strong></td>
<td><strong>45%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

**Health Care Access.** In effort to take a well rounded approach to school readiness, RFS sites included programs designed to ensure the health of young children in their communities. The bulk of these programs were designed to link families with appropriate health care and, in some cases, to provide direct services such as immunizations or dental check-ups to families who might not otherwise be able to receive those services. In order to assess the degree of impact health programs had on participants and on the community, we examined participant attitudes toward their health care situation as well as questions about the type of coverage they had and whether it suited their needs. We noted immediately that relatively few families in the RFS population considered health care to be their main focus of concern when considering school readiness (13% of families listed it as their biggest concern); likewise, 93% of families reported at intake that they had access to doctors or clinics when they needed them. Table 14 shows the type of health care coverage reported by a sample of families with whom we followed up after six months had elapsed. As shown, the percentages appear to shift slightly in favor of government programs by follow-up. Although we were able to determine from our analyses of

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11 A factor underlying the finding that health care for children is of low priority to immigrant populations may be related to what Hayes-Bautista and Gamboa (2002) termed the *Latino Epidemiological Paradox*, describing the frequently observed phenomenon that immigrant Latina mothers who typically rate higher on health risk factors such as low income and limited access to health care nevertheless give birth to healthier babies than their non-immigrant counterparts.
write-in responses that most families who had reported an *other* type of health coverage at intake wrote-in responses that could be classified as a government plan. Most of these families selected *government plan* at follow up, a change that we attribute to families’ having gained familiarity with their own plans and better understanding how to compare them to other types of plans.

**Table 14. Types of Health Coverage Reported by Families in the Second Year at Intake and Follow-Up**

<table>
<thead>
<tr>
<th>Type of Health Coverage</th>
<th>Percentage of Respondents&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intake</td>
</tr>
<tr>
<td>Health Coverage Through Work</td>
<td>15%</td>
</tr>
<tr>
<td>Family-Paid Health Care</td>
<td>5%</td>
</tr>
<tr>
<td>Government Health Plan</td>
<td>48%</td>
</tr>
<tr>
<td>Other Health Coverage</td>
<td>18%</td>
</tr>
<tr>
<td>No Health Coverage</td>
<td>13%</td>
</tr>
</tbody>
</table>

To offer some insight regarding programwide health-related interventions in the communities, we took a closer look at families who reported having problems taking their children to see a doctor when warranted. Of these, transportation was the most commonly cited factor (32%), while cost of treatment (30%) and lack of insurance (25%) were also frequent issues reported. This pattern of results remained the same at follow-up measurements for that small portion of parents who indicated experiencing problems taking their children to the doctor when needed.

We examined attitudes toward the health status of children enrolled in the program and observed that attitudes tended not to shift much from intake to follow-up. As shown in Table 15, parents’ attitudes toward their children’s health scenarios tended to shift slightly in the negative direction on three of the items (i.e., slight drops in agreement that nutrition and health coverage in general were adequate with a slight increase in fears that kindergarten would be a stressful experience). The only significant change was in a positive direction in that there was a significant drop in agreement that health was a major concern with respect to children’s school readiness. While the effects observed were small to negligible for the most part, this pattern of result suggests that, similar to attitudes about parenting, families tend to develop a more realistic sense of awareness about health matters concerning their children while simultaneously feeling
more at ease about health as a factor in school readiness given increased awareness following programs designed to educate them. Further complicating our examination of health care was our inability to isolate a group of parents who received health care information and compare them to a group who had not since this type of information was often embedded in parenting classes, case management, and many of the workshops held across RFS programs.

**Table 15. Attitudes Toward Health Status of Children Under Five**

<table>
<thead>
<tr>
<th>Item</th>
<th>Intake</th>
<th>Follow-Up</th>
<th>t</th>
<th>d</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Coverage Adequate</td>
<td>3.03</td>
<td>2.88</td>
<td>1.23</td>
<td>.21</td>
<td>Small</td>
</tr>
<tr>
<td>Health a Major Concern for Child</td>
<td>2.91</td>
<td>2.63</td>
<td>2.11*</td>
<td>.35</td>
<td>Moderate</td>
</tr>
<tr>
<td>Nutrition Adequate for Child</td>
<td>3.23</td>
<td>3.18</td>
<td>0.59</td>
<td>.10</td>
<td>Negligible</td>
</tr>
<tr>
<td>Fears Stress During Kindergarten</td>
<td>3.16</td>
<td>3.25</td>
<td>0.80</td>
<td>.15</td>
<td>Negligible</td>
</tr>
</tbody>
</table>

* p < .05

Although it is reasonable to conclude from these data that health care continued to be of secondary concern to families enrolled in core RFS programs, it is important to note that these figures included only families we surveyed directly at intake. Generally (and as discussed in the case study sections below) health care programs with which RFS programs linked clients in need were either offered externally or were direct services administered by the site through an organization that could not feasibly collect the amount of health care information we sought in our questionnaires. Examining program activity across the second year, we noted that programs made over 1,480 health-related referrals during that year alone, covering a variety of areas related to health; roughly 30% of those were made to partners offering free medical screenings to program participants, such as the Cedar Sinai medical van serving multiple program sites; an additional 23% were for enrollment in health coverage programs; 13% were for adult-specific health care matters; another 13% were for free immunizations, 12% were for dental care; and remaining referrals made for other specific family health care needs. Additional details on the nature of health care programs and how families used them are provided in our analyses of site cases studies later in this report.
Summary of Participant Growth Study Findings

Analyses during the second year involved changes in participant characteristics over time as well as actual degrees of growth along key outcomes related to school readiness. Participants entering the program during the second year and early parts of the third year were characteristically similar to those examined during the first year. Families were mainly first-generation immigrants Latin American nations, having U.S.-born children, low education levels, a dual-parent household with a working father and stay-at-home mother. These characteristics were associated with less involvement in learning activities in the home, a lower sense of parenting competency, and lower English-speaking proficiency.

Analyses of post-participation data collected from samples of participants at six months following their initial enrollment in the program allowed us to understand patterns of actual participant growth in a short timeframe on a programwide level. The strongest program effect by far was the marked increase with which families engaged in early learning activities in the home following participation in RFS programs; the most pronounced effects occurred among participants who had participated in more intensive, ongoing services, particularly case management programs; a promising finding as it suggests programs succeeded in closing a gap we identified during the first year between parents who did and who did not seek these more intensive services designed for families identified as being “at risk” or meeting the characteristics associated with lower school readiness. Households also tended to make gains in acquiring educational materials, all of which were related to higher frequencies of in-home learning engagement; observed again in the second year was the strong positive relationship between the presence of books in the home and parental involvement in their children’s education, and the lack of a relationship between presence of books and family income (since the first year, programs have focused a great deal of attention on developing family literacy programs though partnerships with local libraries and non-profit organizations such as the United Way).

Parents in the population continued to rate their own sense of parenting satisfaction higher than their sense of efficacy, though we did not observe any significant growth on these dimension in follow-up measures. In fact, scores tended to shift slightly downward for parents involved in more intensive programs such as parenting education, parent leadership groups, and case management, a finding we attribute to an increased awareness of the complexities of
parenting through the heavy doses of education received by these groups of participants. Similarly, self-reported ratings of English proficiency did not change on a group level for participants participating in adult education programs with an English language development component.

In the area of child care, although increases were noted in families tendency to favor out-of-home or external care for their children as well as the portion of families who actually place their children in internal care, the former did not increase to the same degree as the latter, creating a shift in misalignment between preferences and actual child care scenarios in that some families who continued to favor in-home care were actually enrolling their children in external care. In the realm of health care, health was once more not a major concern for families in the population under study, and types of health care coverage did not appear to shift over time in our follow-up samples. Although data on health care program participants were more limited, we know that hundreds of health care referrals were made on behalf of families and direct health services at sites were delivered to large groups of participants. Concerns about providing proper health care coverage for children in our samples appeared to increase slightly though not to a significant degree suggesting again that parental perception of health care as a school readiness factor tended to shift toward one that was more realistic following the multitude of health-related education offered by program sites.

The patterns of findings presented in this section indicate that the services offered across RFS program sites continued to be well aligned with the needs of the population and that actual short term growth, particularly in behaviors related to parent engagement in their children’s education, was visible following a short-term follow up. Parental awareness of school readiness factors tended to increase on multiple levels; although many comparisons across times yielded smaller effects, the patterns persisted across multiple follow up measurements and across varying outcomes. These findings allow us to identify areas in which the program has effected change, setting the stage for the more in-depth analyses performed in our collective of case studies, providing program staff with guidance for further program development as well as documenting results for use by developing school readiness intervention programs.
CASE STUDIES OF READY FOR SCHOOL PROGRAMS

The evaluation of the RFS program was designed to provide a systematic examination of multifaceted school readiness programs aiming to integrate and build upon school readiness resources and to measure the impact of programs on children aged 0-5 living in the community. A major component of the evaluation was a series of in-depth case studies of the individual RFS sites followed by a cross-case analysis conducted each year across the four years of the grant. The studies were designed to examine systematically how services are delivered to community residents, focusing on factors facilitating or hindering treatment delivery, and early evidence of program impact. Whereas the participant growth study focused on measured progress of 0-5 children and their families working toward meeting their school readiness needs, the case studies took a more holistic look at strategies for service delivery providing insight on what made interventions successful as well as how and why they were successful, ultimately leading to models for other school readiness programs. The following sections describe our methodological approach to conducting case studies of the RFS centers, followed by discussions of key findings from each of the individual case studies and cross-case analysis completed following the second year of program evaluation.

Method

Case study methodology, used to examine phenomena as they exist in real life contexts (Yin, 2003), has a distinctive place in program evaluation to provide comprehensive explanations of connections between program implementation and program effects (Newton, 2003; Tellis, 1997). We deemed this methodology to be appropriate as a means of examining interventions designed to influence school readiness within the contexts of communities with unique needs. Activities defining the RFS sites as cases within their respective contexts were guided largely by the scopes of work developed as part of the application process for First 5 funding; these scopes were modified as necessary from year to year, each providing a blueprint for the program for that particular year. Strategies for case study data collection followed the various stages of program development, beginning with the establishment of procedures and plans for implementation, examination of actual service delivery, and finally a careful examination of participant and community response to the interrelated functions of the centers. We outlined a combination of primary and secondary data collection strategies to address each of the research questions (see Table 16). Methods ranged from review of internal program documents, including the original
grant application and internal correspondence, to interviews with participants in programs held during various months of the baseline implementation period.

Table 16. Strategies Used to Address Research Questions in Case Studies

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<tr>
<th>Research Question</th>
<th>Main Data Collection Strategies</th>
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| What is the nature and degree of implementation of the interventions for each site? | • Review of documents, including presentation schedules, attendance/sign-up sheets, correspondence and other indicators of collaboration with schools and other local entities.  
  • Observations of presentations, meetings, classes, workshops, and outreach activities.  
  • Interviews with center/central staff.  
  • Interviews with collaborative partners/teachers/administrators.  
  • Interviews with selected family members involved with the center. |
| What factors facilitate and what factors impede implementation?                    | • Observations of presentations, meetings, classes, workshops, and outreach activities.  
  • Interviews with center staff.  
  • Interviews with collaborative partners/teachers/administrators.  
  • Surveys and interviews with families using services regularly or irregularly.  
  • Further review of documents, focusing on meeting minutes, referral lists (follow-up notes), case management charts.  
  • Surveys of community members on awareness/knowledge of the program with focus on reasons for satisfaction/dissatisfaction with its services. |
| What impact do site-level activities have on the school readiness of children aged 0-5 living in the communities? | • Surveys and interviews with families who are using services regularly or irregularly.  
  • Surveys of community members on awareness/knowledge of the program with focus on reasons for satisfaction/dissatisfaction with its services.  
  • Further review of documents, focusing on meeting minutes, referral lists (follow-up notes), case management charts.  
  • Surveys/interviews of school staff, focusing on kindergarten teacher perceptions of student school readiness. |
Case Studies of Individual Ready For School Sites

It was essential, given the geographic diversity among communities served by sites, to take a close look at how different programs addressed unique school readiness needs in their communities. Highlights from the individual case studies we conducted, presented below, focused on the interaction among the elements of each program within that specific context of the community, to provide insight on factors surrounding a model school readiness center that helped or hindered its successful implementation of programs. Detailed case study reports were produced for each of the RFS sites during the second year for use among program staff as a tool for guiding further program development. Reporting of key findings related to implementation and impact for each of the eight RFS sites was prepared for inclusion in this document, presented in the sections below. The format for each section was the same; highlights of the programs’ accomplishments along each of the five essential elements of school readiness are presented, followed by factors observed to facilitate or hinder implementation progress and areas in which evidence of program impact was observed.

Canoga Park

Founded on a partnership among three LAUSD schools—Canoga Park Elementary, Canoga Park Early Education Center, and the El Camino Community Adult School— as well as various agencies in the community, the Canoga Park RFS center completed its second year with a full staff, having implemented the majority of its programs, serving a growing population of participants, and without the bungalow needed to house many of the grant operations. Due to delays in the bungalow installation, the center continued to be housed in an unused classroom at Columbus Middle School. The center had sufficient space for administrative duties with five computers, each with internet access. Workshops and classes for parents and children 0-5 were provided in Canoga Park Elementary School and Canoga Park Early Education Center classrooms, helping to increase access for families. The local advisory council, consisting of a core group of school, agency and parent partners, met regularly on a bi-monthly basis through the first and second years of the program. With the help of staff’s relationships with community agencies, this increased the center’s capacity to grow through new partnerships for community services.
Nature of Program Implementation. Services during the second year at Canoga Park focused primarily on engaging children in early learning activities. Adhering to the philosophy that parents are their children’s first teachers, the RFS coordinator strategized ways to guide parents in developing their children’s learning through activities in the home on a daily basis. Behavioral and social skills were addressed through several types of parenting skills classes, including a Saturday parenting class that could be attended by parents who work during the week. The center staff also continued its unique approach to addressing school readiness in the community by utilizing the cross-generational approach to intervention, including its volunteer senior citizen ESL tutoring program and cross-peer enrichment program involving middle school students as “big brothers” or “big sisters” to children five and under. Child care capacity was addressed through an internship program with California State University Northridge, as child care occupation students assisted with training professional child care providers. The coordinator continued to make effective use of the local council meeting on a biweekly basis, maintaining a core group of schools, agencies, and parents, who, along with staff members with deep roots in the community, managed to forge a number of new partnerships based on additional community needs that had been identified during the first two years of implementation.

Factors Facilitating Program Implementation. Two important factors that continued facilitating implementation at Canoga Park since the first year were 1) the knowledge and flexibility of staff and 2) the unique cross-generational approach used by the site in both its senior citizen volunteer tutoring program and cross-peer enrichment activities involving middle school students. Among new facilitating factors in the second year was Canoga Park RFS’ individualized client referral system, which included a form that all clients completed indicating their needs and interest related to school readiness, the information from which the center staff used to adjust its schedule of programs and list of partners providing community services in order to maximize its service coverage within its capability, a strategy which led to Canoga Park’s becoming the largest of the eight RFS centers in the second year in terms of its service population size. An additional facilitating factor was the staff members’ frequent participation in community and county organization meetings, allowing them to develop ties to existing agencies providing the types of services participants had identified as being most relevant; examples of these agencies included the San Fernando Valley Partnership, creating opportunities for parent leadership, and the Los Angeles County Department of Health, which provided workshops on lead safety and environmental health.
Challenges to Program Implementation. Similar to the first year, the lack of a designated facility was the largest challenge faced by the site, as the bungalow had not been installed at any time during the second year or by mid-way through the third year. The site, therefore, continued to rely upon borrowed space from its school partners including office space at Columbus Middle School (where the bungalow is ultimately slated to be housed) and the Canoga Park Early Education Center.\textsuperscript{12} The lack of a clearly identifiable space made implementation of classes and other services difficult, particularly on a year-round schedule, and also continued to pose a problem for the site in terms of its visibility. The center also found funding restrictions to be a challenging factor in implementation of its service, including limitations on its ability to provide refreshments at meetings and classes and funding for programs that focused on all members of the family (First 5 guidelines that all funded programs focus on children under five only). Further creating a challenge for the center’s growth and development was the lack of an identifiable, committed group of parents to serve as community leaders, creating delays in the development of the center’s plans to develop a governing committee run by parent volunteers.

Early Evidence of Program Impact. Multiple sources of data suggested that the Canoga Park RFS services made an impact in all realms of school readiness, particularly in early care and education and parent and family support. According to surveys of parents with children entering kindergarten in 2005, the families had engaged in an average of four school readiness activities prior to kindergarten (e.g., visiting classroom, meeting teacher), representing a higher average than that obtained from the previous year’s data. Positive results were evident for children who participated in RFS services, including improved social skills, increased pre-literacy skills, knowledge of numbers, improved language skills, and increased interest in school. The parents surveyed following the second year were also more likely than the baseline cohort to report participating in parent education workshops (23% to 31%), adult education classes (13% to 31%), parent-child workshops (30% to 40%) and job/career assistance (from 9% to 21%). Participating parents indicated an improved ability to help their children learn, to communicate with their children, to get assistance with their children’s school readiness needs, and an increased comfort level in talking with teachers and child care providers. Many parents noted

\textsuperscript{12} Work with a new partner, Tierra del Sol—an LAUSD charter school built to alleviate overcrowding at Canoga Park elementary began in the third year to provide space and participants for parent-toddler/infant classes, pre-K workshops and a parent leadership group.
their own ability to build relationships with other parents, improve their English language proficiency, and learn alternative approaches to handling their children’s behavior.

Positive impacts were also seen in the health and social service and school capacity elements, as increased numbers of families reported having accessed doctors, clinics, and other health service providers to ensure the wellness of their children prior to their starting kindergarten. Improved alignment between the kindergarten and pre-kindergarten curricula was observed, based on teacher surveys, following articulation meetings held between the partnering elementary school and pre-kindergarten programs. Finally, despite problems experienced by the site in gaining visibility due to the lack of the bungalow, increased awareness of the center was noted by parents of children entering kindergarten, suggesting effectiveness of outreach and parent word-of-mouth campaigns designed to promote the services offered by the center.

Broadous

Located in Pacoima in the northeast San Fernando Valley and founded on a partnership including the Broadous Early Education Center (EEC), Broadous Street Elementary—including the half-day School Readiness Language Development Program (SRLDP) for children age 4, the Kennedy San Fernando Community Adult School, and various other agencies in the community, the Broadous RFS program continued to develop and maintain a collaborative structure designed to link school readiness resources to families in need. Continuing to await establishment of the bungalow out of which the center was designed to operate, Broadous RFS continued to utilize spaces borrowed from the elementary school during the second year. The center also continued to work in a close partnership with Project GRAD, which employed the bulk of RFS center staff members including the coordinator. During the second year of its operation, the center changed locations multiple times, eventually finding a temporary home in an unused classroom elsewhere in the elementary school, located next to a family center where the bulk of its parenting activities and collaborative meetings were held. The center’s bungalow was delivered to the site in May 2005 but was not ready for occupation until March 2006.

Nature of Program Implementation. The Broadous RFS program was marked by a balanced approach to service provision to multiple age groups including children 0-5, their parents and family members, and dozens of child care providers. The site continued to provide a large array of programs, varying in intensity, including two home visitation programs targeting different age groups, sets of skill-building multi-session workshops, and more specific one-time
workshops. In the realm of early care and education, the center provided childcare training for in-home providers and parents in a series of workshops for a total of 50 childcare providers; the LAUSD Special Education Division provided training for teachers to enhance their understanding of special needs, and the Child Care Resource Center conducted on site trainings for 20 home childcare providers. Child care subsidies were provided by RFS to eight families who needed financial assistance in using community child care services.

As the site awaited installation of the bungalow, the use of the Parent Center and the elementary school’s auditorium continued to facilitate implementation of programs aimed at developing family support networks, including large parent education and parent-child classes and workshops. The Broadous collaborative continued to provide support to families through an on-site ESL/CBET class offered by the adult school and on-site family literacy activities from Friends of the Family. School readiness related workshops were provided focusing on key aspects of preparing a child and family for school, including nutrition, healthy living, discipline, behavior management and communication. Project GRAD provided quarterly workshops for 35 parents of children 0 - 5 through the program Parents as Tutors, workshops that focused on teaching parents the importance of reading to their children and staying involved in their children’s education.

Access to health services for children 0-5 was increased through health insurance enrollments, expanded hours at a nearby school-based clinic, and the center’s participation in six health and information fairs. On-site dental screenings were provided at one fair during the year but no other medical or dental screenings took place. Case management was provided to 25 families and an estimated 226 referrals were provided to other RFS families for various social services needed. In the realm of school capacity building, three kindergarten orientations occurred throughout the year that included workshops for parents on kindergarten standards and expectations, opportunities for parents to meet community organizations, and tours of the elementary campus and parent center. Notably, the Broadous RFS center served as a model collaborative, using a system of coordinated, multi-method outreach, including posters and fliers, personal contact with families eligible for more intense services, and one-on-one contacts at parent meetings and outside the school during parent pick-up and drop-off time. This approach resulted in soaring numbers of parents, children, and child-care providers enrolling in programs.

**Factors Facilitating Program Implementation.** Factors facilitating implementation at the Broadous center were similar to those identified during the first year, including the strong history
of collaboration in place at the location prior to the establishment of the RFS center; setting the
stage for implementation of the highly collaborative model developed in partnership between the
district and First 5. The local site coordinator continued to provide a solid backbone for the RFS
center bringing with her solid expertise in networking collaboration, and case management skills.
Likewise, the staff members’ ability to work well together, having extensive knowledge of the
Pacoima community and understanding of its cultures greatly aided in smooth implementation of
the site’s program goals. The site also continued to benefit from broad community support
beginning with the school administrators and existing partners who continued to attend
collaborative meetings on a regular basis as well as a solid network of parents willing to receive
monthly training on early childhood development and providing a parent outreach component to
the site.

Challenges to Program Implementation. The largest challenge faced by the center
during the second year was once again the lack of dedicated space for programming and
administration, one that the staff expects to overcome fully during the third year as the bungalow
is made ready for occupation. Staff commented that the need for borrowed space placed heavy
restrictions on when they could schedule events, frequently holding classes and workshops at
times when fewer parents were able to attend. Other challenges included navigation of the
procurement policies of LAUSD and First 5, as unanticipated delays were experienced in
securing contracts with partners who were forced to provide credit to the district in order to
maintain a consistent level of service provision. Continued lack of technology also provided a
challenge for the RFS staff as they worked without access to the internet, limiting their
communication abilities.

Early Evidence of Program Impact. Evidence from multiple data sources suggested that
Broadous RFS services made an impact in all areas of school readiness, particularly in the realms
of early care and education and parent and family support. RFS staff reported that children
served in the learning enhanced child care were more comfortable and independent and that they
were learning and sharing more with other children; nearly all parents (97.6%) completing
satisfaction surveys reported that their children improved while participating in RFS; home
visitor providers stated that children served were more eager to learn primarily because their
parents had learned the importance of reading and were talking more with their children about
school. Specific changes reported by parents included improved behavior, increased learning and
interaction with other children, more knowledge about numbers, improved communication skills of the child, and increased interest in school.

Based on interviews with school administrators and teachers, parents appeared to be more comfortable dealing with school personnel. Roughly 75% of parents surveyed said the program helped them to improve “a lot” in their ability to help their children learn, ability to communicate with their children, ability to get assistance with their child’s needs, and comfort level in talking with teachers and child care providers; all parents reported they would recommend the program to other parents. For children entering kindergarten in 2005, an increase in the use of early learning activities, participation in field trips and receipt of developmental assessments were reported by their parents when compared to responses obtained during the first year. When asked if their children’s skills and development were assessed by anyone, 62% of parents reported that they had been; this figure compares to 23% during the first year.

In interviews, RFS staff, partners, and parents reported that increased access to pre-literacy activities through workshops, classes and home visitation services helped increase parents’ knowledge regarding child development and school readiness. Some providers reported that parents were becoming more aware of pre-school and Head Start programs and they were better able to access needed resources. During the parent focus group conducted for this case study, parents reported having learned how to talk with their children, how to enhance their children’s development and that they had gained greater confidence in their own ability to teach their children. Parents indicated that many of the changes they made in helping to prepare their children for school were directly related to support they had received from the RFS program.

Change was evident in linkages between families and the school system; school administrators indicated increased parent awareness of services offered by the school and community agencies and that parents appeared to be more comfortable in contacting school personnel with questions about available services. Parents were given increased opportunity to participate in leadership and volunteer activities, particularly through the parent cadre, an experience with which all parents expressed a great degree of satisfaction.

**Queen Anne Place**

During its second year serving the school readiness needs of families in a densely populated urban area just west of downtown Los Angeles, the Queen Anne RFS center continued to focus on improved family functioning, building childcare provider capacity in the community,
and expanding outreach to parents in the community including those inside and outside the LAUSD school system. As one of three RFS program sites awaiting the arrival of a mobile bungalow out of which the center ultimately planned to operate, the center continued to operate in space borrowed from Queen Anne Elementary, the Queen Anne Early Education Center (EEC), and the Queen Anne Recreation Center, a public recreational facility operated by the City of Los Angeles Parks and Recreation Department located across the street from the RFS center. Being in close proximity to the elementary school, the center was easily accessible to parents of children under 5 who had already enrolled their children in existing early education programs or those who had older children attending the elementary school. The co-location of the center and school sites also facilitated collaboration among the RFS coordinator, the principals at each school site, and the director of the Queen Anne Healthy Start Program. The center continued to benefit from a strong collaboration among the various partners in the collaborative, due in part the size of the student population served and the networking skills of the site coordinator.

**Nature of Program Implementation.** The Queen Anne RFS center succeeded in implementing nearly all of its planned activities during the second year, despite encountering such obstacles as delays in acquiring programming and administrative space and experiencing some staff turnover. Given the establishment of most of its infrastructure, including identification of alternative operating space, and having completed hiring of its staff during the early parts of Year Two, the center staff turned its attention to service provision to families and providers and expansion of outreach efforts during its second year. Contracted partners continued providing their programs as planned and continued their involvement in collaborative partner meetings throughout the year. The engagement of parent groups of volunteers continued to be a strong facilitating factor in assisting the program in meeting its foci during the second year, as the center further developed its parent cadre, and parent sub-committees established to oversee early care and education services and health and social services. The second year of programming was also marked by the addition of new key partners, particularly in the realm of child care provider training and direct health services to children 0-5, helping the center to achieve its goal to address school readiness in the community using a comprehensive approach.

As a major component of providing early learning care, the center continued use of its early care curriculum designed for use at varying stages of child development as accompaniment to all programs serving families; this enabled families to attend events and focus on the information being presented while children simultaneously received instruction tailored to
promote cognitive growth at their age levels. Enhancement of the School Readiness and Language Development Program (SRLDP) at the elementary school through the “Read With Me/Lea Conmigo” program developed by Families in Schools to “enhance early learning and to promote literacy in children who enter the educational system at a disadvantage” continued and was expanded to accommodate families with children enrolled in the early education center during the second year. The program involved rotation of backpacks among families that included developmentally appropriate print materials and tips for parents on how to promote literacy in the household. Childcare provider training was provided by the center in a variety of formats throughout Year Two beginning with regular sessions provided by Home-SAFE in September designed to provide interested community members with the information they needed to work toward obtaining a license, and continuing later in the year as a program called “A Place of Their Own” run by a local public television station, provided training for the site’s early childhood consultant who used the knowledge to develop her own child care provider trainings. The staff also worked toward providing a coordinated referral system for childcare through its partnership with Pathways, an organization specializing in helping families meet their child care needs.

All programs planned in the realm of building parent and family support were implemented during the second year, due to the continued active participation of the L.A. Parks and Recreation Department, elementary school, and early education center partners. The RFS staff continued to coordinate the popular parent classes that had been implemented during the first year via contracts through the Center for Non-violent Parenting (CNVP), providing two eight-session classes focusing on effective parenting techniques, and the Koreatown Youth and Community Center (KYCC). The KYCC held its own eight-week session on early child development for 28 families spanning from October to December in 2004, held a shorter term two-session seminar in Spanish in March, repeating again in April but in Korean. New to the center during the second year were semi-monthly sessions of a parenting class conducted by Aviva called “Circles of Learning” during which psychologists specializing in early childhood behavior instructed small groups of parents on normal phases of development and how to deal effectively with problem behavior. Beginning in April and lasting for ten sessions held once a week was an additional parenting class conducted by Cedar Sinai, another partner new to Queen Anne during Year Two, which covered topics associated with early child development and how

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13 Text from Families In Schools literature on the purpose of its Read With Me/Lea Conmigo Programs
to teach children to communicate effectively. Other programs implemented in this realm included immigration workshops, workshops on available benefits and social services, and support groups for families seeking to resolve individual problems.

Health and social services were addressed in part through a newly founded partnership with Cedar Sinai, allowing the center to provide direct health services to interested families through the organization’s Community Outreach Assistance for Children’s Health (COACH), including a medical van that visited the outside of the school campus on a regular basis, offering free medical, vision, and dental check-ups, exams, and immunizations to children of all age levels; the van made semi-monthly visits to the site, starting in the winter of 2005, for a total of ten sessions for the year. The continued involvement of the Assistance League in the RFS program allowed the center staff to provide a complete system of case management for families having an identified problem at the center; the addition of a second case manager at the beginning of the second year increased the center’s capacity to handle a large number of families, which continued to be maintained year-round. The RFS coordinator continued to address school capacity building through a two-pronged approach including 1) a series of monthly “Open School” classes and kindergarten transition workshops providing education for parents on what to expect when their children start kindergarten, and 2) a model kindergarten/pre-kindergarten articulation component involving multiple meetings of teachers observing one another’s classes followed by debriefings during which they discuss what they observed and how better to build a bridge between the curricula at each grade level. The RSF staff, most of whom spoke fluent English and Spanish (including the coordinator), continued to support the infrastructure of the program and provide outreach to families, maintaining the connection they had developed during the early phases of the program; the center was able to add an additional outreach worker at the beginning of the third year who worked with the primary outreach worker in making referrals to families who were not in case management, and providing the center with the benefit of her knowledge in health and social services.

Factors Facilitating Program Implementation. The Queen Anne RFS Center’s ability to implement numerous programs quickly was influenced primarily by a solid base of parents observed to be enthusiastic and ready to volunteer their time as well as an experienced and organized coordinator with a history of collaboration with school site personnel. The continued involvement of a core group of parent leaders, who formed the three governance sub-committees, greatly increased the staff’s capacity to outreach to community families. The center
also continued to benefit from a strong partnership with two school campuses connected in a fairly new structure (buildings were constructed within five years of the opening of the RFS center) having relatively small student bodies; the co-location allowed for daily collaboration and the continued heavy involvement of both school principals. The spirit of teamwork and flexibility that characterized the RFS facilitated implementation of programs along with the continued involvement of experienced partners who supported the program through regular attendance at collaborative meetings. Also noteworthy was the L.A. City Parks and Recreations Department as an important partner for the site, as the coordinator noted, without which, the program could not have been implemented during the first two years.

**Challenges to Program Implementation.** Despite the degree of support provided by the partnering schools and recreational center, the program continued to fall short of operating at full capacity without its own designated classroom and office space. Final news on the date for installation of the bungalow was not available at any time during the second year and remains a variable during the third year;\(^\text{14}\) this need to find alternative space to house staff and conduct programs continued to be the greatest challenge facing the center. The center staff also continued to lack an ESL component for its large population of monolingual Spanish-speaking family members. Although the Los Angeles Adult School had been identified as a partner in the grant, subsidies had not been included to allow a reduction in the size of classes, and a sufficient number of working parents could not be identified to meet the quota of 20 students per class for a four-day-per-week class; staff continued in the third year to identify alternative means of providing this much needed link to improved school readiness. A third challenge facing the site during the second year was the complexities inherent in reallocation of funds for staff; the program needed a second outreach worker to implement its model of person-to-person outreach and found it unfeasible to hire one until funds could be reallocated in the third year, placing limitations on recruitment of participants.

**Early Evidence of Program Impact.** We observed during the course of the second year that parents tended to engage in in-home learning activities such as drawing, painting, and singing songs in the home in effort to develop their own children cognitively but many parents expressed the need to know more and to have proper guidance on how to coach their kids in this area. Following participation in programs designed to foster teacher-student relationships between parents and children in the home, many parents began developing new activities in the

\(^\text{14}\) At the time of this writing, the most recent estimates were for early April 2006.
home designed to enhance children’s early literacy and math skills. For example, more counting games were played, and more work with vocabulary was done as parents engaged in pointing out every day objects, going over their names, and discussing how the names of objects are spelled.

Change was evident in parents’ attitudes upon initial interviews taken of participants in parenting classes offered by the RFS center during May and June 2004, during the early stages of program development. Parents typically stated that they now viewed daily activities such as running errands as opportunities to engage in learning as an example of the way their behavior had changed relative to school readiness. They had become more aware of everyday situations presenting opportunities to teach their children. They also expressed increased confidence in their abilities as parents, feeling grounded in the concepts that were being presented in the parenting classes. Enthusiasm for and positive attitudes expressed toward programming offered early on in combination with high attendance by parents at collaborative meetings, fairs, and workshops was indicative that the program was well received by parents in community immediately surrounding the center, a first critical step toward effecting change in parent knowledge and attitudes community wide.

Another important change observed among parents participating in core activities was increased knowledge in some cases of what school readiness meant to them. Evident was a lack of awareness, particularly among older parents, of links between activities in the home and preparedness to learn in kindergarten. One parent stated that she had believed that once children were potty trained, they were ready for school; her previously held belief that children’s learning was limited to what they did in school changed to a notion that her interaction with her children and grandchildren affected their school readiness. Additional analyses of responses given in parent interviews indicated that personnel at the EEC and elementary school, the coordinator, and the parent leadership provided effective outreach for the center, as many of the participants attending program activities during the early months of the program indicated having learned about the RFS center through one of those channels.

Tenth Street

Founded on a partnership among Tenth Street Elementary, Bill Cruz Early Education Center, the Belmont Adult School and various community agencies, the Tenth Street RFS Center continued to serve the school readiness needs in an urban area adjacent to downtown Los Angeles. Housed in two rooms at one of the largest early education centers in the district, the

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Tenth Street center was easily accessible to its target population of families with young children and allowed a solid base for outreach to families not already connected to the school system. As part of the larger RFS program, the Tenth Street center was created to facilitate access to existing community services while offering an array of new and enhanced programs addressing the program’s goals to foster school readiness in the community through increased accessibility and quality of child care in the community; improved family literacy, knowledge of early education and appropriate child development; and development of early education center and elementary school staff in preparing children to enter kindergarten and meeting special needs where they existed.

**Nature of Program Implementation.** During the second full year of implementation, programming at the Tenth Street center focused on providing access to high quality early learning, parent education, and case management services including social service referrals, counseling, and individual parent education. Early Care and Education (ECE) programming continued to focus on enhancement of existing early education programs, including those housed at Bill Cruz EEC and Tenth Street Elementary, and providing new programs to train parents to provide in-home early learning activities for their children. Enhancements included new computer equipment, computer programs, and other learning materials (e.g. books, DLM materials, transition-to-kindergarten backpacks) as well as individualized parent training and materials for the ‘Read with Me’ (Lea Conmigo) program for two classrooms at Bill Cruz EEC which address the grant’s goal of increasing the number of children prepared with the learning skills they need for school. In line with the program goal to increase access to and participation in early learning activities for children, learning-enhanced childcare was provided during all RFS sponsored activities (workshops and parent education classes). The early childhood consultant designed a curriculum that included high quality early learning activities at developmentally appropriate levels that was used during the childcare components of programs complete with all the necessary early learning materials. In addition, two new classrooms were added to Bill Cruz EEC through RFS funds, increasing enrollment capacity by 48 slots, all of which were filled were filled by the beginning of the 2003-04 school year.

Programming related to parent and family support consisted of parent education classes, home visitation programs, and case management services; working collectively to address the program’s goals: a) to increase numbers of parents who were aware of and participated in English and literacy classes, b) to improve parents’ language skills, and c) to increase awareness
and use of services to help families become more self-sufficient. Eisner Pediatric provided a parent-child home program for 18 families in effort to equip parents with skills and resources to participate fully as their children’s first teachers. Belmont Community College provided a teacher for an ongoing CBET class, which combined education on child development with English language learning, to address the combined goal of improving parents’ parenting and language skills. Case management programming through Children’s Institute Incorporated targeted families with specified behavioral or developmental problems with their children, and immigration workshops for families enrolled in pre-K programs seeking information on immigration law and procedure.

Addressing goals to provide health and social services to its target population, the center conducted a health fair during the fall of the second year, formed a new partnership with the Community Outreach Assistance for Children’s Health (C.O.A.C.H.) for Kids program from Cedar-Sinai Hospital involving a medical van that visited the site twice monthly, and continued to enroll families in health insurance through its partnership with Children’s Health Access and Medical Program (CHAMP). In the realm of school capacity building, the center held a kindergarten transition fair in the spring of the second year, bringing together a number of its partners to provide direct services to families on the spot while simultaneously educating them about kindergarten expectations. Plans to develop an articulation piece to foster alignment between pre-K and kindergarten curricula did not materialize during the second year due to reduced involvement of the Tenth Street elementary school. In the realm of infrastructure building, the center developed both a parent cadre and provider cadre to serve as leadership opportunities for parents and providers alike as well as serving as instruments for expanded community outreach for the program, both of which developed slowly through the second year but provided a framework for the center to improve governance of its programs.

**Factors Facilitating Program Implementation.** The strong partnership and co-location with the Bill Cruz Early Education Center proved to be one of the most important facilitating factors for the Tenth Street center. Given the loss of some anticipated classroom space due to the collapsed negotiations with a community partner during the first year, the early education center worked very closely with the RFS center to provide the much needed space allowing the bulk of group activities to be implemented during the second year. Another facilitating factor was the coordinator’s networking abilities, which yielded new partnerships during the second year (e.g., Cedar Sinai and St. John’s Medical Center), allowing the center to implement many more health
and social service programs than had been possible the previous year. The knowledge, flexibility, and cultural awareness of the staff also served as a facilitating factor as the RFS center managed to build a solid rapport with the hundreds of families it reached through its system of longer and shorter term family-focused programs. Additionally useful was a valuable partnership with the LAUSD Department of Special Education, which worked with the RFS center to develop a systematic method of screening children for special needs through its workshops and pre-K programs.

**Challenges to Program Implementation.** Although unlike other school readiness centers in the district, the Tenth Street center had a designated home from which to administer its program; nevertheless, space to provide its core parent-focused programming proved to be the largest challenging factor facing the center as one of the major partners slated to provide space was unable to do so. The center continued to work with the early education center and negotiate with a nearby primary education center to acquire additional space increasing its ability to offer its full range of programming at times when families could take advantage. An additional challenge facing the center was the delay in acquiring vital communication equipment during the first half of the second year, hampering its ability to maintain close collaborative ties with its partners as well as outreach to parents. The lack of clerical staff to assist the RFS coordinator with the large volumes of paperwork required by the grantor presented an additional challenge as she and other staff members frequently had to turn their focus away from programming in favor of meeting reporting requirements. Finally, the program’s growth was stunted in part by the lack of a coordinated outreach model; the bulk of attention was placed on connecting with parents already linked to the school system through existing pre-K programs without a solid base of parents to assist the center in outreaching to the surrounding community.

**Evidence of Program Impact.** As a result of the high implementation of programs related to early care and education as well as parent and family support, RFS staff, school administrators and parents alike noted improvements in the population of children served. One parent noted, “[RFS programs] helped my child be more open to reading and want to go to school.” A focus group among RFS parents brought out the observation, “the children learn faster and [RFS] teach[es] children to be more articulate.” Meanwhile, the early childhood consultant commented, “parents are becoming more involved in following or extending learning activities taught by RFS at home.” In terms of professional development, Bill Cruz EEC’s principal noted that the center
provided “training from the case manager on parent-kid separation. [RFS] also brought professional development to teachers who couldn’t attend LAUSD professional development.”

The RFS center increased the local early education center’s capacity to meet the needs of at-risk 0-5 children through a combination of additional First 5 funding for expansion of the early education program as well as enhancement of the existing program. Early education center staff commented that RFS’ enhancement of their program allowed them to provide a more complete range of school readiness services through focus on social services and improved ability to assist families with meeting identified individual needs. The principal noted that “when we assess our children and discover a child who needs support to be successful we can refer them to our [RFS] case managers who can find them community agencies to help them have success.” One parent declared during an interview, “My daughter is in a [home visitation] program where a teacher comes once a week to do learning activities and brings materials. It’s great! I learned that I need to read, talk, and do learning activities with my child.” At baseline, the majority of the parents entering the program lacked the language skills needed to help prepare their children for school. Interviews with parents in the CBET class found that many parents did, in fact, believe that their English skills had been improving. Six parents interviewed at the end of the CBET class specifically reported that they were using the English they learned in the RFS center’s CBET class to prepare their children for school. One such parent claimed, “I can read more in English and help [my children] with their homework.”

During interviews following parenting classes, RFS collaborative partners and parents alike noted increased parental involvement in their child’s education. One parent indicated that before she took the non-violent parenting class, “I didn’t know it was so important to read to young children.” Another parent noted, “I learned how to choose books for my child to read them and when we walk in the street we count things like the distance or the number of buildings or the people.” Several parents also indicated that the parenting class improved their ability to discipline their children positively and helped them learn to reduce their own anger and likelihood of using ‘violent’ techniques when interacting with their children.

The center made gains in the second year by creating a collaborative of schools and agencies focused on a common goal. The EEC’s principal explained that “we are now a part of the team in preparing children for kindergarten. In the [kindergarten] fair we had, parents registered for kindergarten at the Elementary School and then came across the street here to get learning activities and materials to prepare them for kindergarten.” The location of the RFS was
also noted by one service facilitator as a key benefactor of more empowered 0-5 families, “[Tenth Street RFS center] allows the parents to simultaneously [sic] advocate [for] their children and learn English for themselves in the same facility. This place is a focal point for community services to offer their services to these families and the families take advantage of them.”

Locke/107th Street

Located in the Watts community in South-Central Los Angeles, the Locke RFS Center was founded on a partnership among 107th Street Elementary, Locke Early Education Center (EEC), the Jordan-Locke Community Adult School, and various community agencies. The center experienced a number of grave and unique challenges during its second year as they received news mid-way through Year Two that the early education center, the building where the RFS center was housed, was closing due to mold and other toxic contaminants in the building. Following the closure, the RFS coordinator and staff operated from temporary spaces on a day-to-day basis before moving into a temporary space in May 2005 at a satellite office of the local adult school. The center’s development was hampered by two other occurrences including high staff turnover in the outreach worker position and the loss of a key partnership with the Jordan Locke Community Adult School, which was closed in January 2005. In the face of these challenges, the Locke center was able to implement a fair number of its planned programming designed to foster school readiness in a poor community, particularly during the first half of Year Two when the center was off to a strong start.

Nature of Program Implementation. Despite the challenges faced by the center during the second year, program implementation at Locke RFS during the second year was characterized by two important observations: 1) programming at the center was strong during the first half of the year before many of the challenging factors became an issue, and 2) the strategy to focus on programming that was not reliant upon identified space during the second half of the year proved effective as case management and home visitations programs were running strong as well as literacy fairs, kindergarten transition activities, and a number of “Make & Take” workshops, involving developmentally appropriate hands-on learning using household objects, promoting creativity and family togetherness. Family literacy classes provided with the help of a partnership with 99th Street Even Start, and child-parent match/science workshops provided in partnership with Creative Ark were also key aspects of the program’s implementation provided
through key partnerships. The program continued to assist families through its ability to connect them with school readiness resources aligned with their needs via referral and created new partnerships based on its assessment of community needs, including a food distribution program. Through Shields for Families, the case manager worked at the Locke center linked families with services as well helping to create a food distribution program benefiting families in need. Although the closure of the center’s primary location hampered its ability to advance toward its school capacity building goals including the kindergarten articulation component, the center worked to inform community parents of elementary school expectations via a kindergarten “round-up,” a one-time information fair held during the spring of the second year and through the distribution of outreach materials in multiple languages. Despite the location problems experienced by the site during the second year, the center did manage to meet its goals in terms of staffing (with some turnover in outreach workers) and advanced toward its goal to form a parent cadre helping to expand the outreach capabilities of the site while simultaneously empowering parents with leadership skills.

Factors Facilitating Program Implementation. Among the major facilitating factors during the second year was the heavy involvement of the three school partners up until the closure of the adult school midway through the second year. The early education center principal attended all RFS collaborative meetings and continued to help outreach for the program; likewise, the 107th Street Elementary School principal accommodated the program by lending classroom and part-time office space to the RFS center following its loss of the space at the early education center. Further facilitating implementation was the inclusion of programs, such as the Urban Education Partnership’s home visitation program, that did not require space, allowing Locke RFS to operate despite its lack of a designated home. The dedicated involvement and resilience of the RFS coordinator and staff proved to be a major facilitating factor as the program was forced to continue progressing despite the many obstacles encountered during the second year. The maintenance of the local council, including regular meetings, also was an important factor in facilitating implementation as the group served as a vehicle for brainstorming ways of addressing the challenges faced.

Challenges to Program Implementation. The greatest challenge faced by the site was the lack of dedicated space for administration and implementation of the program during the second half of the second year; during which time, the RFS staff had no access to the its materials and equipment and was forced to come up with innovative ways to implement a sizable portion of its
programming. Further challenging the site was the loss of its designated adult school partner, the Jordan-Locke Community Adult School. When the school site closed unexpectedly, classes were split up among two other adult schools and RFS funding was sent to another adult school, the South Gate Community Adult School, which was farther away from the Locke community, thereby making it less feasible for program participants to take advantage of its resources. Also continuing to present a challenge to the site in the second year were the lack of funding allocated in the grant for clerical staff to assist the RFS coordinator with fulfilling First 5 reporting requirements and general administrative tasks; the high turnover rate with respect to outreach workers as well as the limited availability of the early education coach further challenged the RFS coordinator in maintaining smooth operations at the site. Finally, the center continued to be challenged by the inherent complexity of developing a targeted outreach model that could effectively connect the culturally diverse group of families in the community with the center’s services and partners.

Evidence of Program Impact. Interviews with community providers and parents provided evidence of improvements for children and families involved with the center. For example, parents whose children had participated in early education programs in the community reported that their children were ready for the “big school” and that they did not need to worry about their children’s ability to keep up with work pace. Many of the parents also commented that having their children enrolled in an early education program allowed them to have a regular job or attend career training in order to increase their ability to provide for their families. The home visitation provider commented that parents in the program began to realize that they were their children’s first teachers and that they needed to start preparing them for kindergarten. Nearly all (94%) parents who completed RFS program satisfaction surveys reported that their communication and interactions improved “a lot” as a result of participating in the RFS activity. A similar percentage reported great improvement in their comfort levels in talking with teachers or child care providers and ability to get assistance with addressing their children’s needs; all parents reported they would recommend the program to other parents.

Based on surveys of parents with children entering kindergarten in 2005 who were surveyed, more parents had reported having participated in school readiness activities compared to the previous year. Nearly all (92%) parents reported having received information on how to prepare their children for kindergarten; compared to about half (47%) last year. Likewise, about three fourths (74%) of respondents reported that they had met their children’s kindergarten
teacher prior to the start of school, up from 55% the previous year. Overall, parents and staff reported that programs were better coordinated since the beginning of the RFS program two years prior, though many were simultaneously concerned about the closure of the early education center, which they felt greatly limited access to parents and providers to organizations existing in the community.

Elizabeth Learning Center/Cudahy

Founded in 2003 on a core partnership that included two LAUSD schools—Elizabeth Learning Center (ELC), a unique Pre-k through 12 site with a clinic and family-oriented programs, and Huntington Park-Bell Community Adult School—as well as representatives from the surrounding community in the city of Cudahy, the Cudahy RFS Center’s operation during its second year was marked by a high degree of one-on-one direct services for families and co-operative adult education courses, as many of its more indirect and outreach services were still being developed. Because of the many pre-existing programs, the RFS grant focused on coordinating these programs, raising awareness of available resources and expanding existing services such as insurance assistance and case management to include children under 5 and their families. Parent and family support services focused primarily on expanding parent-child classes to include more age-specific classes, focusing on toddlers and pre-school-aged children. Continuing to work with a very important partner, the St. Francis Medical Center, the RFS center was able to reach out to a large number of families in need of one-on-one school readiness intervention through its case management program.

Nature of Program Implementation. In effort to increase child care capacity in its community, the Cudahy RFS center held trainings for adults to become licensed child-care providers, completed by a handful of participants who ultimately obtained their licenses; staff for the LAUSD Division of Special Education provided trainings for parents on developmental milestones and how to identify the warning signs of developmental delays. The center addressed parenting and family networks though an array of parenting classes though its adult school partnership, offering parenting classes that were age-group-specific, ranging from infants to pre-kindergarten children, co-operative classes providing instruction to children and parents simultaneously. Through its partnership with a major medical facility, the Cudahy center was successful in connecting over 200 families with social service programs offering benefits that met their needs as well as providing ongoing case management to 30 families and intense mental
health services to 25 families. The center also helped addressed school capacity building through a pilot kindergarten academy that provided pre-kindergarten orientation to children entering kindergarten the following year, their parents, and their siblings who were not yet of age; the program was well attended showing rapid growth among children and parents and ultimately served as a model for other school readiness sites conducted their own kinder academies during the summer of 2005. The center also solidified its infrastructure during its second year through establishment and regular meetings of its local council as well as the establishment of a group of five parents who formed a core parent leadership group, meeting regularly and assisting with expansion of outreach programs.

Factors Facilitating Program Implementation. Chief among factors facilitating implementation of Cudahy RFS programs during the second year was the stable RFS staff having appropriate levels of experience and knowledge of the community; the staff’s ability to connect and communicate with families allowed a great many of the site’s programming goals to be met. Also, the center’s long-standing partnership with the St. Francis medical facility, an organization with a history of serving the Cudahy community and working with the Elizabeth Learning Center, enabled the site to connect to community families easily and provide them with the types of intense level services they needed. The collaborative structure that was developed also proved to be a facilitating factor during the second year as the local council was developed and met regularly, providing a vehicle for discussion about tasks that needed to be completed for programming implementation. The continued support of administrators at the partnering schools, particularly the adult school’s willingness to provide an adult school teacher to work with RFS staff on administrative functions, also helped the center utilize the collaborative process.

Challenges to Program Implementation. Chief among challenging factors during the second year was the lack of staff support for key aspects of the program. While the center was well-staffed with individuals trained in health and social service areas, early education staff was limited to a 25% time early education coach; additionally no clerical staff were built into the staffing budget, meaning other staff members had to spend a great deal of their time focused on paperwork and not on programming. To a lesser extent, space issues challenged the program as some programming required the use of borrowed space, which was cumbersome to share with a number of other programs taking place at the learning center. Finally, there was a lag in development of the social services and local council components of the program in the second year as contracts with the site’s key partner were not finalized until after the first quarter of the
second fiscal year; the site had a limited number of partnerships overall making inclusion of this particular partner in its operations all the more critical to successful program implementation.

Evidence of Program Impact. Case study data suggested that Cudahy RFS began to have an impact during the second year as greater numbers of parents of children entering kindergarten reported having become aware of services available in the community (63% versus 46% the previous year). Feedback from parents who participated in RFS programs indicated that these experiences helped their children to develop school readiness skills, including socio-emotional and cognitive skills. Parents frequently reported that their children learned to feel more secure with other children, learned how to write, and were better behaved in general. Nearly all (91%) parents who completed RFS satisfaction surveys reported that their methods of helping their child learn and their comfort level in speaking with teachers or child care providers improved “a lot” as a result of participating in the RFS activity; a large percentage (82%) reported the same improvement level in communicating with their child.

Data also indicated that knowledge and awareness of the Cudahy RFS center had increased in the second year. Greater numbers of parent survey respondents reported awareness of the center compared to the previous year (56% versus 20%). Three quarters (75%) of respondents reported that they had met their children’s kindergarten teacher prior to the start of school starting, a slightly larger percentage than the previous year (68%). Success in the realm of school capacity building was also evident based on the advances in social development made by children participating in the program as well as significant increases in parent knowledge of proper school involvement based on pre-post tests administered to kinder academy participants. Finally, successful connection of the center to much of its target population was evident in parental response to interviews in which many who had lived in the community for 15-20 years were surprised at the number of services available, particularly services that could benefit first generation immigrant families.

Hyde Park

Founded in 2003 on a core partnership that included three LAUSD schools – Hyde Park Early Education Center (EEC), Hyde Park Elementary and Manual Arts/Crenshaw Community Adult School – as well as representatives from the general Hyde Park community, a community located in the southwest Los Angeles, the Hyde Park RFS center was established to connect families of children under 5 with services related to all aspects of school readiness. Following the
second year, the center could be characterized by a shift in the scope of programs to be offered, as a limited number of programs originally outlined in the grant were realized while a number of new programs and new partners were identified. Corresponding to the background and expertise of the coordinator, who was experienced in community mental health and social services, activities taking place at the Hyde Park center included individual and group level school readiness interventions aligned with families’ identified needs. Much of the work conducted at the site was made possible through the forging of new partnerships not included in the original grant scope of work, including partnerships with Black Women for Wellness, Crystal Stairs, Great Beginnings for Black Babies, West Angeles Community Development, and the Asian American Drug Abuse Program.

**Nature of Program Implementation.** Among the various group activities provided by the center were weekly family literacy programs, workshops known as “make-and-take” involving hands-on learning with household objects, infant massage and bonding classes as well as health education workshops such as a series of seminars on nutrition and asthma care. A number of workshops held in the realm of early care and education topics included understanding warning signs of developmental delays, early learning in math and science, and early literacy development. In the realm of parent and family support, several classes were held through the adult school partnership including classes designed to increase parent involvement in early child learning in the home and an ESL class that included a parenting component. Direct health services slated to be provided on-site by the St. John’s wellness center could not be provided given delays in preparation of the facility. The program did make a great deal of progress in providing social services to families through its case management program as well as several workshops on community benefits for families of low socio-economic status. School capacity programs were not implemented as planned due to the limited involvement of the elementary school principal in the collaborative; the RFS coordinator worked to address this limitation by establishing regular contacts with an assistant principal at the site, helping to increase the strength of the collaboration early in the third year.

**Factors Facilitating Program Implementation.** One of the main advantages the site had was the location and size of its facility. Located adjacent to the elementary school and across the street from the early education center, the building was large affording ample office space for staff, class room space behind the structure, and areas to meet privately with clients. The flexibility and dedication of most staff also provided a facilitating factor as many staff members
played multiple roles in effort to work toward meeting the overall program goals; for example, one staff member responsible for case management also worked as a translator in Spanish when the need arose for monolingual English-speaking staff members needed to communicate with Spanish-speaking families. An additional factor was the coordinator’s background in mental health and social services, which enabled her to provide regular onsite professional development to staff. Also key were the coordinator’s networking skills facilitating implementation through the creation of numerous new partnerships during the second year.

**Challenges to Program Implementation.** The greatest challenge facing the Hyde Park center was the lack of a collaborative structure on which to implement its programming. Relationships between the center and its key partner were strained by limited communications and differences in understanding about how staff members provided by the partner were to be supervised and trained; talks with this partner were continuing in the third year or operations. The lack of a relationship with the elementary school partner hampered the site’s ability to address school capacity building as pre-K teachers could not meet and observe kindergarten teachers and vice versa; the elementary school was largely absent from collaborative meetings. Outreach services planned to promote the center were hampered by the continued attrition of outreach staff members, meaning that a great deal of time and effort had to go into training new staff members following long periods of positions’ remaining unfilled. Further affecting the nature of the collaborative were the absences of the healthy start coordinator and local district nurse from the collaborative, as the various parties continued over time to negotiate systems for client sharing, as outreaching for new clients was forestalled.

**Evidence of Program Impact.** Interviews with parent participants and RFS staff provided evidence of improvements for children and families who had participated in programming at Hyde Park. In general, participants reported that the program helped them the most in how they received assistance with addressing their children’s needs; 57% reporting the program helped them “a lot” in this area. Parents also reported that Hyde Park RFS provided them with information on many of the important aspects of school readiness. More than 80% of the respondents reported having received information about: child development, ways to promote appropriate development and learning and parenting skills and discipline techniques. In general, parents enrolled in RFS services noted positive changes in their parenting skills, including learning how to discipline their children, resolve problems with their children and how to help them prepare for Kindergarten. While data collected from the population of participants actually
served by Hyde Park RFS are promising, a survey of parents with children entering kindergarten at Hyde Park Elementary showed generally little recognition of or involvement in school readiness services, a finding we attribute largely to the absence of the Hyde Park elementary school as a partner.

Wilmington Park

Founded on a partnership including three LAUSD schools—Wilmington Park Early Education Center (EEC), Wilmington Park Elementary, and Harbor Community Adult School—as well as various agencies in the community, the Wilmington Park RFS center was designed to address the school readiness needs of families living in the San Pedro Harbor area of Los Angeles. The center continued to operate out of a temporary space during the second year, using a classroom provided by the elementary school where the seven RFS staff members were housed and where a limited number of services were provided. The elementary school principal continued to be a key supporter of the program through donation of space for many of the program’s activities, including the multi-purpose room at times when it was available for large-group workshops and parenting classes. During its first full year of operation, the Wilmington Park RFS center successfully reached large numbers of participants through its unique model involving a team of promotoras who had the capacity to work with large numbers of families on a one-on-one basis, working under the supervision of a case manager. A large part of Wilmington Park’s programming was implemented via two key partnerships, including the Little Company of Mary, a non-profit organization that employed the supervising case manager and outreach staff for the site, and The United Way Success by Six organization, which carried out numerous programs focused on developing family literacy, including the popular “Motherread/Fatherread” program.

**Nature of Program Implementation.** Children age 0-5 and their parents were served through on-going and one-time child-parent group activities made available throughout the year as well as through individual services such as case management and home visitation. Childcare providers and teachers were served as well, through training and articulation meetings. Services related to early care and education included a transitional backpack library with more than 60 families’ checking out themed backpacks with books and toys to promote children’s development; early learning enhanced childcare provided for children during the ESL classes; a literacy/school readiness community fair; trainings on special needs for parents and teachers,
new programs promoting family literacy, and a workshop for parent and family caregivers designed to educate providers on proper child care. Parent and family support networks were addressed through a home visitation program, parenting workshops, and “Make & Take” workshops involving building crafts using household objects, promoting creativity and family togetherness. In the realm of health and social services, a number of direct health services were made available through the center’s partners or via referral; dental screenings were offered at a health education fair. The center made a great deal of progress in the area of school capacity building, holding a kindergarten transition fair designed to inform parents of pre-K children about elementary school expectations as well as two cross-grade-level articulation meetings with kindergarten and pre-K teachers’ discussing improvement in the alignment between their curricula. The second year of programming also marked solidification of infrastructure as local council meetings were held quarterly and a parent leadership cadre was established.

**Factors Facilitating Program Implementation.** Among factors facilitating implementation at Wilmington Park were the strong continued support of the partnering schools. Whereas the elementary school continued to help Wilmington Park deal with its space limitations by providing temporary spaces, the adult school assisted in outreach for the parenting cooperative classes it held in conjunction with the center. Meanwhile, the early education center invited RFS staff to present at its parenting meetings, further expanding outreach capacity. The heavy involvement of teachers, based on the strong inter-school partnership, meant the allowance of articulation meetings, helping the program to bridge the gap between pre-K and kindergarten instruction in the Wilmington community. The involvement of a strong partnering agency, the Little Company of Mary, a non-profit organization specializing in social services, also served as an important facilitating factor as it provided specialized training in areas such as case management and health insurance enrollment for promotoras helping to make the site’s unique service model effective. The site further benefited from a core group of 15 parents who formed the leadership cadre, attending all local council meetings, and expanding the site’s ability to outreach to other parents in the community.

**Challenges to Program Implementation.** The primary challenge facing the Wilmington Park center was the lack of a designated operating space. The center was originally designed to operate from a bungalow space remodeled to suit its purposes. The space was not yet available during the second year making it difficult to hold confidential conversations with clients and hampered the site’s ability to host parenting classes. An additional challenge facing the center
during early parts of the second year were concerns raised by the key partner, the Little Company of Mary, about supervision of the promotoras staff they provided; there were differences in understanding between the agencies about which specific tasks were included in their memorandum of understanding. The agencies continued to work toward resolution of this problem during the second year in order to in effort to provide promotoras with the guidance needed to connect families with school readiness resources.

*Early Evidence of Program Impact.* Among the evidence of impact of the Wilmington Park center, participating parents reported having observed positive changes in their children’s readiness. These included: improved behavior, increased learning and interaction with other children, more knowledge about numbers, improved communication skills, and increased interest in school. Additionally, several parents noted that their children were happier and more active and that their attitude had changed toward both their parents and other adults. The data suggested improvements in a number of school readiness areas, including parents’ ability to help their child learn, the way they communicated with their child, their ability to get the help their children needed, and their level of comfort when talking with teachers or childcare providers were reported by parents on satisfaction surveys. Additionally, all respondents reported receiving information about child development, ways to promote appropriate development and learning, parenting skills, community resources, and nutrition and health for their young children. According to surveys of pre-K teachers, improvement was noted in the areas of informing parents about kindergarten curriculum and expectations, accessibility to health and social services for children and their families, and cross-level communication between Pre-K and K teachers; kindergarten teachers noted increased preparedness to meet the language needs of English learner students, and more kindergarten transition activities offered to children prior to kindergarten entry.

**Cross-Case Analysis of First Year Program Development**

The cross-site analysis of the RFS program was designed to increase understanding of common factors that encouraged or hindered progress in developing the RFS centers. Based on data collected across the eight individual case studies, we conducted higher-order analyses based on data from individual case studies, noting similarities and differences in program implementation, common factors facilitating and challenging implementation, and ways in which central program governance influenced program delivery in varying communities with varying
needs. While each site had unique goals and objectives, many commonalities existed in the ways staff initiated services, developed partnerships, received support and guidance from central governing structures, and worked with parents and the larger communities. In addition to individual case study data including interviews, focus groups, and surveys of key demographics; the cross-site analysis included data from other existing sources such as LAUSD and U.S. Census databases. The standardization of measurement tools enabled us to make legitimate comparisons across sites by summarizing data in cross-site matrices and examine them at a multi-case level. Additional data were collected specifically for the cross-site analysis in order to address program-wide issues, and included reviews of relevant documents, such as RFS coordinator meeting and RFS Advisory Board meeting agendas, observation notes from these various events, and interviews with the RFS program director, outreach facilitators, and LAUSD division assistant superintendents.

**Cross-Case Factors Related to Program Implementation**

**Comparisons in Program Implementation.** Variability in factors observed across sites enabled us to determine those associated with degrees of success sites experienced in administering their programs. First and foremost, sites differed in terms of the length of their operating periods during the first year. Application for funding had occurred on one of three different grant cycles for the various centers, meaning some began the second year having as many as ten months of operating time, while others had as few as five. This accounted for some of the varying rates of development observed across sites. Sites also varied in their adherence to the collaborative model advanced by First 5; those beginning the year with a solid partnership among schools and community agencies, maintaining the high degree of collaboration through frequent communication and productive local council meetings were more successful in program implementation over all. Some sites had put this model into practice during the first year while others experienced difficulty in forming their collaborative structures early on ultimately impacting implementation. Building upon our finding in the first year that sites with a history of collaboration were more successful in developing their programs early, we observed during the second year that establishment and maintenance of highly collaborative models was strongly associated with smooth and expeditious program implementation.

In the realm of collaborative development, sites continued to vary in the rate at which they used their local advisory councils to govern development of their respective programs.
Some of the differences were accounted for by the variance in collaborative models included in grants, principally the designs of the local councils which were different in structure and size across sites. Success in development and maintenance of the collaborative structures outlined in the grants, however, varied in the frequency of local council meetings and the function assigned by sites to the meetings themselves. The number of meetings held per site during Year Two ranged from one to seven, with some sites holding regular meetings every other month, some quarterly and one twice a year. One of the sites did not implement regularly scheduled meetings, holding their first meeting in the third quarter of the second year and scheduling no others for that year. Of the sites that had regularly scheduled meetings, participants typically included RFS staff, school administrators, parents and agency providers, with the number of representatives from each group differing across sites. Meeting purposes differed, with some sites’ primarily using the meetings for information sharing while others used it as an opportunity for joint planning of programs (e.g., articulation activities) or for discussions on how to address program challenges (e.g., involvement of African-American parents).

All sites included parent representation on the council as well as school principals and service providers. Analysis of the local council member surveys across sites indicated that the members believed the level of collaboration was high in year two on four of the five survey scales: communication, governance structure, membership and collaborative strategies. Within the governance scale, council members indicated they felt they were strongest in having agreed upon common goals, a typical first step for collaborative groups. Related to membership, council members’ indicated most agreement with the item that the members reflect the diversity of the community. And, in communication, the highest rated items were information about upcoming meetings and events is communicated to all members and meetings are conducted so everyone can understand. These items all reflect the sites’ ability to establish a strong base of collaboration, with common goals, regular communication and key representation.

Although a parent leadership component had not been included in each of the original grants, all sites did some work in the realm of developing a type of parent advocacy body during the second year. The rate of growth and characteristics of these groups, however, varied across sites. One site had a full and formally established parent leadership group in which parents had specific responsibilities by the year’s end. The site began its efforts during the first year and built on this early in the second year, recruiting a total of 15 parents into the parent leadership cadre. The site held regular semi-monthly meetings with the parent cadre during which parents received
information about RFS activities and trainings related to leadership development, outreach and school readiness. Other sites recruited parents, held trainings on how to provide specific services and then engaged the parents in assisting with those services. For example, one site trained parents on how to provide “teachable moment” activities with children and parents and then had them assist the RFS staff with these activities at a community literacy fair. The remaining sites recruited a few parents as leaders and involved them in local council meetings or in handing out fliers to parents but did not yet have a fully developed leadership group.

As was the case during the previous year, all of the sites hired staff for their planned RFS support positions (e.g., case managers, outreach workers, early education coaches). However, the support positions and supervision structure for those positions differed across the sites as did the number of supporting staff positions varied across sites hired through different entities. Whereas staff at one site were all LAUSD employees, another site was staffed completely by a single contractor; while at remaining sites, staffs consisted of a combination of employees from LAUSD and staff from one or more subcontracted community agencies. It was particularly evident from studying the different models used by sites to manage staff members provided via contract with collaborating agencies that the lack of control over how staff were supervised could have a dramatic impact on the program’s ability to implement timely programming. While some sites were able to begin managing staff members on-site and started to develop some of the larger, more intense programs such as case management and home visitation quickly, other sites experienced significant delays in negotiating terms of contracts with partners or recognized several months into implementation that agencies’ philosophies on service delivery differed greatly from that of the sites’ coordinators, creating delays in initiating program activities. Some of the site coordinators expressed disappointment in their lack of ability to fulfill grant objectives on schedule due to the lack of agreement with key partners on how staff should be supervised leading them to consider re-negotiating contracts with certain partners, in some cases eliminating contractors altogether in favor of contracts with different staffing models for program implementation in subsequent grant years.

Facilitating Factors and Challenges. The cross-case analysis yielded some lessons for developing school readiness sites in the realm of capitalizing on facilitating factors and overcoming implementation barriers. Similar to the baseline year, having an experienced coordinator with a background either in early education or early childhood social development with strong program management and networking skills; school administrators and partner
agencies were nearly unanimous in citing the coordinators’ dedication and support as the most important facilitating factor in making the program successful. Also important was the flexibility and adaptability of staff members across RFS sites; RFS staff were known to meet parents at elementary schools, in homes, or in other community venues to ensure that services were still available given the limitations in space. Another common facilitating factor was the strong support of partner schools who frequently provided resources to help sites deal with unanticipated challenges; their regular involvement also facilitated key components of the RFS programs such as outreach to parents enrolled in the system and articulation among pre-K and kindergarten teachers. Also evident as a strong facilitating factor were the coordinated outreach models employed by some of the sites involving multiple methods and strategies targeting key demographics, which were linked to better attended program activities.

Several challenges to implementation as well as strategies to overcome them were common across sites during the second year, primarily those pertaining to operating space. Three of the sites that were slated to operate from a new bungalow facility did not yet have the space available by the end of the second year; by March 2006, one of the three bungalows had been delivered, installed, and was ready for occupation by the site. A fourth site was meant to operate from an existing facility that required remodeling; the work had not been completed by the end of the second year, requiring the site to continue to utilize borrowed space to the extent possible. One site was unable to implement all of its adult education programs due to the loss of a partner-donated space following failed talks about how to resolve insurance matters. Still another site was removed from its operating headquarters, losing access to the bulk of its materials when the building was deemed unsafe for occupation after having experienced a great deal of weather damage. Ultimately, seven of the eight sites experienced major challenges related to space, sharing in common their tendency to address those challenges through their school and community partnerships; school principals typically played a critical role in identifying temporary spaces allowing the bulk of programming to continue through the second year while centers worked to resolve their space problems.

Lack of fully-developed staffing models also continued to present a challenge to many of the sites during the second year as some RFS sites continued to work out the details involved in providing ongoing professional development and supervision of staff. Lower rates of collaboration among agencies, particularly for those sites who met with collaborative partners less frequently created the potential for confusion among staff members who were uncertain
where to turn for guidance and direction when approaching their tasks. Communication emerged as the key factor in sites’ ability to resolve these types of conflicts, as sites who talked frequently with partners and held collaborative meetings frequently had more staff members who rated their own RFS sites higher on teamwork and expressed a clearer understanding of their roles at the center.

**Cross-Case Evidence of Program Impact**

The cross-site analysis of case studies addressed the question of program effectiveness at a programwide level, providing a holistic picture of a local school readiness initiative and its influences on identified communities. Cross-site data from several sources were analyzed including community data on child care provider capacity, surveys with RFS parent participants, surveys with parents who had a child entering kindergarten at target elementary schools, surveys of pre-kindergarten and kindergarten teachers in the target elementary and early education programs, and surveys of local site council collaborative members. Data from parents of entering kindergarteners and teachers were collected during the baseline year and again during the fall of Year Two. This combination of approaches enabled the evaluation team to estimate the degree of program impact on the community using parents, providers, and teachers as key informants over the course of time. Anecdotal information collected through surveys and interviews from RFS site staff, school and agency partners and participating parents were also used to help identify where respondents’ believed changes occurred as a direct result of the program. Evidence from these sources suggested that children and parents who participated in RFS services benefited in areas related to each of the essential elements of school readiness.

Among the primary objectives in early care and education across sites was providing families with information on the importance and availability of early education programs. Across cohorts of parents surveyed, many reported that they wished to find improved child care service for their children but were either unaware or dissatisfied with what was available in their respective communities. While all of the sites provided outreach on the importance of early education, not all of the sites conducted outreach about specific available programs. Moreover, in some of the communities, the ability to outreach about specific available programs was limited by a lack of early care and education slots. The goal to increase child care capacity was achieved across communities through expansion of three of the pre-existing early education centers administered by the district as well as the successful implementation of child care provider
trainings made available free of charge to interested members of the community. Just as the numbers of child care slots were increasing across communities however, so was demand among parents as they learned of the benefits of high quality early learning. The RFS staff worked closely with the Ready For School Advisory Board to develop new strategies for connecting families with child care programs that met their needs adequately.

Since many of the families in the respective communities took care of their children at home rather than use formal child care programs, another primary objective in this element across sites was to engage more children in high quality early learning experiences through RFS child and family programs. Feedback from parents who participated in RFS programs indicated that these experiences helped their children to develop school readiness skills. Parents most often mentioned that their children learned their colors and shapes, developed their fine motor skills (e.g., cutting, coloring), became more verbal and started showing interest in reading. One parent commented, “My child learned her colors in Spanish and English; she can count from 1 to 5 in Spanish; she knows her shapes and the alphabet and can count 1 to 100 in English. She had a good start.” Another parent said, “My child learned to take care of and appreciate books and now she talks more and uses her imagination more.” Pre-kindergarten and kindergarten teachers also provided feedback on changes for children they noticed because of RFS. Their comments were varied, with some noticing improvements in children’s social and verbal skills, some noticing fewer behavior problems, and others noticing that more children know their letters and numbers. One teacher commented, “They begin to follow direction better, which helps in their learning. They have developmental strengths such as fine motor skills and social and interpersonal skills.”

Another area that all of the RFS sites addressed was the early identification of potential special needs and the provision of and/or referral for services for children with an identified disability or other special need. Evidence of effectiveness in this area was not apparent following the second year, in part because of the low numbers of families served or needing services in this area. A few individual success stories were described by sites. At one center, a child was identified with a speech impediment and began receiving therapy through LAUSD’s Division of Special Education. RFS enhanced these formal special education services through the development of a plan to create more opportunities for the child to talk and interact with others. Both the RFS child-parent teacher and the RFS child development specialist provided these opportunities for him during RFS services and also worked with his mother so that she could
help her son more at home. Both staff members observed improvements in the child’s social
interactions and confidence level.

RFS sites provided a variety of services related to improved family functioning including
parent-child classes, adult education classes (e.g., ESL) and parent education workshops, all of
which supported the ability of parents and families to help their children with school readiness.
Compared to the first year, greater numbers of parents of children entering kindergarten reported
having participated in community parent-child workshops in the year prior to kindergarten.
These parents were also more likely to indicate they had participated in parent education
workshops than the year before, a finding that was aligned with the focus of the sites on ensuring
that a variety of parent-child and parent programs were available. While some of the
communities had adult education or parent programs prior to RFS, few had parent-child
programs. Some of the RFS sites provided assistance or referrals for job training during year
two, the effectiveness of which was evident through responses from parents surveyed in the
second year.

Parents who participated in some of the RFS programs were asked to report on
improvements they experienced as a result of participating in the program. More than 80% of
parents surveyed reported that they experienced “a lot of” improvement in four areas as a result
of their involvement, including helping their children learn, communicating with their children,
getting information to help meet their children’s needs and feeling comfortable talking with
teachers and providers. Parents who participated in RFS programs and completed either the RFS
satisfaction survey or the kindergarten-entry survey also reported on a variety of changes for
themselves in open-ended responses, including having developed communication skills with
children, understanding the importance of spending more time with children in learning
activities, and improved discipline techniques. One parent said that after participating in RFS, “I
have learned to be more observant of her development – both mentally and physically” and
another commented, “It helped me to behave better towards my child, and I learned how to teach
my child age-appropriate things.”

The effectiveness of cross-curriculum articulation programs was evident in changed
perceptions among teachers from the first year to the second year. Pre-kindergarten and
kindergarten teachers in the second year were more likely to report a higher level of cross-
communication between the two groups. The second year cohort was also more likely to report
that a sufficient number of transition activities had been offered to parents and that information
had been provided about kindergarten expectations. Teachers commented on changes they had observed at their schools including increased opportunities for pre-K and kindergarten teachers and administrators to discuss ideas together about helping parents and students with school success, more openness on the part of teachers to participate in these discussions, more opportunities for parents to become engaged at the school, and more services for children. As one teacher noted, “Ready For School helps prepare students for the routines and social behaviors expected in kindergarten and gives them an academic base for kindergarten.” Another teacher said, “The Ready for School Center helps support parents and teachers with special events and inspires us all.”

**Implications for Best Practices**

During their first complete year of program implementation, the RFS sites continued with a number of key practices that have been shown to have promise in past research (for comprehensive reviews see Advisory Committee on Head Start Research and Evaluation, 1999, and Reynolds et al., 2001). Among these were the sites’ continued focus on school readiness as a multidimensional construct, not merely on cognitive development. Each RFS center’s service delivery plan included programs to help address children’s social, emotional, health, physical and cognitive development; progress in addressing each of these areas was noted across sites by parents, teachers and RFS staff. An additional strategy observed as a best practice was the improved linkage to high quality child care and preschool programs in the community, a strategy that included the centers’ continued partnerships with LAUSD pre-K programs, including early education centers and SRDLP programs as well as efforts by centers to work with local child care providers and encourage them to incorporate into their programs elements of the DLM curriculum (identified by LAUSD as having proper alignment to the Open Court curriculum employed in LAUSD elementary schools).

The RFS program also continued to modify its strategies based on the key family risk factors it identified in its community through data analysis from the first year, paying close attention to factors that were correlated with higher failure rates in elementary school, such as low parent involvement, limited English speaking proficiency, and lower access to resources due to low socio-economic status. The RFS programs continued to provide comprehensive intervention using the family as the unit of treatment, rather than focusing solely on the child, recognizing the critical nature of parent involvement in children’s education at a young age, strategies that were shown to have an impact based on outcomes measures used in this
evaluation. RFS sites covered a great deal of ground in their surrounding communities with outreach programs including information fairs offering free education on early childhood development, early care programs, health, and elementary school expectations. Programs also accommodated the unique needs of their populations by providing home visitation programs and classes that were accessible to working populations of parents so that opportunities were available to these key demographic groups.

An additional best practice observed on the part of RFS programs was the approach to changing school environments to make them more ready for children as children became more school ready. During the second year, RFS centers placed a great deal of emphasis on kindergarten transition programs through the development of a pilot kindergarten academy, numerous transition fairs, and general efforts to strengthen collaborative ties with elementary school partners. Based on a successful model employed by one of the centers during the first year, nearly all of the centers made advances in developing a cross-grade-level articulation component involving the participation of pre-K and kindergarten teachers who would meet to discuss improved alignment between their curricula based on observations of one another’s classes; though these programs were challenging to implement due to limited teacher availability, change was evident in responses to teacher surveys in the second year, encouraging sites to continue strategizing on how to make these programs work. RFS centers also had a strong presence at kindergarten enrollment periods, helping parents to complete enrollment forms, educating them on all the necessary procedures on enrolling their children in school, including when and how to get immunizations, and in some cases providing them with tours of kindergarten classrooms and introductions to teachers.

**Central Governance Structure in Guiding Program Development**

A key component of our cross-site analysis was our observation of the role of the central program governance structure, consisting of the RFS program director and two outreach facilitators, each of whom supervised four of the eight sites, in guiding the development of the eight RFS programs during the first two years of implementation. The central staff continued to provide similar levels of support as in the first year including regular bi-weekly professional development for all RFS coordinators on topics on budgeting; contracts; support with site-level program development such as partnership relations; networking with other district, city, county and state programs and initiatives; development of new partnerships and potential new funding sources; and assistance with fiscal reporting. Central staff worked closely with the evaluation
team in developing action plans for RFS centers based on recommendations made during our first year case studies. Central staff also played a critical role in expanding service provision across sites through such new programwide efforts as the kindergarten academy which took place in the summer months of 2005, and continued to oversee construction on facilities planned for program operation at several sites. Central staff made great efforts to provide a regular onsite presence, particularly when needed to addresses questions about the original memoranda of understanding among the RFS centers and their partnering agencies.

Several other strategies developed for program expansion began in the third year, including the programwide incorporation of a standardized special needs screening tool called the Parents' Evaluation of Developmental Status (PEDS), training on how to use the tool effectively, and improve tracking of children in need of special services. Central staff continued to support the RFS sites through identification of new funding sources such as the new stream of mental health funding in L.A. county authorized by the passage of California Proposition 63. Additional funding sources were secured through First 5 that allowed all sites to have at least one full-time case manager and full time early education coach; a new centralized professional development program was developed for the coaches to take place on a bi-weekly basis similar to the professional development provided to the coordinators. Finally, given the limitations on funding for clerical positions at the sites, central staff began exploring the possibility of employing interns from local colleges and universities as a low-cost alternative to full-time staffing as a means of providing support to RFS centers in their ability to address reporting requirements imposed by the grantor.

**CONCLUSION**

The second of four years of the Ready For School (RFS) program was characterized by substantial growth and development in a short timeframe, as the eight LAUSD school readiness grantees filled staffing positions, set highly collaborative processes into motion, and expanded programming to serve a rapidly growing population of participants. The second year was a period during which the basic frameworks for school readiness sites evolved into fully operating centers attracting the attention of families and organizations in their communities, gaining a great deal of recognition among school personnel, child care providers, and granting agencies. Having gathered detailed information about the program over the course of two years through our dual-methodological approach, we were able to draw a number of important conclusions about the
reality of implementing a program on this scale of size and complexity as well as the observable impact it has had in the short term. Through our analyses of participant growth across time, including our first follow-up assessments of participant samples, as well as individual case studies of all RFS centers, several major themes emerged that should be useful to program staff and grantors alike as the program continues to develop.

First, we’ve observed that it is possible to effect change in family behavior as it pertains to engagement in early learning activities in the home. Across various cohorts of participants involved in different types of programs, ranging from case management and home visitation to workshops on everything from career development to immigration policy, families always showed marked growth in their tendency to engage in early learning activities at home. Not only is this finding important in its own right (given the strength and consistency of the effect), but it is well aligned with the program’s philosophy that early education begins in the home with the family and that parent involvement in education is vital, particularly among the populations of first generation immigrant families that constitute much of the program’s target population. Having observed families’ increasing interest in understanding education, increased access to books and other educational materials, and increased tendency to share their newfound knowledge with neighbors, relatives, and friends, there was a clear indication that the RFS program has made a great deal of progress in addressing its goals during the first two years.

Second, we observed that adherence to a program model that is highly collaborative is crucial to the successful implementation of a program as complex and far reaching as the RFS program. RFS sites that were built on a solid foundation of collaboration across schools and community agencies and managed to maintain those collaborative ties through regular meetings and clear communications about goals and objectives managed to move much farther along in program implementation than those where collaborative ties were weaker. Particularly in light of the fact that most centers were faced with challenges related to operating space, it was incumbent upon centers to seek alternatives in order to allow programming to move forward, frequently requiring those valuable links to school principals and others who had knowledge of and access to suitable solutions. In addition, many center staffing models included staff members employed through external agencies raising questions about how they should be supervised and guided professionally. Centers that exhibited clear and regular communication with their partners ran into far fewer obstacles related to staffing and tended to have staff members with more positive attitudes toward the program, feeling that they were working as part of a team.
Third, and certainly key, was the observance that parents must be included as active participants in the process of community change. During the second year, all sites developed some type of local governance structure involving parent volunteers. The central staff also involved parent volunteers in its decision making through its quarterly meeting of the RFS Advisory Board. This provided an advantage to families as they gained education, support, and leadership training through the experience, but benefited the sites as well by allowing them to fortify and expand their community outreach without the cost of additional personnel. A strong network of parent volunteers provided centers with the benefit of their own knowledge of the community, its cultural and linguistic diversity, and access to numerous other locations where additional parents could be reached. Through our case studies of the RFS programs, we noted change in parent perceptions of the education system occurring rapidly as their own comfort levels with interacting with school personnel increased and as they gained knowledge and feelings of empowerment concerning their children’s education.

LIMITATIONS AND FUTURE DIRECTIONS OF EVALUATION

Following two years of planning, data collection, and analysis for this project, we identified a number of areas in which we’re striving to improve the quality of the evaluation based on limitations we’ve observed in our systems of measurement. Principal among these was our lack of an identified control group against which to compare our measures of participant growth over time. Although the variation in participant experiences allowed us to assess the degree to which relative program intensity levels affect change in participant behavior, we noted widespread growth among participants, suggesting possible maturation effects. Thus, we could not precisely separate out the changes in participant behavior that are attributable to the program as opposed to general change that might occur naturally merely by virtue of families’ having spent more time in the United States or merely as their children develop and become closer to the age at which kindergarten starts. While we believe our findings to be indicative of short term program impact, it is necessary to take further steps toward involving participants not connected with the program at all in order to identify how much growth is a direct result of participation in the RFS program. One strategy that is planned for evaluation during the third year is to begin looking at children at the partner elementary schools, those who have and have not had some type of involvement with RFS, and compare them to students at similar elementary schools in
order to begin to identify degrees of growth attributable to a comprehensive school readiness program as well as begin to assess potential long term effects of the program.

An additional limitation was our lack of corroborating measures of parent engagement and involvement. Although we assessed specific areas in which parents were expected to grow following program participation, the patterns were not easy to interpret and led to additional questions about how particular dimensions of parent engagement may be differentially affected by these types of programs. Our design could benefit from additional standardized measures such as assessment of family values toward education or an objective measure of overall parent involvement in education. Although we administered self-report measures of parents’ involvement in schools, other techniques such as family diaries or close observations of small samples of parents might allow for more direct measures of the degree to which parents are involved in their children’s education. Through the use of additional measures, even if administered to a representative sample of participants, we could more precisely gauge the validity of our measures as well as their reliability.

Finally, just as we’ve identified problems inherent with schools’ lacking knowledge about families before they enter the school system, our evaluation collected little information on the families’ background before they entered the RFS program. All of our intake measurements were administered following a family’s decision to enroll in some type of class, case management, or other program. In-depth interviews with a sample of families that provide a cross-representation of individuals that were or were not involved in the program would allow for some additional opportunity for comparison in follow-up measurement and also allow us to understand more about the family’s background. This would allow us to identify additional factors at the time of pre-test which might be predictive of the family’s potential for growth when enrolled in the program.

**RECOMMENDATIONS**

Recommendations in program evaluation are intended to assist program management in guiding program development by bridging evaluation findings and program-level decision making. Based on findings that emerged during our analyses during the second year, several recommendations are made for use by program management:

**Facilitate Coordinated and Multi-method Outreach Across all RFS Centers.** Several sites experienced challenges in implementing a coordinated and comprehensive plan for outreach
while others experienced a high degree of success. Central staff may want to use data from our case studies of sites with successful outreach programs to develop a working model for all sites to adopt in the interest of creating successful outreach programwide. Additionally beneficial might be to incorporate aspects of models from other surrounding school readiness sites outside of the district, particularly those in communities comparable to the LAUSD sites. Having a formalized, scripted outreach plan could be useful to present to the RFS Advisory Board for discussion and serve as a model for budding school readiness programs.

**Develop Cross-site Guidelines for Parent Leadership.** As sites experienced varying degrees of success in creating parent leadership groups, we recommend creating guidelines for developing parent advocacy groups that include specific roles and responsibilities for parents and staff as well as strategies to maintain parental involvement. As with a coordinated outreach model, sites that experienced higher degrees of success in this area could assist with the development of the guidelines. One of the major themes to emerge from our evaluation is the importance of a parent leadership component; common elements to developing successful parent groups based on the experiences of these RFS centers as well as those from external programs, should be incorporated into the plans of all sites.

**Conduct Cross-site Training for Case Managers.** Discussions with program leadership revealed that case management across sites varied widely in goals and strategies. A standardized system of case management could prove helpful in facilitating communication between RFS staff and partnering agencies as well as for defining roles for case management staff, allowing them to focus on the individual problems of their clients. Furthermore, such a model could be a useful tool for central staff to use to monitor the quality of case management programs at various sites. A cross-site training for staff could be useful for enhancing case manager skills, particularly given the varied levels of skills and experience among case managers across sites. Central staff may want to consider identifying a professional trainer in this area or may want to tap into the expertise of RFS coordinators or other expert RFS staff to help provide training on how to conduct intake interviews that increase parents’ comfort level with the paperwork and increase staff’s capacity to help identify their needs and how to best serve them.

**Provide Site-specific Training and On-site Administrative Support.** Having observed the progress made by coordinators in acquiring skills in budgeting and general program management, it may be a good time to reduce the frequency of centralized training sessions in favor of more frequent on-site trainings allowing professional development to be delivered in the
relevant context with local staff members included. A more frequent presence of outreach facilitators at the centers could assist coordinators in governing their programs merely by virtue of the more solid connections between central staff and local site staff and by reinforcing the central program ideals of school readiness intervention. Outreach facilitators could also become more involved in local council meetings, helping to ensure that meetings are run effectively and held at appropriate frequencies, carrying examples of effective uses of meetings from sites with strong collaboratives to those still working to develop their councils.

**Continue Development of Sustainability Plans.** Each of the RFS sites began developing a five-year plan for sustainability at the end of year two. Sites should continue to plan with current and potential partners to identify new funding opportunities that can continue and possibly expand their programs as part of a contingency plan given the uncertainty of future school readiness funding. Expanding on current partnerships from agencies with resources to donate based on the positive growth exhibited among sites is one way to seek additional funding to continue the growth initially supported by First 5 funding. RFS coordinators should continue to create a strong presence at County Service Plan Area meetings and other opportunities for networking with agencies that could provide additional support.
REFERENCES


### APPENDIX A:
FORMS USED TO DOCUMENT PROGRAM ACTIVITIES

*Direct Services to Groups (e.g., Workshops/Classes/Trainings)*

<table>
<thead>
<tr>
<th>Date:</th>
<th>Start Time:</th>
<th>Duration (min. or NA):</th>
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<tbody>
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Name of Program:

Location:

Session: _____ of _____

Presenter(s)' Names, Titles and Affiliations:

Person Completing Form, Name & Contact #:

**Target Population (mark all that apply):**

- ___Children Less than 3  ___Children 3-5  ___Parents/Guardians of Children 0 to 5 (Complete Part A Below)
- ___Early care providers and/or teachers (Complete Part B below)

Activity Description *(For multi-session series, describe the activity fully on the first session’s G-Form, and for subsequent sessions, only need to describe any new topics covered)*

### PART A: FAMILY ACTIVITIES

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<tr>
<td>___05 Support Group session</td>
</tr>
<tr>
<td>___06 Class/workshop/training</td>
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<tr>
<td>___99 Other (describe):</td>
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**Was this activity specifically for children with a disability or other special need and/or their families?**

- ___No  ___Yes

If no, did any children with a disability or other special need (or their parents) participate in this activity?

- ___No  ___Not sure  ___Yes: How many?  

### PART B: PROVIDER ACTIVITIES

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</tr>
<tr>
<td>Mixed/Multi-Racial</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

*Note: For family activities, the total # attended and break-outs by ethnicity, language and child's age will be summarized electronically from the sign-in sheet.*
Indirect Activities (Outreach/Meetings/Community Events)

<table>
<thead>
<tr>
<th>Date:</th>
<th>Start Time:</th>
<th>Duration (min. or NA):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Activity:

Location:

Provided By: (If RFS sponsored, staff titles. If not RFS sponsored, name of sponsoring organization)

<table>
<thead>
<tr>
<th>Which Type of Activity Was This? (mark only one box):</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Outreach to families/community (203) – Check all methods used:</td>
</tr>
<tr>
<td>❑ a) In person/Door-to-door ❑ b) Mailing ❑ c) Telephone ❑ d) Other</td>
</tr>
<tr>
<td>❑ Advisory council/community network meetings (201)</td>
</tr>
<tr>
<td>❑ Community events/celebrations/fairs (202)</td>
</tr>
<tr>
<td>❑ Media Campaign (e.g., radio, television, newspapers, magazines, web) (204)</td>
</tr>
<tr>
<td>❑ Public speaking/ Group Presentation (205)</td>
</tr>
<tr>
<td>❑ Other – (206) (explain)</td>
</tr>
</tbody>
</table>

Estimated number of participants or materials distributed:

Target Population (mark only one): _____Community at large OR _____Specific group

If you checked “specific group” above, mark all that apply:

_____Children 0-5 _____Parents/Guardians of Children 0-5 _____Other family members

Person Completing Form – Name & Contact #:

Activity Description:

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>For each section below, check the boxes to indicate if the activity was directed at specific groups and if so, which ones</th>
</tr>
</thead>
<tbody>
<tr>
<td>No specific ethnicity</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Black/African American</td>
<td></td>
</tr>
<tr>
<td>Latino/Latina</td>
<td></td>
</tr>
<tr>
<td>Asian/Filipino</td>
<td></td>
</tr>
<tr>
<td>White/Non-Hispanic</td>
<td></td>
</tr>
<tr>
<td>Alaska Nat./Amer Indian</td>
<td></td>
</tr>
<tr>
<td>Pacific Islander</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Language</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No specific language</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>English</td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
**APPENDIX B:**
FAMILY INTAKE FORM

<table>
<thead>
<tr>
<th>Your Name:</th>
<th>Relationship to Child(ren) in Program:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Street Address:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip code:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Phone:</th>
<th>Today's Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Please tell us the names of all children age 5 and under in your family…**

<table>
<thead>
<tr>
<th>First Name and Last Name of Children Age 5 and Under</th>
<th>Gender</th>
<th>Birth Date</th>
<th>Birth place (CA County or State or Country)</th>
<th>Ethnicity</th>
<th>Has child been identified with any known disability or special needs?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Don’t know/declined</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Declined</td>
</tr>
</tbody>
</table>

|                                                      |        |            |                                             |           | Yes                                                                 |
|                                                      |        |            |                                             |           | No                                                                 |
|                                                      |        |            |                                             |           | Don’t know/declined                                            |
|                                                      |        |            |                                             |           | Declined                                                        |

|                                                      |        |            |                                             |           | Yes                                                                 |
|                                                      |        |            |                                             |           | No                                                                 |
|                                                      |        |            |                                             |           | Don’t know/declined                                            |
|                                                      |        |            |                                             |           | Declined                                                        |

|                                                      |        |            |                                             |           | Yes                                                                 |
|                                                      |        |            |                                             |           | No                                                                 |
|                                                      |        |            |                                             |           | Don’t know/declined                                            |
|                                                      |        |            |                                             |           | Declined                                                        |

|                                                      |        |            |                                             |           | Yes                                                                 |
|                                                      |        |            |                                             |           | No                                                                 |
|                                                      |        |            |                                             |           | Don’t know/declined                                            |
|                                                      |        |            |                                             |           | Declined                                                        |

|                                                      |        |            |                                             |           | Yes                                                                 |
|                                                      |        |            |                                             |           | No                                                                 |
|                                                      |        |            |                                             |           | Don’t know/declined                                            |
|                                                      |        |            |                                             |           | Declined                                                        |

**Please tell us about the children’s parents/guardians …**

<table>
<thead>
<tr>
<th>Name of Mother/Female Guardian</th>
<th>Relationship to child</th>
<th>Birth Date</th>
<th>Birth place (CA County or State or Country)</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Father/Male Guardian</th>
<th>Relationship to child</th>
<th>Birth Date</th>
<th>Birth place (CA County or State or Country)</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Please list the names of any family or non-family members who live in the child(ren)’s household …**

<table>
<thead>
<tr>
<th>Last Name, First Name</th>
<th>Relationship to Child</th>
<th>Gender</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|                       |                       |        |            |             |           |
|                       |                       |        |            |             |           |
|                       |                       |        |            |             |           |

Ready For School Program: Second Year Evaluation Report 84
For each question in the table below, please check the one response that best describes your experiences.

**How did you first learn about the Ready For School program?**
- From a Flier or Poster
- From other parents in the community
- Somewhere else – Describe: ________________________________
- From a teacher/childcare worker
- From a health or early education fair

**Which of the following would you say is the MOST important part of your child’s school readiness? (Mark only one answer)**
- Having knowledge of letters, numbers, colors, and shapes before starting kindergarten
- My knowing what kindergarten teachers expect of children
- Ability to speak English
- Child’s health and wellness
- Child’s ability to interact with people outside the home

**How familiar are you with services related to school readiness available to you in your community?**
- Very familiar
- Somewhat familiar
- Hardly at all familiar

**Have you or your child been involved in any programs or services related to school readiness before now?**
- Yes
- No
- If YES, Please describe: ________________________________

**For the following table, please check YES or NO to show whether you agree with each statement:**

<table>
<thead>
<tr>
<th>I feel that…</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>We have what we need in the home (computers, educational toys, and other tools) to prepare my child to learn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are many activities available to me in the community to help me prepare my child to be ready for school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can talk to teachers and other people at the school to find out what they expect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have access to doctors/clinics and other services for my child’s health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know where to go whenever I have any questions about my child’s school readiness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All of my childcare needs are being met</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have the language skills I need to help my child prepare for school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know how to teach my child what he or she needs to know before starting kindergarten</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have the transportation necessary to take my child where he needs to go to be ready for school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My family has enough money to prepare my child to enter kindergarten</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know enough about school readiness that I can help other parents to prepare their children for school</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Is there anything else you would like to tell us about your child(ren)’s being ready for school?**
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
APPENDIX C:
SCHOOL READINESS QUESTIONNAIRE

Please tell us a little about your family’s child care and education needs.

<table>
<thead>
<tr>
<th>Mother/Female Guardian Works:</th>
<th>Education</th>
<th>Father/Male Guardian Works:</th>
<th>Education</th>
<th>Other Guardian Works:</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daytime</td>
<td>No Education</td>
<td>Daytime</td>
<td>No Education</td>
<td>Daytime</td>
<td>No Education</td>
</tr>
<tr>
<td>Nighttime</td>
<td>Grammar School</td>
<td>Nighttime</td>
<td>Grammar School</td>
<td>Nighttime</td>
<td>Grammar School</td>
</tr>
<tr>
<td>Various</td>
<td>HS Diploma/GED</td>
<td>Various</td>
<td>HS Diploma/GED</td>
<td>Various</td>
<td>HS Diploma/GED</td>
</tr>
<tr>
<td>Not at all</td>
<td>BA/College Degree</td>
<td>Not at all</td>
<td>BA/College Degree</td>
<td>Not at all</td>
<td>BA/College Degree</td>
</tr>
<tr>
<td></td>
<td>Graduate Degree</td>
<td></td>
<td>Graduate Degree</td>
<td></td>
<td>Graduate Degree</td>
</tr>
</tbody>
</table>

Do you believe that RIGHT NOW your childcare needs are being met?

- Yes
- No

If you answered No, what is the main reason why your childcare needs are not being met?

- Cost
- Transportation
- Other:

Has anyone talked to you about childcare options in your community?

- Yes
- No

Would you like more information about childcare options in your community?

- Yes
- No

In which ways have you learned about school readiness so far? (Check ALL that apply)

- Talked to teachers/others at an elementary school
- Attended a fair or exhibition about school readiness
- Attended classes/seminars on preparing children for school
- Talked to daycare workers or preschool teachers about child’s school readiness
- Other (describe):

Are you or other adults in your family enrolled in any adult education classes now?

- Yes
- No

If you answered Yes, what kind of classes?

- ESL (English as a Second Language)
- Parenting/In-Home Childcare
- Career Development/Other

If you answered Yes, how did you learn about these classes?

- From a Flier or Poster
- From other parents in the community
- From a teacher/childcare worker
- Somewhere else - Describe ____________________________

Please check any items that make it difficult for you to attend the adult education classes you want to take:

- Not enough time
- Transportation problems
- Not sure if I qualify
- Don’t know what is available
- Don’t have childcare
- Can’t afford fees for classes
- Other reasons (describe):

How much are you able to understand English when you hear it spoken?

- All the time
- Most of the time
- A few words
- Never

How much are you able to speak English?

- All the time
- Most of the time
- A few words
- Never

How much are you able to read and write in English?

- All the time
- Most of the time
- A few words
- Never
Please tell us a little about how you spend time with your children age 5 and under at home…

### During a normal week, how often does someone point out household objects and go over their shapes/colors/names with the child(ren)?
- Not at all
- Once or twice a week
- 3-6 times a week
- Don’t know
- Every day
- Declined

### During a normal week, how often does someone practice naming or writing letters of the alphabet with the child(ren)?
- Not at all
- Once or twice a week
- Every day
- Declined
- 3-6 times a week
- Don’t know

### During a normal week, how often does someone do counting activities with the child(ren)?
- Not at all
- Once or twice a week
- Every day
- Declined
- 3-6 times a week
- Don’t know

### During a normal week, how often does someone sing songs to the child(ren)?
- Not at all
- Once or twice a week
- Every day
- Declined
- 3-6 times a week
- Don’t know

### During a normal week, how often does someone read or show pictures to the child(ren)?
- Not at all
- Once or twice a week
- Every day
- Declined
- 3-6 times a week
- Don’t know

### During a normal week, how often does someone tell stories to the child(ren)?
- Not at all
- Once or twice a week
- Every day
- Declined
- 3-6 times a week
- Don’t know

Which of the following items are available to your child(ren) in the home (check ALL that apply?)
- Computer
- Visual Educational Media (TV Programs/Videos)
- Books
- Audio Educational Media: (Songs on Tapes/CDs)
- Educational Toys
- Other items: Describe

For the items below, tell us how much you agree with each statement…

- I feel I am a good model for other parents.
- It is hard to know if I am doing a good job as a parent.
- I feel I am doing a good job as a parent.
- I am able to figure out what is bothering my child.
- I find parenting to be tiring.
- I know what to do to be a good parent.
- Being a parent makes people get tense and anxious.
- I have the skills I need to be a good parent.
- It is hard to decide what to do to be a good parent.
- I find parenting to be satisfying.
- It is hard to find time to do all I want to do as a parent.

Please tell us a little about your family’s health and wellness…

What kind of health coverage does your family have now?
- We do not have any health coverage
- Family pays for all insurance
- Indian health service
- Work place pays for all insurance
- Medical pays for insurance
- Other government health plan
- Work pays for some; family pays rest
- Medicare pays for insurance
- Other (describe):

Do you have a regular family doctor?
- Yes
- No

Have you ever had difficulties taking a child to the doctor when it was necessary?
- Yes
- No

If Yes, what was the main reason you had difficulty?
- Cost of treatment/Fees
- No time to take child to the doctor
- Other (describe):
- Transportation issues
- No health insurance
- Other (describe):

Does anyone in your household smoke?
- Yes
- No
- Don’t know/Declined
<table>
<thead>
<tr>
<th>Child’s FULL Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Birthday:</td>
<td></td>
</tr>
<tr>
<td>Child’s Age:</td>
<td></td>
</tr>
<tr>
<td><strong>Which best describes this child’s household?</strong></td>
<td></td>
</tr>
<tr>
<td>☐ The child lives with at least TWO Parents/Guardians</td>
<td>☐ Other situation (describe):</td>
</tr>
<tr>
<td>☐ The child lives w/ ONE Parent/Guardian</td>
<td></td>
</tr>
</tbody>
</table>

| **Who is this child’s primary guardian?** |  |
| ☐ Mother | ☐ Father | ☐ Other: _______________________________ |

| **Is this child in foster care?** |  |
| ☐ Yes | ☐ No |  |

| **Which type of care does the child receive during the **D**AYTIME?** |  |
| ☐ The child is at home with at least one parent. | ☐ The child is at daycare outside the home. |
| ☐ The child is at home with another family member (grandparent/aunt/uncle) | ☐ The child is in preschool during the day. |
| ☐ The child is at home with a non-relative (friend/neighbor/in-home care-giver) | ☐ Other (describe): _______________________________ |

| **Which type of care does the child receive during the **E**VENING?** |  |
| ☐ The child is at home with at least one parent. | ☐ The child is at daycare outside the home. |
| ☐ The child is at home with another family member (grandparent/aunt/uncle) | ☐ Other (describe): _______________________________ |
| ☐ The child is at home with a non-relative (friend/neighbor/in-home care-giver) |  |

If the child is at least THREE years old, has he/she ever gone to a nursery school, preschool, pre-kindergarten, a Head Start program, or a child care center, on a regular basis (at least two times a week for at least 6 months)?

| ☐ Yes | ☐ No | ☐ Child is under three |

| **Was this a Head Start program?** |  |
| ☐ Yes | ☐ No | ☐ Child is under three |

| **Which do you believe is the **B**EST type of childcare for your child during the **D**AYTIME?** |  |
| ☐ At home with a parent | ☐ At preschool |
| ☐ At home with another family member | ☐ At daycare (not preschool) |
| ☐ At home with a non-family caretaker | ☐ Other: _______________________________ |

| **Which of the following best describes this child’s overall health?** |  |
| ☐ My child is frequently ill and needs to see a doctor often. | ☐ My child is ill enough to see a doctor once or twice a year. |
| ☐ My child is ill enough to see a doctor several times a year. | ☐ My child is never ill enough to need a doctor’s care. |

| **Do you have any concerns about your child’s…? (Check all that apply)** |  |
| ☐ Speech | ☐ Verbal Comprehension | ☐ Behavior |
| ☐ Vision | ☐ Motor skills (e.g., using fingers/hands) | ☐ Physical development |
| ☐ Hearing | ☐ Social skills (e.g., gets along with other children) | ☐ Emotional well-being |
| ☐ Other (describe) _______________________________ | ☐ No |

For the items below, indicate how much you agree with each statement….

I feel that my family has enough health care coverage to meet this child’s health care needs.

| ☐ Strongly Agree | ☐ Agree | ☐ Disagree | ☐ Strongly Disagree |

Health care is a major concern when it comes to this child’s readiness for school.

| ☐ Strongly Agree | ☐ Agree | ☐ Disagree | ☐ Strongly Disagree |

This child gets the proper amount of nutrition for a child at this age.

| ☐ Strongly Agree | ☐ Agree | ☐ Disagree | ☐ Strongly Disagree |

My child is healthy enough to attend kindergarten.

| ☐ Strongly Agree | ☐ Agree | ☐ Disagree | ☐ Strongly Disagree |