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

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Preface

The Ready For School evaluation was designed to address multiple questions about a comprehensive school readiness program, examining the ways in which a complex program, implemented in a real-world context, influences the lives of young children and their families, their schools, and their community contexts. The first three years of evaluation demonstrated that engaging parents in leadership roles in the program, maintaining strong collaborative ties with schools and other community partners, and using wide scale, multi-modal outreach techniques were critical to successful implementation of the program. Among key findings, our analyses indicated that various combinations of programs tailored to meet families' specific needs led to higher parent involvement in in-home learning across all facets of the program.

The careful documentation of school readiness service delivery designed to foster ongoing partnerships is anticipated to be a useful tool to the LAUSD superintendent in addressing his strategic goal to increase parent and community involvement in the school system. The information derived from this process of systematic inquiry provides a data-driven framework through which policy makers can understand how and to what degree programs can increase community involvement in public education. Previous research on school readiness establishing long-term links between school readiness programs and increased numbers of high school graduations also provide groundwork for our data to be used in longitudinal analyses, which will enable the superintendent to identify early education programs as a critical step in increasing the potential for academic success among LAUSD students.

Our ongoing investigation of school readiness in the LAUSD is funded by a partnership between First 5 California and First 5 Los Angeles. For more information on the Ready For School evaluation, browse the projects section of the PERB website at http://perb.lausd.net. Correspondence concerning this report should be addressed to:

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Executive Summary

The Ready for School (RFS) Program is an effort to promote school readiness among young children living in various Los Angeles communities where risk factors associated with lower school preparedness are high. The program is comprised of nine 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 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 the sites and how they influenced the school readiness of young children, and 2) to examine specific changes occurring in children, their families, and the communities as a result of interventions introduced and coordinated 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 individual 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 interventions used by the program to address school readiness? How do sites address the various domains of school readiness as they work to respond to the unique needs of different 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 young children, families, schools, and communities?

Nature of Implementation: During the third year, the program grew substantially in terms of service capacity with better established infrastructures and more complete staffing than in previous years. While the populations of participants grew in size, they remained stable demographically, with service needs largely unchanging. Needs were addressed more effectively in the third year than ever before as the numbers of in-demand programs such as home visitation services, mental health counseling, and parent education workshops increased in availability.

Facilitating and Challenging Factors: Programs were greatly assisted by the availability of additional funding allowing them to increase the roles of case managers and early education coaches, ultimately leading to increased service capacity. The continued use of ongoing professional development allowing centers to share ideas and standardize successful practices also facilitated programming. Challenges continued to center around facilities needs and the slow pace of formalizing partnerships as programs grew and expanded rapidly.

Program Impact at Multiple Levels: Rapid growth in family involvement with early learning at home continued to be observed across participant groups. While minimal effects were observed in standard measures of parenting efficacy, interview data showed substantial change in family-child and family-school interaction. Changes were also observed in school capacity for teaching children effectively as teachers recognized increased service capacity and used it as a support network. More widespread use of articulation programs also accounted for increased coordination between pre-Kindergarten programs and elementary schools.

Following three years of analysis, our general conclusions about the implementation and impact of the RFS program remain largely the same:

1. Behavioral change among families in terms of their participation in early learning at home occurs rapidly as parents recognize their importance in the education process.
2. As a result of increased confidence and knowledge among parents, a sense of empowerment and leadership is gained by parents, subsequently enhancing program growth as program staff learns to capitalize on these gains to assist with expansion of service capacity.
3. Vital to the success of the program are maintaining frequent and ongoing collaboration with all key partners and maintaining trust and cohesion among all

partners and staff members.

Recommendations focus on sustaining successful practices while looking ahead to the future as continued streams of funding have not been secured:

- Strategize ways to increase visibility and recognition of the Ready For School program name.
- Intensify role of local district offices in collaboration and expansion.
- Increase efforts to recruit hard-to-reach populations such a dual-working parent households, single-parent households, fathers, and Black families.
- Maximize variety and flexibility in program scheduling.
- Continue seeking alternative solutions to space limitations.
- Continue full-time early education coach role.
- Continue to seek partnerships with programs providing services to older children.

Introduction

Ready for School (RFS) is a 4-year program designed to promote the school readiness of children aged 0-5 living in Los Angeles. The program is among those funded by a school readiness initiative funded in partnership by First 5 California and First 5 L.A., the agencies that distribute tobacco tax funds from Proposition 10, the ballot initiative passed in 1998, to California's 58 counties for the purpose of supporting local programs designed to increase the health and social welfare of the state's children during their first five years of development. RFS is designed to assist and support the school readiness of children throughout the Los Angeles Unified School District (LAUSD) through a comprehensive approach that brings together district-level, county-level and community-level partners to provide central coordination and promote system-wide policy changes while simultaneously implementing Ready For School (RFS) centers in local communities. Operating eight RFS sites during the first three years of the program, each local site addresses the unique needs of its community by building on existing assets and creating new programming to prepare children from prenatal to age five (referred to hereinafter as *young children*) for school success. The plan is for sites to develop into models for other Los Angeles communities and for their work to contribute to the LAUSD's understanding of cross-community issues.

This report, the third of four such reports planned across the four years for which RFS Program funds were granted, was completed following 36 months of observation of the program, focusing on rates of success achieved in implementation during early and later phases and evidence of program impact on the target populations. The report is structured along chapters covering different aspects of the evaluation project, beginning with an overview of the evaluation design including research questions that guided the process in Chapter 1. Chapter 2 provides more detail about the program's history and its various components. Chapter 3 details the methodological approach used to study the program, while the subsequent three chapters present findings related to each of the research questions. Chapters 7-9 offer general discussion points that have evolved from the evaluation findings, including main conclusions derived from our analyses, recommendations for further program development, and the directions in which program and evaluation alike are headed in the fourth year of the grant.

Chapter 1: 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 was on the implementation of the First 5 School Readiness Initiative in the LAUSD and the impact of intervention strategies on young children (prenatal to age five), their families, and their corresponding communities. Key program elements and desired outcomes among children and families were linked to health and nutrition, levels of parenting skills and satisfaction, and strength in connection among families, schools, and community agencies. Conducting this study required development of a thorough system of documentation of school readiness programs, their evolution, and the experiences of participants they served. The evaluation team worked closely with program staff 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 but also providing descriptive data needed by the program to fulfill grant reporting requirements. The systematic logging of service delivery across programs as well as careful observation of each program within its context ultimately served as the framework for the design of the evaluation and the process by which we gathered information across a three-year span.

The design 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 young children, their families, and service providers, and 2) systematic case studies of the eight original school readiness sites[1] 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 young children and

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[1] The ninth school readiness site did not begin operation until the fourth year at which point the case study component of the evaluation design was revisited. The program's inclusion of this site will be addressed on a holistic level in the fourth year evaluation report.

other program participants over time, focusing on individual and family level changes in response to the interventions implemented by the eight sites. 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, 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 interventions used by the program to address school readiness? How do sites address the various domains of school readiness as they work to respond to the unique needs of different 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 young children, families, schools, and 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. Details on these two methodological approaches are found in Chapter 3 of this report.

Chapter 2: The Ready For School 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, with the purpose of better preparing children entering those schools for academic 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.

Building on the multidimensional view of school readiness, each center developed from 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. Each core partnership worked to connect to varieties of agencies working in and around the community with services and information leading to a well coordinated community in which children had greater chances of succeeding. The collective of sites constituted the larger LAUSD RFS program, governed through the LAUSD Early Education Division in collaboration with the Division of Special Education, the Student Health and Human Services Division, and the Division of Adult and Career Education, collectively promoting the development of a model school readiness program including system wide change.

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 via individual level interventions such as case management or home visitation programs, generally across multiple sessions on an ongoing basis. Type II programs involved participants in multiple-session direct services but in a group format rather than individual; examples include adult education classes or ongoing family support groups. Type III participants were those whose participation was more limited to one-time events or referral services, or those attending large-scale outreach events including activities for large groups of attendees.

Table 1. Categorization of Ready For School Services and Participation Levels

Program Category (Participation Level)	Types of Program Activities
Type I (Core Participants)	• Home Visitation • Case Management • Mental Health Services • Family Support Groups • Parent Leadership Groups • Enhanced Early Learning Programs
Type II (Individual Non-Core)	• Long-Term Family Literacy Classes • Long-Term Parenting Education Classes • Long-Term Health Care Programs • Standard Early Learning Programs
Type III (Community Participants)	• Short-Term Workshops/Events • Walk-In Resources/Referrals • Direct Services at Community Fairs • Health Enrollment/One-Time Services • Provider Trainings

Beginning in 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.

Chapter 3: Methodology

We developed a dual-component design for the evaluation allowing for systematic observation of change among participants while closely examining the implementation and impact of service delivery with respect to all relevant contexts, ranging from the family environment to the communities within which programs operated. The former component, labeled *participant growth*, used numeric data captured from programs and participants across all programs as well as some in depth attitudinal and behavioral assessments administered to samples of participants. The latter component, labeled *case studies*, looked at the program from a wider level. It systematically examined similar and varying approaches to address school readiness in the different communities, factors that facilitate or impede program progress, and factors that accounted for changes among young children, their families, schools, and communities. Although the two approaches were used in combination to address each of the research questions in the study, the two are handled separately in this section in order to provide the reader with a detailed picture of how the study was carried out.

Study of Participant Growth

The goals of the participant growth study were 1) to develop a standardized method of tracking program participation across school readiness 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 school readiness sites. Weekly technical meetings with site coordinators were held to determine the most appropriate strategies for collection of information on program participants. The analysis involved examination of the demographic make-up of participants, the relative dosages of treatment received, and measures of change for participants.

Key developments in the participant growth study during the second and third years included the development of a relational database to track school readiness participants and programs. The multilayered make-up of the school readiness treatment approach (i.e., from individual child, to family, to community level) required that large and multidimensional sets of data be linked in a logical manner. The development of this system benefited from ongoing

feedback from program staff as programs continued to operate and measurement tools progressed accordingly. The ability to document detailed patterns of participation created increased opportunities to analyze factors underlying participant growth.

As school readiness centers continued to recruit families from both within (e.g., families with young children attending a district pre-Kindergarten program or those with older children already attending elementary school) and from outside the school system, most records on families and their children were not yet in existence and had to be generated for the program. The systems designed to serve this function provided the necessary record keeping for program administration to track its implementation progress and meet grant reporting requirements as well as providing much of the data needed to evaluate the program. Following the first 18 months of program implementation, an element was added 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 across time. The ongoing flow of information via these systems provided program and evaluation staff with a comprehensive picture of program participants, their enrollment in school readiness programs, and changes that occurred for them along the way.

Participants

By the end of the first year, as six of the eight program sites had begun implementation of the majority of grant activities, the program had enrolled 1,274[2] children five and under living in an estimated 969 households. At the end of the second year, 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 school readiness programs during that year. By the end of the third year, 4,440 children living in an estimated 3,197 households had been served across the eight sites (see Figure 1). Applying a correction factor based on percentages of participants who tend to receive services across multiple program years, we estimate that the program served a total of 7,749 children living in an estimated 5,782 households during its first three years.

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[2] 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.

Although the population served by the school readiness program increased dramatically in size during the second and third years, demographic characteristics of the population remained largely the same throughout. Families enrolled in school readiness programs typically were made up of parents who were first-generation immigrants with young children 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 over time was a slight growth in the size of ethnically Latino portion of the population. By the third year, 90% of families were Latino, 4% were Black, 3% Asian, 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.

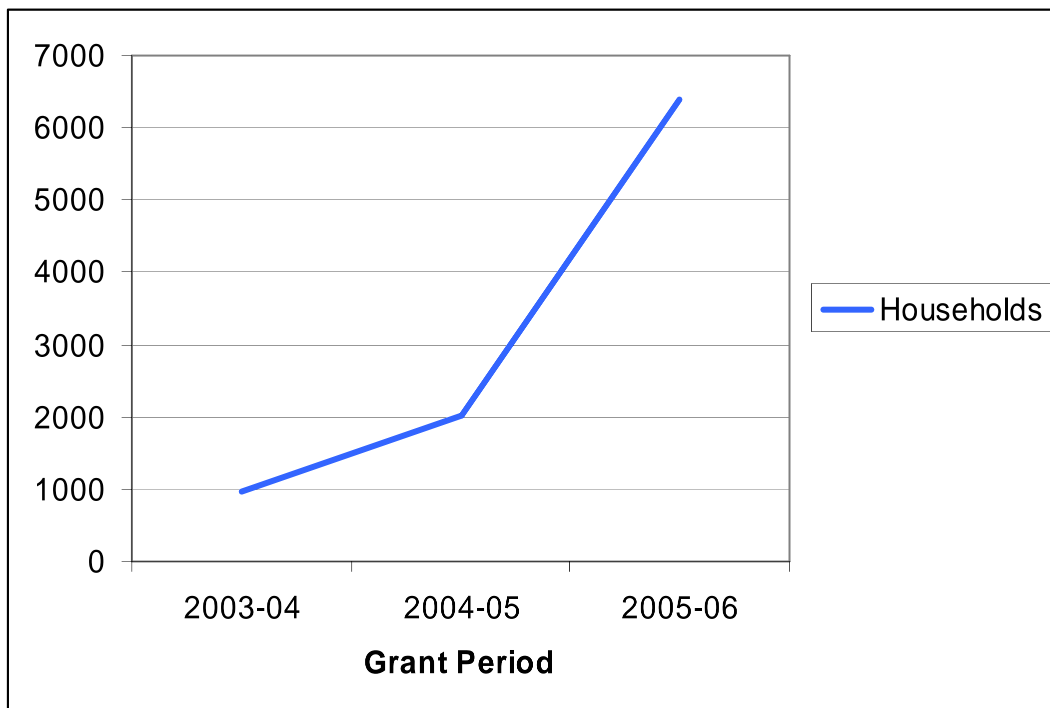

Figure 1. Estimated Growth in Households Served by Program Year

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 participants of first and second tier. 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. This system of tracking participant attendance at activities remains in use as of the fourth year of program implementation. Data from these forms were used to track and modify information summarized in matrix form for each school readiness site, and program identification numbers linked to individual clients receiving those services assigned by the newly developed school readiness database.

Although sign-in forms were used to gather attendance data, including basic demographic information, at all school readiness activities, families enrolled in first- or second-tier 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 staff had had the opportunity to build a rapport with the participant) providing more in-depth information about the family, including key outcomes of interest. Random samples of participants were called upon to complete follow-up versions of the SRQ form at designated points occurring at a minimum of six months following their initial enrollments in the program. A total of three follow-up measurements were implemented, the first occurring mid-way through the second year, the second at the end of the second year, and a third mid-way through the third year.

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. Resulting from this process were three main data collection documents used jointly by program and evaluation staff to populate the database on school readiness participants including an intake form for families enrolling in school readiness services, a school readiness questionnaire containing both intake and follow-up versions, and a one-page form for systematic documentation of 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,[3] and an attendance sheet was designed to document individual level data on participants having more limited involvement than those families enrolled in first and second-tier activities. Detailed descriptions of the measures developed for this study, including item analysis are included in Appendix B.

Items in our surveys of families were designed to provide estimates of child and family progress in increased school readiness. Our pre-post design involving multiple cohorts of participants enabled us to assess change among participants across several months of participation in various combinations of readiness programs. As we examined growth among participants, we continued from previous years to focus on the four key domains of school readiness, as they represent important aspects of readiness identified by educational researchers (e.g., Pianta, 2000) and the National Education Goals Panel (Kagen et al., 1995). Table 2 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. The analyses of growth were based on patterns observed across multiple follow-up assessments conducted during the second and third years of the program.

[3] A direct service was one in which an identified group of family or provider participants received some type of intervention designed to provide a direct benefit. These included (but were not limited to) parenting classes, workshops, and case management; indirect services were those designed to effect community change, such as outreach, information fairs, and networking meetings.

Table 2. School Readiness Domains Examined in Participant Growth Measures

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

Procedures for Analysis of Participant Growth Data

The analysis of participant growth data largely consisted of combination of descriptive statistics, mean comparisons among independent groups defined by some demographic category, and pre-post comparisons among groups measured on the same variables at multiple points in time. Although participant growth measurement tools were administered across three cohorts of participants during the three years of evaluation, modifications in sampling techniques from cohort to cohort made direct comparisons across cohorts unfeasible. Nevertheless, some patterns in participant change made a consistent and strong showing across cohorts, prompting us to break down the analyses into finer elements in order to help us to explain the overall patterns of change observed. 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 a meaningful change was observed (see Appendix A on the meaning of effect sizes).

Case Study Methodology

We designed the evaluation of Ready For School to provide a systematic examination of multiple programs in their respective communities and determine the impact of those programs on young children, their families, schools, and communities. We used the case study approach to make qualitative comparisons of practices and outcomes across sites and draw conclusions about how program elements yield change among target populations. Whereas the participant growth study focused on measured progress of young children and their families working toward meeting their school readiness needs, the series of case studies and cross-site analysis provided a more holistic picture of service delivery, focusing on factors linked to successful intervention including *how* and *why* they were successful. This approach, we believe, ultimately lead to explanatory models on which all school readiness programs may capitalize.

Using Yin's (2003) guidelines for conducting case studies, we examined each individual grant-funded program as a case, defining its context as the community the program was developed to serve. Assisting us with defining the boundaries of each case were the scopes of work developed in the original requests for funding as well as multiple discussions with central and site level program staff members. 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 3). Methods ranged from review of internal program documents to interviews with participants in programs held during the baseline year and two follow-up years of program implementation.

Table 3. Strategies Used to Address Research Questions in Case Studies

Research Question	Main Data Collection Strategies
What is the nature and degree of interventions by program 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. • Further review of documents, focusing on meeting minutes, referral lists (follow-up notes), case management charts.
What impact do site-level activities have on the school readiness of children living in the communities?	• Surveys and interviews with families who are using services regularly or irregularly. • Interviews with collaborative partners/teachers/administrators. • 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.

Text from interviews and observations generally were loaded into qualitative data-reduction software, where responses could be compared easily across cases to determine patterns. Coding schemes were developed to assist staff with identifying and documenting patterns that emerged, also allowing portions of the qualitative data to be quantified enabling us to determine degrees and frequencies of thoughts expressed in text responses. Code lists corresponded to the guiding evaluation questions, including codes for key implementation elements such as collaboration and leadership behavior, codes for challenging and facilitating factors, and codes for evidence of changes in the lives of families, teachers, administrators, and partners as a result of program developments. Individual case studies then were drafted for all program sites addressing the three research questions at the individual site level to assist program

managers with formative decision making. They were then analyzed at the program level along with additional data collected at the central program level (i.e., interviews with central staff and observations of Ready For School Advisory Board meetings) in order to conduct the cross-case analysis of program implementation and effectiveness.

Chapter 4: Nature of Program Implementation

While the benefits of school readiness programs is well documented (see Chapter 1), the time and expense of developing school readiness intervention in diverse communities such as those in Southern California warrant careful attention to detail in order to shed light on the factors linking school district practice to increased potential for school readiness. Developing a comprehensive picture of the program was a key goal of this evaluation, yielding insights useful to developing and future school readiness programs. This chapter presents a description of families involved in RFS programs, their perceptions of school readiness and commonly identified needs related to school readiness, and the types of services, outreach, and collaboration that serve as the basic elements of the program.

Characteristics of Program Participants

Analysis of participant characteristics focused mainly 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 three years of operations allowed us to identify the profile of a typical family enrolled in the school readiness 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. Cohorts of participants across program years continued to fit the profile, largely first-generation immigrants to the U.S. with limited education, low incomes, and Spanish-speaking. Income levels observed were low across cohorts of participants; 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). Income levels were also distributed evenly across households of different sizes, the majority of households ranging in size from two to nine members.[4] The fact that 80% of children

[4] 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.

enrolled in school readiness programs lived in two-parent households was consistent across cohorts. Single-parent households continued to be more likely to live below the poverty line (χ^2 = 12.73, $p < .01$). Child care situations for incoming children were similar across cohorts; 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.

Taking a closer look at employment and education levels, 97% of fathers/male guardians[5] 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. 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 were striving to prepare their children for school, it was clear that the families enrolled in RFS programs 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 stressed the importance of increasing understanding among community members of all facets of school readiness. Families enrolling in school readiness 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.

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[5] Throughout this section, the terms *mother* and *father* are used interchangeably with *male guardian* and *female guardian*, respectively.

Analysis of the school readiness checklist completed by families at intake revealed several major themes related to family needs that were similar across cohorts of families. 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.

Consistent with information from needs assessments conducted during program development, parents commonly reported the need to have increased access to English language development courses. Of parents entering the program, roughly half (53%) 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 Unites 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. Although parents expressed high rates of confidence in 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 three years of programming, we concluded that families entering the school readiness 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.

We were able to gain additional insight from parent interviews and focus groups conducted in the case studies of sites. When asked about definitions of school readiness, parents tended to think first about academic or cognitive readiness, such as knowing letters, numbers, and colors. When probed more deeply, parents tended to talk more about socio-emotional issues such as overcoming separation anxiety and learning to interact with other children. A fair number of parents also referred to themselves as being a part of their child's school readiness,

indicating that they would like to be able to help their children with their homework, understand teachers' expectations for learning, and in many cases, learning to speak English well in order to help them advocate for their children in the school system. Changes among children and families related to these domains of readiness as they participated in programs are discussed in Chapter 6.

Examination of Service Delivery across Programs

A major theme that emerged form our cross-site analysis of third year implementation was the growing similarity in practice among program sites, suggesting that many of the obstacles faced by individual sites during the early years had been overcome, and sites had increased their ability to influence one another and work collectively toward achieving program wide goals. There were significant events that affected all sites equally such as First Five's granting additional funding for sites to increase staffing, funds that were used by one site to employee a case manager where none had been positioned before and by other sites to increase the role of their early education coaches from part time to full time. This increase in staff meant an increase in service capacity across all sites, and as such, all sites expanded beyond the levels at which they had been operating in the first two years and were similar in reliance upon multiple partners to provide adequate operating space for programming and administration. Compared to the first two years, sites were more similar to one another in their implementation of local council meetings and all accomplished the majority of tasks outlined in their scopes of work. Despite these similarities, however, sites continued to approach a variety of key management tasks in different ways, depending on the leadership styles of local program coordinators. Thus, we were able to make continued comparisons among different approaches and varying service plans, and to examine how resulting factors accounted for varying degrees of success in implementation.

Although all sites had experienced some type of turn-over in staff, programs differed in their staffing designs, in that some times relied more heavily on LAUSD employees, whereas others used more contracted employees hired by external agencies. Agencies with greater hiring flexibility allowed the RFS sites with which they partnered to fill the gaps more quickly and better maintain continuity in service delivery. In addition, sites differed in their systems of staff management, which presented some sites with challenges as prescribed roles and directives were not always clear to center staff members. Sites also continued to vary in their success in

establishing core groups of parents to serve in leadership positions and assisting with site governance. This phenomenon that was most closely linked with variance in the rates of staff turnover (parents were more at ease and easier to recruit when the same faces were visible for long periods of time) as well as coordinator skill levels in engaging parents directly and garnering their ongoing participation.

Implementation Progress across RFS Programming Domains. By the third year, the eight original sites had all established infrastructures and increased staffing levels, yielding greater progress in addressing the five essential elements of school readiness: early care and education, parent and family support, health and social services, school capacity, and program infrastructure. In the domain of early care and education, all sites provided high quality early learning experiences through activities provided at the RFS center and through formal early care programs. Close to three-quarters of this year's services continued from prior years, such as the learning enhanced child care provided at all sites, the increased number of LAUSD early care slots at two of the sites, and school readiness home visitation at two of the sites. While some of the sites had started working with local child care providers in Year Two, they expanded their work in Year Three by providing formal on-site trainings and engaging an increased number of providers. One site's early education coach also visited local child care providers in their homes to help engage them and to help assess the home environment. All of the sites expanded their work in providing early developmental screenings for children by using the Parents' Evaluation of Developmental Status (PEDS), while most worked with the district's Division of Special Education to provide on-site trainings on early warning signs and the special needs process for parents, teachers and/or child care providers.

Parent-child classes continued to be the primary tool used by sites to address parenting and family functioning among participants. While some sites utilized the partnership with the LAUSD Division of Adult and Career Education (DACE), others relied more heavily on partnering agencies with expertise on educating parents about appropriate communication with children at various developmental levels and proper discipline techniques. Several of the sites introduced new programming aimed specifically at fathers and managed to increase the numbers of males using their parenting services, though efforts were still underway at the end of the year to increase father participation. Some sites had services that were focused specifically on teen

parenting issues, while many made an effort to make services accessible to working parents by holding workshops and classes on Saturdays or in the evenings so more parents were reached.

In the realm of health and social services, all sites provided case management and health education workshops for parents, the latter being the one area where sites were most likely to add services beyond their scopes of work. A number of the sites partnered with existing school-based clinics and were able to offer on-site direct health services to families. Of those sites that did not have such a partnership, services were administered either via a partnering agency with a medical van that regularly visited school sites or worked with partners to provide some limited direct health services such as vision tests and other health screenings not requiring a lengthy approval process from the district. All sites offered some form of assistance in enrolling families in health insurance, about half through a district-run agency that specialized in finding health care for difficult-to-cover cases. Across sites, health education continued to be a major focus, generally via large-scale workshops with topics such as childhood obesity or proper family nutrition, or health fairs in which multiple health service partners participated to provide knowledge and access to participating families.

In effort to address school capacity, RFS programs devoted a great deal of resources related to kindergarten transition, increasing parent awareness of kindergarten teacher expectations, and increased communication between pre-K and kindergarten teachers, mostly in terms of alignment among curricula. One major new development in the third year was the introduction of the Kinder Academy, a four-week concentrated course made possible through Federal Title III funding. The program targeted families with children who had not attended any preschool program and who had limited English proficiency. The Kinder Academy (evaluated separately by PERB) was deemed so successful that many sites managed to provide similar programs during the beginning of the fourth year via other funding sources as Title III funds became unavailable. Sites collectively continued to address parent knowledge of school expectations via kindergarten transition workshops and coordinated tours of kindergarten classrooms with introductions to teachers. A great deal of progress was made in the third year in engaging teachers in cross-articulation activities, which was reflected in teachers' responses to survey items measuring quality of collaboration and their increased recognition of the RFS program and its relationship to their school sites.

Further development of program infrastructure was evident in several sites' acquisition of new facilities to help accommodate growing service provision. Two sites that had originally been designed to operate from a bungalow facility were able to move into their new space. At a third site, time consuming preparations for the space continued into the fourth year. Well coordinated multi-modal outreach became common across all sites in the third year, as all used a combination of approaches including flyer distribution, large events such as fairs and open houses, and person-to-person techniques to link community residents with needed services. Variance in outreach effectiveness was primarily associated with the degree of turnover in outreach staff. Some sites managed to retain trained outreach workers for longer periods while others had to work at filling the positions. Sites also focused on expanding and sustaining programming during the third year, including: extending services to additional schools, reaching new populations of families, and collaborating with administrators at the local district and county levels to promote a potential scale up of successful practices of the RFS sites.

Chapter 5: Factors Influencing Implementation Progress

As we have done over the past three years, we took a close look at patterns that emerged in the data and how they related to success in implementation. Many of the same factors continued to be relevant after three years of programming; though, in many cases, program sites developed new and more effective ways of dealing with those factors, while a number of new factors were identified during the third year as the program continued to grow rapidly. The sections below highlight newly emerging as well as continuing factors that played a positive or negative role in the ongoing implementation of school readiness services and program coordination.

Among facilitating factors that emerged within the past year was the materialization of new funding for staff across program sites, enabling most sites to employee full time early education coaches and for one site to hire a full-time case manager. As anticipated, service capacity went beyond original expectations following these staffing changes. Similarly, all sites by the third year had managed to engage parent volunteers at some level, increasing their overall outreach capacity. Their service counts, therefore, exceeded expectations during the third year; which, in many cases, led to new challenges in terms of programming space and facilitator availability. Many sites started using waiting lists for services and redesigning partnerships to accommodate increased needs for programming space. The central governing structure helped sites cope with these service demands and increased resource needs by providing professional development opportunities for site coordinators and early education coaches. This allowed central to stay abreast of ongoing issues and provide support to sites in dealing with the pragmatics of rapidly growing programs and further fostered cross-site discussions on promising practices.

In addition to these emerging issues, sites continued to capitalize on factors that facilitated implementation in previous years such as the experience and ingenuity of many coordinators and outreach facilitators whose expertise not only enabled their own assigned sites to develop successfully but also provided guidance for less experienced staff in ongoing gatherings to share ideas about effective practice. The broad use of multi-method coordinated outreach also enabled all sites to meet their service provision goals, including those sites that had to deal with ongoing turnover in their outreach positions. By and large, sites continued to be

successful in providing the cultural and linguistic understanding needed to reach the populations of families who were in the greatest need of the type of social context services provided by the school readiness centers. Without the continued use of staff having a solid understanding of families' cultural backgrounds and speaking the relevant languages, the sites would not have been able to reach the thousands of families they had during the first three years.

Among the factors impeding implementation progress, the lengthy procedures associated with approval of contracts and memoranda of understanding to secure new partners lead to delays in service provision across sites. Ultimately, some sites changed course and began assigning service delivery to internal staff members to make up lost time created by delays in acquiring new partners or to avoid having to go through the lengthy process associated with acquisition of new partners. Also related to external partnerships, all sites had at least one partner program that was unable to fulfill its obligations to the program generally due to unanticipated funding shortages. Many sites dealt with these setbacks by recruiting new partners or expanding the roles of existing partners in order to fill the service gaps. Still in some cases, sites made more varied use of their internal employees to accommodate for the loss of partner-provided services.

Sites continued to be challenged in reaching out to less accessible populations such as fathers, working class families, and those with no prior connection to the school system. It became increasingly difficult to reach these populations as those who were more accessible (i.e., non-working mothers and those already enrolled in an LAUSD program) had already been provided a fair amount of services. Many sites took this into account as they revised schedules for programs, holding many in the evening and on weekends so that working families could attend. Recruitment of families was also hampered by turnover in staff positions at all sites at various times during the year. Families tended to show little recognition of the Ready For School program name and instead associated services with the faces of staff members, meaning that the loss of staff members meant a loss of rapport that had been established between program and community.

Chapter 6: Program Impact on Children, Families, Schools, and Communities

Drawing conclusions about the program's effectiveness was a complex process given the diverse nature of intervention strategies as well as the various levels of anticipated outcomes. Although the intervention strategies of programs were categorized among five concrete elements of school readiness, patterns of changes do not necessarily correspond in a one-on-one relationship. For example, the provision of child care services was categorized as an early care and education element of school readiness; however, the changes that resulted from the availability of these services occurred across domains of school readiness and outcome levels. Children were expected to benefit in terms of cognitive and socio-emotional growth, but the effects went beyond the level of children to families, as parents were able to learn about effective parenting techniques leading to change at the family level and at times participate more extensively in the school community, resulting in a positive change in school culture. Examining program impact, therefore, was organized along the various domains of school readiness as defined by the National Education Goals Panel (see Kagen et al., 1995), at each level of context within which school readiness outcomes were expected, including young children, their families, schools, and communities.

School Readiness of Young Children

Parents and teachers provided input on behavioral changes they noticed as children participated in program activities. Their responses were organized according to the domains of child development related to school readiness: physical and motor development, social and emotional development, cognitive and language development, and general readiness to learn[6]. Teachers and parents observed numerous types of changes, with both groups tending to see most change in the areas of social and emotional development and cognition and general knowledge.

[6] Kagen et al., 1995 discuss children's comfort level in a classroom environment, curiosity, and enthusiasm for learning as essential dimensions of overall school readiness termed by the National Education Goals Panel as "approaches to learning." In the current report, we combined cognitive and language development with this concept of approaches to learning in a general look at children's readiness to learn. Further study in the fourth year of evaluation will enable to us to discriminate more effectively among these domains of children's readiness.

Health and Physical Well Being

The area of development in which the least amount of change was noted was in physical and motor development. According to surveys of parents with children entering kindergarten this year, most families had some type of health coverage (95%) and a regular doctor (91%). Of those who had participated in RFS programs before the school year started, most reported that it helped them to get their child's health needs met; the type of help varied, and included helping with health insurance enrollment, immunizations and access to doctors. Many parents expressed relief at obtaining help from RFS on knowing which immunizations their child needed in order to enter kindergarten and how to obtain them. While parents who responded to the RFS participant surveys did not mention physical health changes, several did discuss changes in their children's fine motor skills as a result of exposure to early learning care programs, such as cutting and coloring. A few also described their child as more physically active since starting RFS activities.

We examined attitudes toward the health status of children enrolled in the program, observing limited changes from intake to follow up for three of the items included on the School Readiness Questionnaire. As shown in Table 4, 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 a 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, our interpretation was that families developed a more realistic sense of awareness about health matters concerning their children while also feeling more at ease about health as a factor in school readiness given increased awareness of what was available to them.

Table 4. Attitudes Toward Health Status of Young Children

Item	Intake	Follow-Up	*T*	*d*	*Effect*
Health Coverage Adequate	3.03	2.88	1.23	.21	Small
Health a Major Concern for Child	2.91	2.63	2.11*	.35	Moderate
Nutrition Adequate for Child	3.23	3.18	0.59	.10	Negligible
Fears Stress During Kindergarten	3.16	3.25	0.80	.15	Negligible

* $p < .05$

Another way in which the program assisted families was in linking them to health and mental health programs, generally through partnerships offering such services at little or no cost to families. We noted that programs made over 1,480 health-related referrals during the third year, 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. Based on our data, children are better linked to proper care and nutrition as a result of the Ready For School program.

Socio-emotional Development

When asked about visible changes in children participating in the RFS program, parents and facilitators most frequently described improvements that were social and emotional in nature. General comments concerned children's longer attention spans and experiencing less separation anxiety when being apart from their families. A fair number of parents discussed that their child had increased positive social behaviors, such as cooperating with other children, sharing, interacting more with adults, following instructions, and being less timid. Granted many changes reported among parents may be attributed to normal development, these changes were most frequently by parents involved in multi-session parenting classes with child care or parent-child-cooperative session classes, supporting the conclusion that multiple sessions of interventions involving social interactions among children provide a catalyst for healthy socio-emotional development among children. This conclusion is further supported by systematic study of the short-term, concentrated intervention provided in the Kinder Academy introduced to the program in the third year, which found changes in children's socio-emotional development over a four-week period (see Hayes and Gilstrap, 2005).

Children's Readiness to Learn

Changes were evident in children's language development and cognition as they participated in RFS programs, at times as a direct result of parents' perceived ability to engage their children in effective early learning in the home. When parents discussed their child's language skills improvements, they often attributed these developments to their own improvements in communication. Parents who saw language growth in their children tended to

be participants in more intensive RFS services, such as home visitation, case management and parent leadership cadres. They reported increases in the quality and frequency of conversations they had with their children. Parents who attended RFS parent-child classes or used RFS child care said that their child's opportunities to interact with other children helped them to develop and use language more. One parent stated, "RFS helped my child to socialize with other kids – to learn to wait for her turn, share the toys and use words with her peers." Many of them commented on the helpfulness of the singing activities they learned a way to develop their children's language and reported that they frequently incorporated these activities into activities they did together at home.

Kindergarten and pre-K teachers noted that children who had participated in RFS programs gained more academic readiness skills, i.e., were more apt to be familiar with colors, numbers, letters, and shapes than those who had not had the benefit of school readiness services. Parents noted similar changes and also an increased ability among children to follow directions and procedures. Increased enthusiasm among children was also observed as parents discussed how RFS programs helped their children learn to enjoy and seek out activities that promote early academic skills. One case managed client said, "My child likes to read more, draw, color, use the computer." Another said that as a result of RFS, "My son takes advantage of and knows what is in his environment, and develops all of his abilities." A parent from one of the parent-child classes described, "They show more interest in projects at home and put more attention into doing them." This pattern of results indicates that at times mere exposure of parents and their young children to classroom environments and learning resources may explain increased engagement in learning activities at home.

Our data suggested increased enthusiasm for learning and familiarity with the classroom environment among children. Numerous parents indicated that their children had become more interested in books and reading as well as in learning generally. One of the parents involved in a case management program attributed her child's growth to her own stating, "My child shows more interest in learning, because I have been taught how to motivate him." Parents who received home visitation were more likely than parents in other programs to mention their children's increased interest and involvement in books. Parents also commented on RFS programs as helping to stimulate their children's creative processes. One parent stated that RFS

helped her child "develop her imagination so that she is at the level of the other children that went to pre-school."

School Readiness of Families

Given the important role families play in linking children to schools and communities, the examination of program impact on families was a major focal point in our analysis of effectiveness. The recipient of nearly every type of intervention coordinated by RFS programs is either a parent or other member of a young child's household. The bulk of findings discussed in this chapter, therefore, concern changes at the level from which most of our data were collected and in the realm where the most change was observed. We examined change among families in three distinct areas corresponding to varying domains of school readiness: health care access, involvement in early learning, and early care access.

Table 5. Types of Health Coverage Reported by Families at Intake and Follow-Up

Type of Health Coverage	**Percentage of Respondents**[a]	
	Intake	*Follow-Up*
Health Coverage Through Work	20%	17%
Private Health Care	2%	2%
Medicaid	35%	55%
Other Health Coverage	32%	21%
No Health Coverage	11%	5%

Health Care Access

In effort to take a well rounded approach to school readiness, centers 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 impact that 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 school readiness population considered health care to be their main focus of concern when considering school readiness (13% of families listed

it as their biggest concern)[7]. Likewise, 93% of families reported at intake that they had access to doctors or clinics when they needed them. Table 5 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 Medicaid programs by follow-up. A portion of this phenomenon should be attributable to programs used by the centers to assist families in enrolling in programs for which they were qualified, though some of the decrease in other types of coverage could be attributable to families' increased ability to identify the type of health coverage in which they were enrolled following six months of participation in the program.

Family Involvement in Early Learning

We measured 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 ($M = 2.89$, $SD = 0.64$). We also noticed some minor relationships among demographic characteristics and school readiness variables. 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, families with U.S.-born parents tended to engage in in-home learning activities 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.

Engagement in in-home learning activities was strongly related to access to educational resources in the home (see Table 8). As expected, scores were significantly higher for families having access to computers and other types of learning resources in the home. However, families

[7] 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.

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 9). The one exception to this rule was access to books; according to our data, 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 8. Differences in Family Activity Scores for Homes With and Without Educational Resources

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

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

Table 9. Comparisons of Families Above and Below Poverty Line on Likelihood of Having Access to Educational Resources

Type of Resource	**χ^2 Value**	**Significance**
Computer	46.20	$p < .01$
Visual Media	15.89	$p < .01$
Books	3.18	*NS*
Educational Toys	17.61	$p < .01$
Audio Media	13.28	$p < .01$

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 school readiness program, paying particular attention to the types of services in which families had participated. Table 10 charts change in participant behavior as measured in follow-up cohorts across three program years, 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 all cohorts, the effects being more pronounced in the second

cohort than in the first or the third. Notable is the higher score observed at intake in the Year 3 cohort, indicating that the sample of families we measured came in to the program with more frequent in-home learning behavior compared to previous cohorts. Although direct comparisons across cohorts is unfeasible, the possibility remains that changing cultures within schools and communities had managed to influence the families we observed even before they had participated at length in the program. Regardless, the pattern of effect sizes across cohorts indicates that families continue to grow in in-home early learning activities across years of the program.

Table 10. Growth in All Family FAS Scores Across Follow-up Assessments

Cohort	*N*	Intake: *M (SD)*	Follow-up: *M (SD)*	*t*	*D*	Effect Size
1	47	2.82 (.92)	3.11 (.52)	2.18*	.39	Moderate
2	63	2.89 (.64)	3.34 (.61)	5.09**	.72	Large
3	58	3.05 (.84)	3.34 (.71)	2.43*	.38	Moderate

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

We continued to examine separately categories of participants receiving more or less intervention in terms of service type (core services such as case management and homes visitation versus parenting classes and workshops). As shown in Table 11, service intensity level was correlated with growth, as effects were much larger when comparing those families who had enrolled in at least one intense level of service to those who had participated in only in short-term or one-time services. As observed with previous cohorts, there was growth among the latter group of participants, even though the effects were smaller and did not pass the significance test.

Table 11. Growth in Family FAS Scores by Service Intensity Group

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

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

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 12, 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.

Table 12. Changes in Family Access to Educational Recourses at Follow-Up

Type of Resource	*Percentage of Households*	
	Intake	**Follow-Up**
Computer	37%	67%
Visual Media	59%	73%
Books	82%	93%
Educational Toys	39%	46%
Audio Media	64%	91%

Increasing Family Access to Child Care

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. Across cohorts, 72% of parents responded at intake that they felt their child care needs were being met. 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.

As was the case in previous cohorts, 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 ($\chi^2 = 0.25$, *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

Intake			
	Preference: Internal	Preference: External	Total
Care Provided at Home	53%	27%	80%
Care by Daycare/Preschool	6%	14%	20%
Total	59%	41%	100%

Follow-Up			
	Preference: Internal	Preference: External	Total
Care Provided at Home	44%	28%	72%
Care by Daycare/Preschool	11%	17%	28%
Total	55%	45%	100%

Readiness of Schools

In its definition of school readiness, the First 5 organizations frequently emphasize that schools must be ready for children as much as children should be ready for school. The notion that complete readiness does not end with the child is consistent with early education research indicating that schools' readiness is as important a factor as the children's developmental readiness (Pianta, 2000). We examined the readiness of schools as a combination of variables related to a school's capacity to begin teaching entering kindergarten students effectively, following the target elementary schools across the three years of observation. Key variables in this equation were linkages between elementary schools and pre-Kindergarten feeder schools and programs, alignment among curricula, teachers' access to family and community resources, and opportunity for parents and families to ask questions and become familiar with school expectations.

The Ready For School program's progress in engaging teachers and schools was evident in the increased implementation of articulation meetings between kindergarten and pre-Kindergarten teachers. By the third year, all sites had adopted a model that had been demonstrated as successful at a school readiness site where it had been developed in Year 2:

Sites found ways to accommodate scheduling challenges by seeking support from schools in obtaining staff development time or by having multiple meetings so portions of faculty could participate in articulation activities at a time. Topics of the meetings addressed alignment between curricula at the pre-K and kindergarten levels and usually included topics of particular interest to the school sites involved. Feedback from teachers who were interviewed about RFS articulation activities typically included comments on how the RFS program helped them to reflect on and reinforce their own knowledge while learning more about the work that other teachers and agencies do with children and families. As one of the target elementary school kindergarten teachers commented, "It made me aware of the daily instructional schedule of the early [education] center and the hard work they are doing to prepare the children for kindergarten."

Surveyed kindergarten teachers described additional ways in which their involvement in RFS helped them do their work more effectively, mainly in that they were able to obtain information, support, and a referral resource for helping parents. One of the kindergarten teachers noted, "RFS staff is supportive to me by meeting with parents and discussing solutions to problems. Also it is important for parents to hear from someone other than the teacher sometimes." When asked how RFS enhanced what their school /center provides, a common theme that emerged from teachers' responses was that the parents of children in their classes were more motivated to participate in their child's education and that the children were more ready to be engaged in learning as a result of participating in RFS. The importance of this readiness/motivation to their work could be characterized by one kindergarten teacher who said, "Children who come well prepared serve as super motivators for the rest of the class and as helpers, too."

A common perception among teachers was that RFS helped their school capacity in that it brought in more services and resources for families and that it facilitated pre-K and kindergarten transition discussions. One kindergarten teacher noted, "The school needs the help of RFS in the transition from pre-K and the home to kindergarten. They help by organizing transition day and helping both students and parents feel at ease by the first day of school." It was apparent that by the third year, greater numbers of teachers felt that more parents were informed about kindergarten expectations and that more had become involved thanks to increased opportunities provided to them via kindergarten transition fairs and workshops. Areas

in which change had not been noted across sites were in the realm of parent leadership. Teachers commented that they would like to see additional opportunities for parents to play leadership roles in the schools.

In the realm of articulation, though teachers reported major improvements in the third year in the articulation process between pre-K and kindergarten education, they continued to feel disconnected from local non-district pre-K providers. This is an area in which more work definitely needed to be done. One school readiness center began implementing new strategies to engage external pre-K programs in articulation events, a phenomenon that will be addressed at length in the fourth year evaluation report.

School Readiness in Communities

Using the qualitative data we collected across the past three years of program implementation, we were able to assess change at the community level, including community change awareness and use of the RFS centers themselves, existing pre-K programs and other community support services, and coordination and collaboration among schools, agencies, and other service providers. Based on multiple sources, we found that overall awareness among families of school readiness centers continued to stagger in the third year; roughly half of parents with children entering kindergarten at target elementary schools were not familiar with the Ready For School program. It is important to note, however, that failing to recognize the name of the program does not necessarily mean that a family had not participated in school readiness services. In parent focus groups, 100% of the participants were either individuals served by RFS participants or had been recruited by a parent participating in an RFS program, the name "Ready For School" was still unfamiliar to most parents. It is also important to note that levels of awareness of RFS programming varied by site, in that sites with lower rates of turnover in outreach positions and higher implementation of person-to-person outreach overall tended to have higher rates of awareness among parents at their partner elementary schools.

The largest area of change in the RFS communities was in collaboration and coordination among entities providing school readiness services. This fact was particularly evident in the growing number of partnerships established among programs during the third year, many sites nearly doubling the number of community agencies now partnering with the school district for the benefit of young children and their families. Additionally, the collaborations among all

school readiness centers was strengthened in the third year as meetings among collaborators occurred more frequently and ratings of the usefulness of the collaborative remained at high levels in general, the majority of members indicating strong agreement on surveys of collaboration quality. Areas in which collaborators tend to exhibit lower levels of confidence is in the program's ability to self sustain after First 5 funding is no longer available, a finding that remains the same as in the second year. Sustainability is a subject that is anticipated to receive a great deal more study in the fourth year evaluation report.

Chapter 7: Conclusion

Having gathered detailed information about the program over the course of three years through our dual-method approach, we drew a number of key conclusions about the reality of implementing a program on this scale of size and complexity as well as the observable impact it has had on young children, their families, schools, and communities. Examining growth among families as well as the contexts in which they prepare their children for school, several major themes emerged that should be useful to program staff and grantors alike. First, we 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 the wide range of workshops on everything from career development to immigration policy, families 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 and that parent involvement in education is vital.

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 school readiness program. School readiness 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 creative ways 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. Additionally important in terms of collaboration was team cohesion. Although all sites experienced some type of staffing turn-over during the third year, those with staff reporting positive attitudes toward one another and the willingness to be flexible and assist other team members as needed were much better equipped to minimize disruption in outreach and provision of direct services. Regular ongoing collaboration and making efforts to foster positive working relationships also enabled local site coordinators to stay

abreast of all developments occurring at their sites and to stay on top of the flow of information among collaborative entities.

Third, and certainly key, was the observance that parents must be included as active participants in the process of community change. By the second year of programming, all sites had developed some type of local governance structure involving parent volunteers. By the third year, all sites continued to engage parents at some level helping to provide parents with a sense of empowerment as well as continued involvement in the school system, assisting the sites as well to stay connected with the communities via invaluable parent networks. Shifts in attitudes among parents as their understanding of their place in the education system increased proved to be an essential ingredient in wider-level change. Parents talked with one another thanks to the multitude of events offered by RFS programs. We observed parents coming into the program already partially equipped to acquire what they needed thanks to the efforts of other parents in their neighborhoods who had already benefited from participation in the program. Aside from the ability of parent efficacy to influence the system, we observed a blending of parents with schools and educational programming—in this case, the school readiness program—representing the fundamental difference between a system in which families and schools are discrete and separate entities in the educational process and one in which families and schools work together in partnership in the educational process.

Chapter 8: Recommendations

Recommendations in program evaluation are intended to assist program management in using evaluation findings to inform program-level decision making. Based on findings that emerged during our analyses during the third year, the following recommendations are presented as a means of supporting program management with further program development:

- **Strategize ways to increase visibility and recognition of the Ready For School program name.** Although our data suggested changes at the community level, including increased parent participation in school readiness services, parents by-and-large were unfamiliar with the name of the program, including those who took advantage of its services. Although increased numbers of parents at target elementary schools indicated familiarity with the program as compared to the baseline year, the number was still only at about 50% across sites, with wide variation from site to site. Given the program-wide goal to create "one-stop shops" for parents to seek out information about school readiness needs, central level strategizing about ways to increase visibility across sites would assist all local sites in progressing toward goal achievement.
- **Intensify role of local district offices in collaboration and expansion.** Included in the original plan for the RFS program in the first year was involvement of local district positions as facilitators of program implementation. Based on our observations, local district involvement in RFS programming varied from site to site, ranging from minimal involvement to none at all. We recommend that greater efforts be made to include liaisons from local district offices to facilitate expansion of successful school readiness program models to additional attendance areas, by providing expertise from those most familiar with those regions and their needs, and to facilitate outreach for the programs to school site and other administrators who could play a key role in program expansion and sustainability in coming years.
- **Increase efforts to recruit hard-to-reach populations such a dual-working parent households, single-parent households, fathers, and Black families.** Theoretically, intervention at multiple levels (including families, schools, and communities) can make a difference for most or all members of those groups. However, as our data show, the bulk of families participating in RFS services are non-working Latina females, meaning the

most direct impact of RFS direct services is not as widely received by other cross-sections of the community. Early efforts at some sites to outreach specifically to working class families, particularly fathers, and members of the Black community have shown promising results, and so program staff could make efforts to expand on these practices.

- **Maximize variety and flexibility in program scheduling.** At times, parents expressed frustration at not being able to access services either because they were at times that competed with other school services or were at times when most parents were otherwise occupied, given work and family demands. Some sites have had success recruiting larger numbers of families and sustaining their participation via Saturday and/or evening classes. Coordinators should also take care not to schedule direct services too close to one another so that families can take full advantage of all varieties of services available should they choose to do so.
- **Continue seeking alternative solutions to space limitations.** For sites that managed to acquire long-awaited assistance with space problems, including those awaiting bungalow facilities, it became apparent by the third year that programs had outgrown the amount of administrative and operating space originally planned for them. Unanticipated growth and expansion accounted for some of the space limitations, and the need for privacy and quiet for group counseling, case management, and child care services accounted for other space problems. Use of space should be an ongoing topic of conversation for regularly convening local councils.
- **Continue full-time early education coach role.** Due to additional staffing funds made available by First 5 in the third year, all sites managed to include a full time early education coach, creating a dramatic increase in service capacity and also helping to address the sites' commitments to conduct child-care provider trainings. Although this was not part of the original plan, the additional staffing made possible by the funding quickly demonstrated the importance of the role played by the coach. Central staff should also continue on-going professional development with the coaches in order to sustain high quality practice across sites and to allow a degree of "academic freedom" among early education coaches in the sense that their roles are not 100% shaped by coordinators who have many competing demands.

- **Continue to seek partnerships with programs providing services to older children.** Early partnerships with programs who provide services similar to those of RFS but to different populations of children (e.g., Healthy Start, which provided health education and social services to children through age 7), proved valuable, particularly in helping to maintain the connection between schools and families even years into the child's enrollment in elementary school. Ready For School sites should stress the importance of parents' continuing to remain involved in their children's education even after they have started kindergarten, perhaps making this an essential component of curricula used in parent education classes and kindergarten transition workshops.

Chapter 9: Future Directions of the Ready For School Program and Evaluation

Having observed program evolvement over three years, the progressive nature of the program has been quite apparent in its tendency to incorporate lessons learned from the evaluation. Many of the findings in the current report were discussed with program staff in ongoing meetings as findings emerged giving program staff the opportunity to address matters promptly and to capitalize on successes more quickly than it would have been possible to release them in the form of a report. Several programs have acquired long-awaited facilities in recent months, helping them to accommodate their increased service capacity, parent, and staff needs. They continue to run into space challenges as their numbers grow and they expand to additional schools, meaning that as the program expands, so do its challenges. Central program staff has examined district-wide staff development times as a potential vehicle to expand its successful pre-K and Kindergarten articulation models. At least one of the RFS sites has already made a great deal of headway including non-LAUSD providers as part of the articulation process and has even made a great deal of progress in reaching a historically hard-to-reach population: African-Americans.

Planning for the sustainability of the centers typically occurred at the central district level on behalf of all sites. Central RFS staff members began looking at funding that could provide additional support to the programs, most notably looking into ways to access funding for programs specifically targeting infants and toddlers. Program staff mapped services each site used targeting younger populations and created a fact sheet to share with potential funding agencies. Central staff also organized the work of the coordinators in discussing sustainability options and finding avenues for advocacy to showcase the work of the centers. RFS representatives presented at First 5 commission meetings during year three in order to emphasize the importance of the work being accomplished, and thus the need for continued funding. RFS staff and coordinators also regularly submitted features to First 5 LA's new *Monday Morning Report*, one school readiness feature ultimately gaining attention from U.S. Senator Barbara Boxer of California.

Near the end of Year 3, the First 5 LA Commission approved a recommendation to allow some of the School Readiness Initiative programs to access funds for a short time beyond the

fourth year. The RFS centers planned to access a portion of these funds to continue program implementation and enhancement for an additional program year. The Commission also indicated they planned to revisit the issue of continuing First 5 LA's participation in the First 5 California School Readiness Initiative for another full four years in January 2008. At the time of this report, First 5 California had already guaranteed an additional four years of funding contingent upon the county's approval of an ongoing partnership. Formal applications for these additional funds were submitted by all nine RFS programs in the fall of Year 4.

In addition to seeking funding opportunities, central staff addressed sustainability by identifying low-cost programming that proved effective and that could be adopted by the school district to continue addressing school readiness even after First 5 funding ended. An example is the formal curriculum developed for the summertime kindergarten academy held at all of the sites in year three and made possible by alternative district funding sources. Central staff encouraged the centers to add video distance learning, available through the local adult schools, to their services to reach more working parents as well as to add a service that can fund itself (adult schools can access state funding when parents reach certain benchmarks in the video-based learning). Products such as these that were developed as part of the RFS program and demonstrated to be useful for families and schools constitute a successful effort on the part of RFS to create models that can be implemented on a wider level without necessarily requiring ongoing funding from the First 5 organizations.

Future Directions of the Ready For School Evaluation

Following three 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. Principle among these was the lack of variance among participation levels of participants. We managed to capture individual-level indicators of growth only from families who participated in ongoing or long term programs, which does not allow us to determine growth among all types of participants, including the largest group of participants, those having more limited involvement in the program. An additional limitation is our lack of knowledge of families' experiences leading up to their participation in the program. Although we capture basic demographic information from participants such as their countries of origin and ask about past services they've received, our

instruments provided little in-depth information about the path families took leading to their participation in RFS services. Thirdly, our measures of growth of parent involvement in their young children's educations—the crux of the RFS program—left us with gaps in our understanding of how factors underlie a parent's tendency to become involved and at what level. Data from our case studies yield patterns indicative of shifts in parent's understanding or self-efficacy as they participate in RFS programs, but we are lacking a direct connection among those factors as well as a direct measure of parent involvement beyond what they tend to do in the household on a daily basis.

All three of these areas have been addressed in a redesigning of the evaluation for the fourth year of program operation. Although the dual component evaluation will remain intact, allowing us to examine participant growth systematically while also examining the program holistically, the participant growth component in particular has been modified to capture more efficiently data on families' backgrounds, their attitudes about their roles in the education process, their actual levels of involvement, and in-depth demographic items. In addition, samples of participants are selected at random from all groups of families entering the program, regardless of their service intensity level (as opposed to administering lengthy questionnaires to all families falling into Type I and II service categories); the smaller numbers of participants to measure at intake allow our data collection team to spend additional time with the families, having in depth conversations about their experiences, and administer a number of scaled measures in an interview context to ensure the families understand what we are trying to measure and why. Although case study data collection techniques, such as interviews, observations, collaborative surveys, and focus groups will continue, the scheduling of these data collections are being aligned with best practices observed at various sites based on past research on effective school readiness intervention strategies. Analyses of these data will also focus on constructs related to school readiness at a program wide-level examining variations in practice across sites, rather than focusing on individual community contexts and the nature of practice at each individual site.

We also intend to establish a stronger link between findings concerning changes in the context of education to actual growth in child development. Although we have gathered a great deal of anecdotal evidence regarding visible improvements in the children participating in RFS programs, we have not yet included a systematic assessment of development levels among

children in the program in a way that allows us to gauge precise degrees of change. Our fourth year evaluation will include pre-post developmental assessments of a sample of young children participating in various RFS program activities in order to provide a direct measure of growth among children in keys facets of their development related to school readiness. This will include direct measures of cognitive, language, socio-emotional, and physical/motor development.

Evaluation in the fourth year will also increase its examination of the program within the school district context. Given the program's intention to become self-sustainable to some degree, the evaluation should include study of potential ways for this to happen and assist the program with establishing benchmarks for success in this realm. The evaluation can also assist the program and district alike in keeping careful track of district involvement both at the local district and central levels and more importantly, using previous year evaluation findings as a springboard for developing standard measures of parent and community involvement in the school system, a key strategic goal articulated by the superintendent of schools.

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Appendix A: A Quick Overview of Effect Sizes

Put simply, an effect size is a way of quantifying the difference between two points of observation: one representing the default or comparison point and the other representing a change or *effect* as a result of some type of intervention. In terms of program outcomes, the default or expected outcome is no change, whereas the actual observance could be very close to the default (no change or weak effect) or could be very different from the default (large change or strong effect). Effect size is determined mathematically by taking into account the difference between central tendencies of two populations and measuring the difference taking into account the variability within those populations. In statistical terms, an effect size is the mean difference reported in standard deviation units.

When calculating effect sizes, one examines the means of each of the populations of interest, calculated from the distribution of all observed scores. Then, to report that mean difference in standardized units, one makes an estimation of variability across groups, usually by calculating a pooled standard deviation using standard deviations from each of the groups. The ratio of the mean difference to the pooled estimate of variability indicates the size of the effect. Cohen (1992), a long time proponent of reporting effect sizes in social science research, suggests varying formulae for the interpretation of effect sizes, depending on the type of statistical tests conducted. When comparing mean differences between two groups, the standard generally is as follows: 0.2 = small effect, 0.5 = medium effect and 0.8 = large effect.

Appendix B: The School Readiness Questionnaire

The School Readiness Questionnaire (SRQ), a three-page, double-sided instrument developed especially for the school readiness 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. 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, 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 (FAS), and the Parent Sense of Competency Scale (PSCS), discussed in detail in the following sections.

Table 14. Principal Components Analysis of In-Home Family Activities Scale Items

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

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). 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[8]) of the scale items using first year cohort data showed that the items coalesced along a single component (see Table 14), 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 (α = .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.

Table 15. Principal Components Analysis of Parent Sense of Competency Scale Items

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

The Parent Sense of Competency Scale. School readiness 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

[8] To avoid biased results, multiple imputations were applied to compute the missing values instead of using list-wise deletion (Schafer, 1997).

modified[9] 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[10]) 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 15).

[9] 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.
[10] To avoid biased results, multiple imputations were applied to compute the missing values instead of using listwise deletion (Schafer, 1997).