



First 5 Ventura County Evaluation Report

Findings from the 2018 Parent Survey



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Introduction

Social Policy Research Associates (SPR) is pleased to submit this evaluation report of the findings yielded from an extensive analysis of First 5 Ventura County's (F5VC's) Parent Survey, which was completed by F5VC participants in spring 2018. The survey was designed to explore the relationship between participant and program characteristics and progress towards three key F5VC outcomes articulated in the First 5 Commission's Evaluation Framework: *access to care; kindergarten readiness; and knowledge of child development, resources, and parenting*. SPR's goal in this evaluation is to help F5VC make meaning of the results in ways that will support its efforts to strengthen and improve its programs and to measure progress towards desired outcomes.

This report begins with a short section highlighting F5VC's programmatic goals and how the Parent Survey aligns with these goals. The body of the report is divided into the following sections:

- An overview of our methods, including a brief discussion of our overall evaluation goals, our data sources, and our analytical approach
- Detailed information about the families served by F5VC in FY 2017-18, including client demographics and program participation¹
- Key findings from our analysis of the survey results, including client progress toward desired outcomes

The report concludes with a brief discussion of areas for consideration for F5VC and its program partners to support their continued efforts to capture useful data to ensure effective service to the children and families of Ventura County.

Background

F5VC envisions a future where all Ventura County children thrive in healthy supported environments. To that end, F5VC identified three key outcomes that align with this vision: 1) children have access to care, 2) children are school ready prior to kindergarten, and 3) families have knowledge of child development, community resources, and parenting. In addition, F5VC selected a series of indicators to assess progress toward these outcomes, as shown on the following page in Exhibit I. To measure these indicators, F5VC draws on an annual Parent Survey implemented by funded partners and the results from a validated child assessment tool—the Desired Results Developmental Profile—that is used to assess the kindergarten readiness of preschool students. This is the third year that F5VC has deployed the parent survey. The 2018 Parent Survey contains 28 questions, divided into four sections: (1) *Health and Screening*, (2) *Activities*, (3) *Community Resources*, and (4) *Parenting*. A copy of the full Parent Survey is included in Appendix A.

¹ FY 2017-18 is defined as July 1, 2017—June 30, 2018

Exhibit I: F5VC Evaluation Outcomes, Indicators, and Data Sources

Access to Care

#/% of uninsured children who are enrolled in health insurance
(survey)

#/% of parents reporting regular physical activity and healthy eating for their children (survey)

#/% of children who have and use a regular place for medical care
(survey)

#/% of children who have and utilize a regular place for oral health care (survey)

School Ready Prior to Kindergarten

#/% of caregivers who read to their children at least three days a week
(survey)

#/% of children considered school ready as measured by an evidence-based tool
(DRDP tool)

#/% of children who receive developmental screenings and follow-up
(survey)

Knowledge of Child Development, Resources, and Parenting

#/% of parents reporting they can access services when needed
(survey)

#/% of parents reporting good knowledge of child development
(survey)

#/% of parents who feel confident in their parenting skills
(survey)

Methods

SPR worked with F5VC staff to ensure shared understanding of the goals of this evaluation, to identify effective and appropriate data collection strategies, and to assess the quality of the data. Building off of our work with F5VC in previous years, we used a mixed methods approach to our evaluation—while the bulk of our evaluation is rooted in a layered analysis of survey data, we also engaged five key partners in structured interviews to contextualize findings from the survey and to support us in making meaning of the results.² During these interviews, we focused specifically on effective practices utilized in the PACT program to promote literacy and parental confidence and the use of developmental screenings.

In addition to these interviews, we drew on five sources of quantitative data:

- Parent surveys completed in spring 2018
- Client demographic information
- Client intake forms submitted between 2016 and 2018.
- Results from the Desired Results Developmental Profile (DRDP) for preschool students from FY 2017-18
- Program participation and attendance information for FY 2017-18

A detailed description of the data sources, as well as an overview of data limitations, is included in Appendix B.

In addition to calculating outcomes for F5VC families, we conducted subgroup analyses along the following participant and family characteristics: ethnicity, language, parental education, household income, and program participation.³ For program participation, we aggregated programs into the following program types:

- | | |
|---------------------------|--|
| • Developmental Screening | • Parent and Child Together (PACT) Classes |
| • Family Literacy | • Parenting Education |
| • Kindergarten Transition | • Preschool |
| • Other Family Support | • Service Coordination/Case Management |

Because close to one third (32%) of families participated in multiple program types during FY 2017-18, we looked at the most common combination of programs, as well as the number of different types of programs that families participated in and the number of hours of service received by families.

² We interviewed Neighborhood for Learning Directors from Conejo Valley, Moorpark/Simi Valley, Oxnard, and Ventura, as well as a Developmental Specialist from the County of Ventura Public Health Department, who conducts developmental screenings.

³ A complete list of the individual programs included in each program type is included in Appendix C.

Profile of Children and Families

Drawing on administrative and participation records, this section provides information on the children and families served by F5VC in FY 2017-18.

Number and Characteristics of Children Served

In FY 2017-18, F5VC provided services to 4,417 children.⁴ Key characteristics of this service population, which are similar to those of children served in FY 2015-16, are described below.⁵

- **Child Gender and Age.** Child participants were evenly split between female and male. Infants and toddlers ages 0-3 comprised 69% of children served.
- **Race/Ethnicity.** The racial and ethnic composition of the child participant population was predominantly Hispanic/Latino (70%), followed by White (17%). Asian and multiracial children each comprised four percent of the population, one percent was African American, and the remaining four percent had race recorded as “Other/Declined to State.” The Race/Ethnicity graph in Exhibit II compares the racial breakdown of F5VC participants versus all residents of Ventura County, demonstrating that the percentage of Hispanic/Latino families in the F5VC population was far greater than the percentage of Hispanic/Latino families in Ventura County overall. At the same time, white families were underrepresented in the service population.⁶
- **Language Spoken at Home.** Half of the child service population spoke a language other than English at home, compared to 39% of Ventura County’s population.⁷ The top three languages spoken at home included English (50%), Spanish (46%), and Mixteco (1%).⁸
- **Location of Family Residence.** Children served by F5VC accessed early childhood services throughout Ventura County via a number of service delivery points, including preschool programs, countywide services, and Neighborhoods for Learning (NfL) family resource centers. The largest percentage of children served resided in Oxnard (32%), followed by Simi Valley (14%) and then Ventura (11%).

⁴ This includes children ages 0-5 who had attendance records or a survey linked to their Client ID. Sixty-six older siblings also received services. This number does not capture all children touched by the myriad system-level services, supports, and activities offered through F5VC. Rather, it represents F5VC’s core child clients, i.e. clients for whom they provide more intensive services and whose demographic information and services received are tracked in Persimmony, F5VC’s client database.

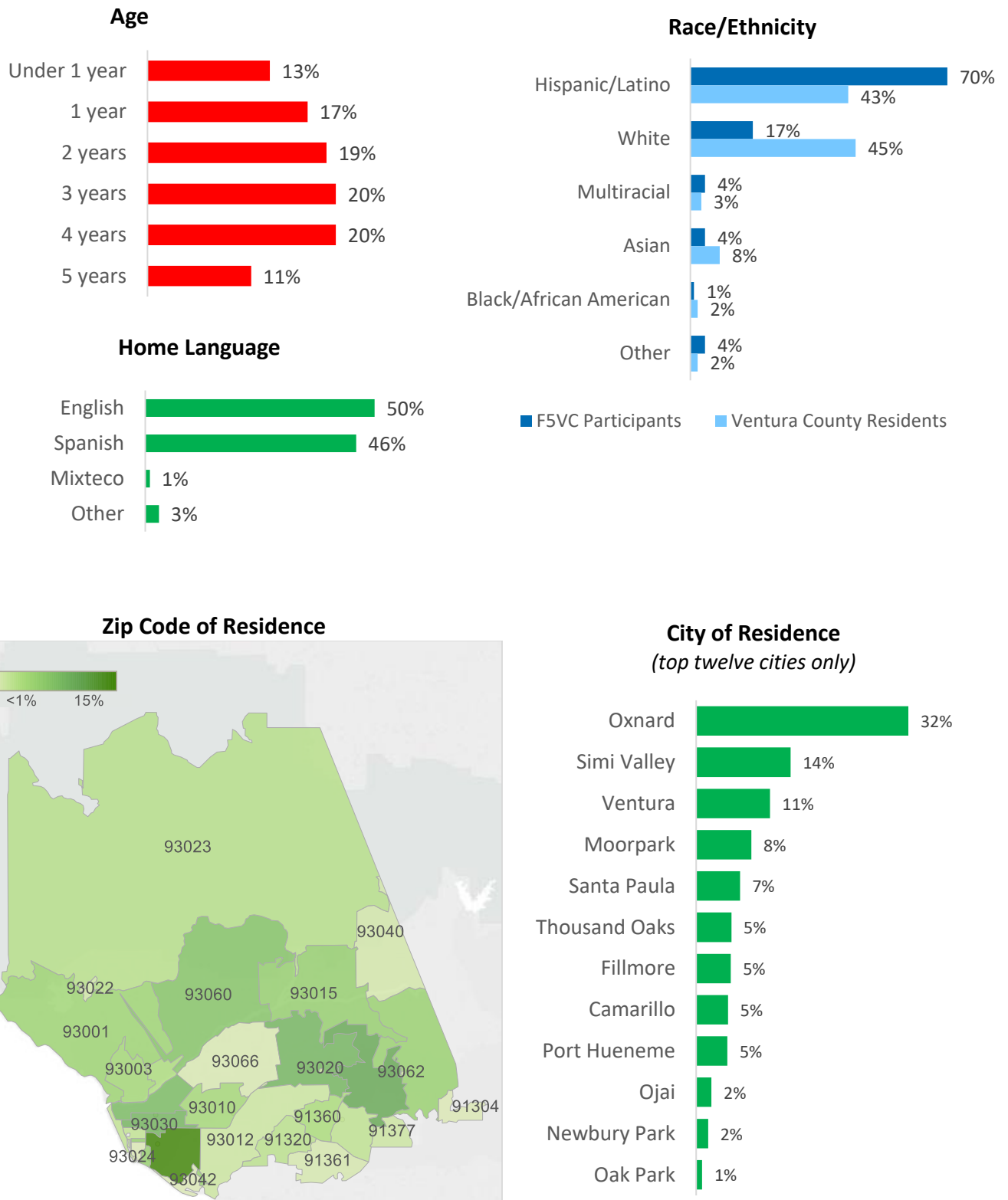
⁵ The Parent Survey was not deployed in FY 2016-2017.

⁶ 2017 Quick Facts, United States Census Bureau.
<http://www.census.gov/quickfacts/table/PST045215/06111#headnote-js-b>, accessed 11/28/2018.

⁷ Ibid.

⁸ Other languages spoken at home include Vietnamese, Korean, Mandarin, Farsi, Tagalog, Arabic, and Cambodian.

Exhibit II: Characteristics of Children Served⁹



⁹ Graphs may not sum to 100% due to rounding.

Number and Characteristics of Parent/Caregivers and Families Served

In total, 4,417 children under five participated in First 5 programs in FY 2017-18, as well as 4,863 caregivers and 66 older siblings. These individuals comprised 5,770 unique families.¹⁰ Using family intake forms, we identified the following findings on family characteristics, none of which varied significantly since FY 2015-16:

- **In close to half of families, both parents and children participated in programming.** For 42% of families served, at least one child and one parent/caregiver directly participated in F5VC programming.
- **The vast majority of households were headed by two adults.** Caregivers from 79% of families reported being married or in a domestic partnership and 19% reported being a single parent.
- **More than one-quarter of families were living with more than one family in the same household.** Twenty percent of families shared their household out of economic hardship, while 6% shared their household out of preference.
- **The majority of families (61%) had only one child under six.** Six percent of families had three or more children aged 0-5 in their household. The average household size was 4.2 people.
- **First 5 served mostly low-income families.** Over half of families earned less than \$30,000 annually and 22% earned more than \$50,000. Only 6% of families had a household income over \$100,000. For comparison, the California Budget Project estimated in 2017 that the average household with two children and two parents (one working) would require an annual income of \$64,587 to make ends meet.¹¹ The median household income in Ventura County between 2012-2016 was \$78,593.¹²
- **First 5 served parents with varying levels of education.** While close to 30% of caregivers who participated in services had not received a high school diploma, 22% had a bachelor's degree or higher. F5VC families tended to have lower levels of education than other families in Ventura County, where 17% of the adult population have not received a high school diploma or equivalent and 32% have a bachelor's degree or higher.¹³

¹⁰ We used family intake forms from FY 2016-17 and FY 2017-18 to calculate family characteristics. Because intake forms were only available for 58% of families (3,338), these findings may not be representative of all F5VC families.

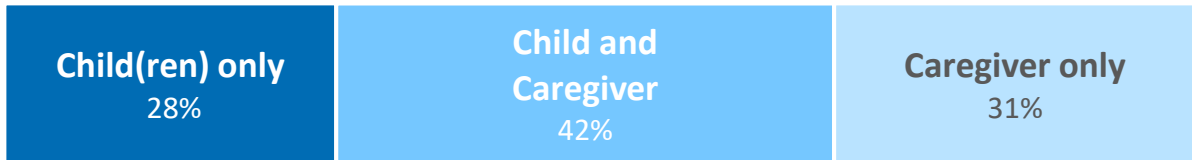
¹¹ 2017. California Budget Project. *Making Ends Meet: How Much Does It Cost to Raise a Family in California*. <https://calbudgetcenter.org/resources/making-ends-meet-much-cost-support-family-california/>, Accessed 11/30/2018.

¹² Quick Facts, United States Census Bureau. <http://www.census.gov/quickfacts/table/PST045215/06111>. Accessed 11/28/2018.

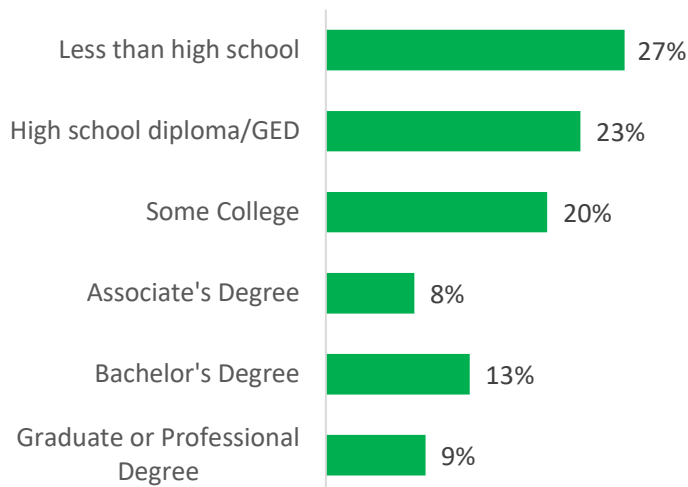
¹³ 2017 Quick Facts, United States Census Bureau. <http://www.census.gov/quickfacts/table/PST045215/06111#headnote-js-b>, accessed 11/28/2018.

Exhibit III: Characteristics of Families Served

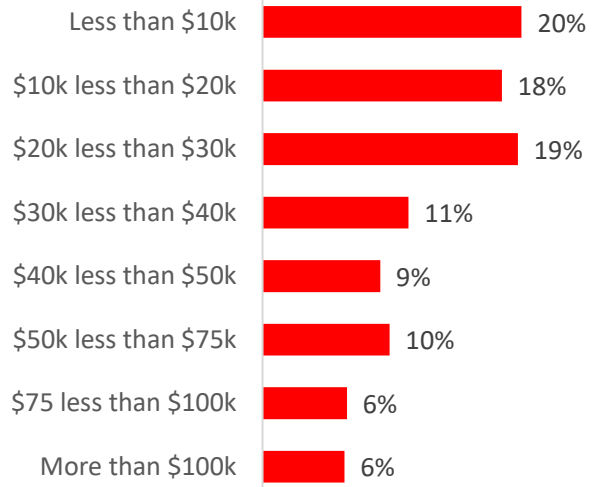
Type of Family Member(s) Receiving Services



Level Education of Parent/Caregiver Participants



Household Income



Number and Mix of Services Received

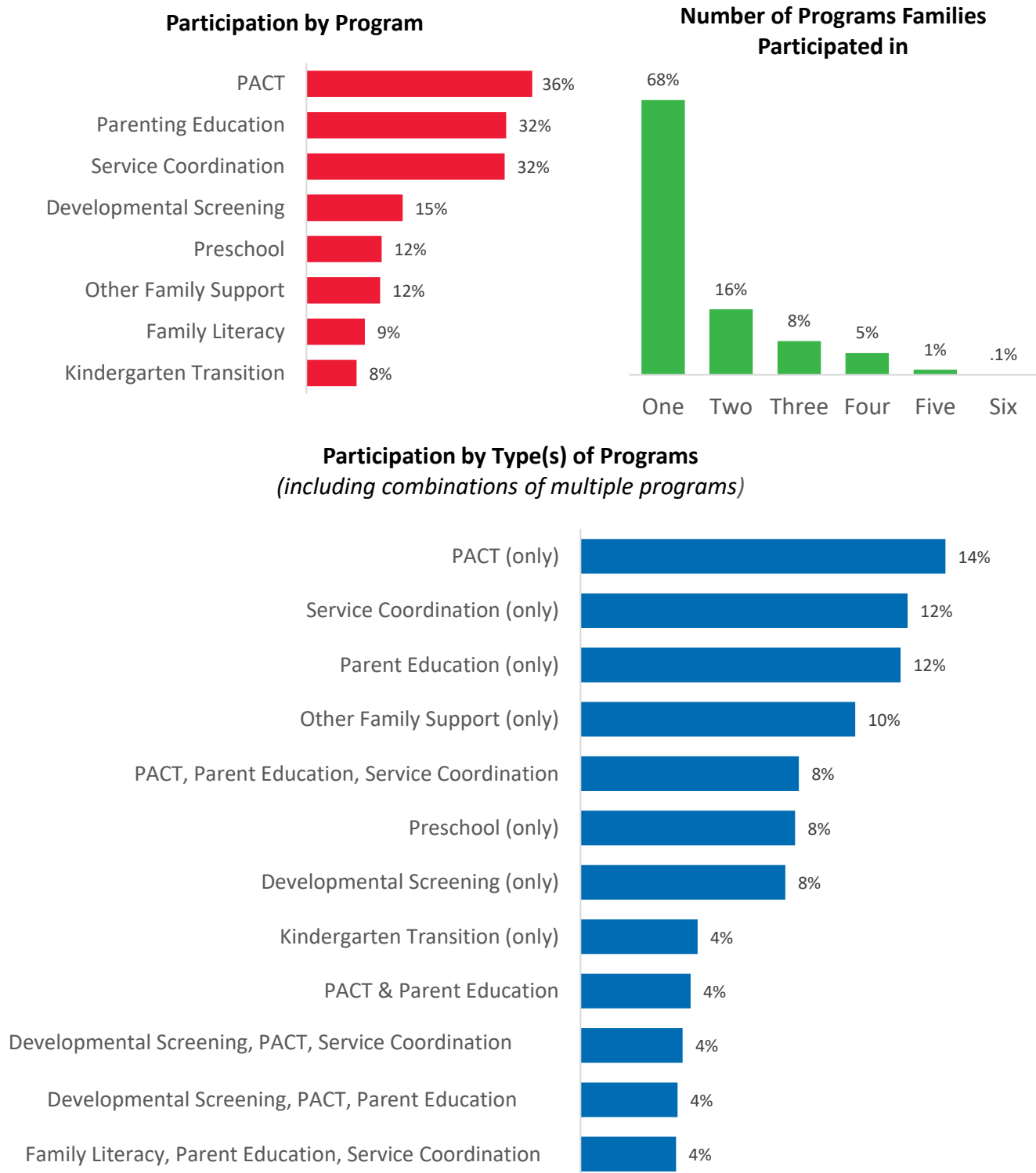
As shown in Exhibit IV, about two-thirds of families participated in one type of First 5 program with the remaining third of families participating in two or more programs. As observed last year, **Parent and Child Together (PACT) classes were the most common type of program families participated in, with more than one-third of all F5VC families attending at least one PACT session.** Other frequent program types included Parent Education, Service Coordination/Case Management, and Developmental Screening.

Some programs were more likely to be offered as a stand-alone service, while participants in some programs were more likely to participate in multiple services. For example, 96% of families who participated in Family Literacy services participated in another program type as well. In comparison, only 12% of families enrolled in Family Support programs received other types of services.¹⁴ Exhibit III shows

¹⁴ Family Support programs include Community Resource and Referral, Obesity Prevention, and Oral Health services.

the most groups of programs families participated in, with PACT, Parenting Education and Service Coordination/Case Management being the most common combination of multiple services.

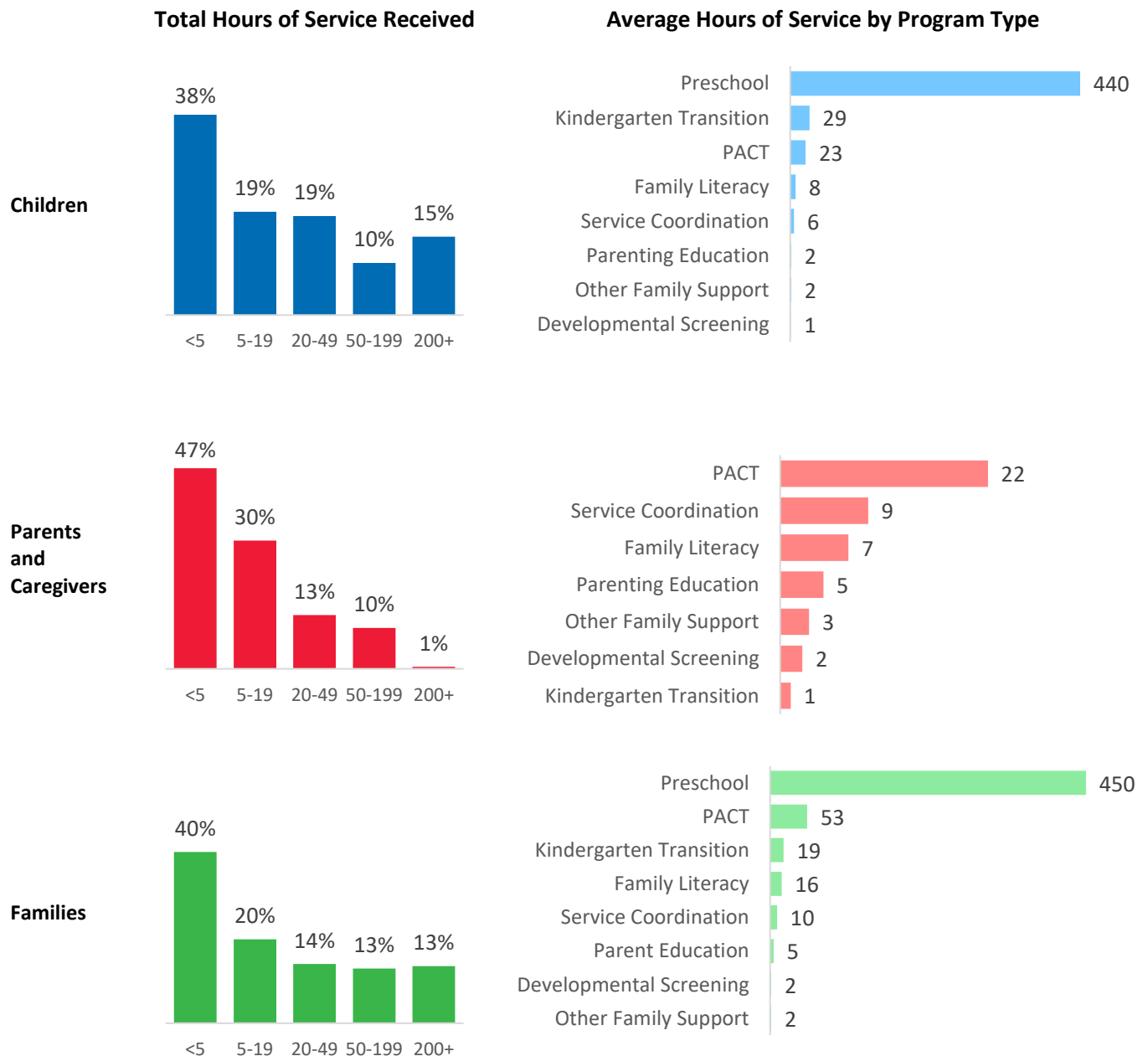
Exhibit IV: Number and Mix of Services Received (*percent of families*)



Hours of Service

On average, children received close to 90 hours of service and parents received 17 hours of service through First 5 programs. As shown in Exhibit V, over half of **children and parents received at least 5 hours of service**. Preschool programs, including those that provided ECE vouchers to families, provided by far the most intensive services to children, with children participating for over 400 hours on average. Other programs that topped the list for providing the most hours of service included Kindergarten Transition and PACT. For parents, PACT provided the most intensive services, with participating parents receiving an average of about 20 hours of service.

Exhibit V: Hours of Service



Summary of Outcomes

In this section we present findings on progress made in F5VC's three key outcome areas, based on parent survey results, preschool DRDP data, parent focus groups, and partner interviews. While the preceding sections contain information on participant characteristics and services received for the broader F5VC service population, findings from our analysis of participant outcomes are based on the survey sample, which included 1,879 unduplicated surveys. Overall, 26% of children with service records were matched to a parent survey. We compared the survey sample and participants who did not submit the survey across key demographics, finding that the survey sample differed in various ways from participants who did not submit the survey. Children who were connected to a survey were more likely to be white, have a higher family income, and speak English at home. Moreover, families who submitted surveys received, on average, more hours of service than the overall client population. Because the sample was not representative of the larger F5VC population in terms of demographics, intensity of participation, or mix of programs, we cannot generalize these findings to the broader population. Tables providing more detailed information on key characteristics of F5VC's service population and the survey sample are included in Appendix D.

For each outcome, we provide outcome-level findings, followed by findings at the indicator level. We also share findings in areas where analyses of results by participant characteristics or program participation yield interesting variations by subgroup.

Outcome 1: Access to Care

The four indicators mapped to access to care include: (1) access to health insurance; (2) access to medical care providers; (3) access to oral healthcare providers; and (4) nutrition and levels of physical activity. Ten questions in the parent survey map to this outcome area and are incorporated into the analysis.

We did not create an overall composite score for Outcome 1 or indicator level composite measures because the results would not be meaningful, given the vastly differing nature of the composite indicators (access to health insurance and health care vs. nutrition and physical activity practices).

Indicator	Questions ¹⁵	FY15-16	FY17-18
1: #/% children who are enrolled in health insurance	<ul style="list-style-type: none">• Q3: Does your child currently have health insurance?	98%	98%
2: #/% of children who have and use a regular place for medical care	<ul style="list-style-type: none">• Q1: Do you have a usual place to go when your child is sick or you need health advice?• Q2: Did your child have a routine check-up in the last 12 months?	97%	97%

¹⁵ For all measures except questions 9 and 13, results reflect the mean percentages of parents who responded "yes" to the questions in this outcome area. For question 9, the results reflect the mean percentage of parents who selected either "none" or "1 hour or less" as a response. For question 13, the results reflect the percentage of parents who selected "none."

Indicator	Questions ¹⁵	FY15-16	FY17-18
	COMPOSITE (Q1 and Q2 = yes)	93%	94%
3: #/% of children who have and utilize a regular place for oral health care ¹⁶	• Q5: Did your child have a dental exam in the last 6 months?	78%	84%
	• Q6: Does your child have a regular dentist?	80%	86%
	COMPOSITE (Q5 and Q6 = yes)	72%	79%
4: #/% of parents reporting regular physical activity and healthy eating for their children	• Q9: On an average weekday, about how much screen time does your child have (e.g. watching television or videos, or playing on the computer, phone, or tablet, etc.)? (selected None or 1 Hour or less)	48%	50%
	• Q10: My toddler or preschooler is given 1-2 hours of physical activity each day (for example, playing outside, sports, dancing or running around).	90%	90%
	• Q11: My child eats at least five servings of fruits and vegetables (such as bananas, apples, green beans, or green salad) over the course of the day.	83%	80%
	• Q12: My child drinks water at meal times and throughout the day	91%	92%
	• Q 13: How many glasses or cans of soda or other sweetened fruit drinks, sports, or energy drinks does your child drink over the course of the day (<i>selected None</i>).	42%	45%

As noted previously, this outcome encompasses two distinct areas of inquiry: access to health insurance and health care, and practices around nutrition and physical activity. Given that distinction, we noted quite a bit of variation in this outcome area. Results were similar to those observed in FY 2015-16 across all indicators, with the exception of *access to oral health care*, where we noted some improvement. Below we share key findings related to these two areas of inquiry.

Findings Related to Access to Insurance and Medical and Oral Health Care

At the indicator level, there was some variation, with scores indicating consistent access to health insurance and access to medical care. Results in the area of oral health care were not as strong, although there has been improvement since FY 2015-16. Below are key findings at the indicator level:

- **Results within Indicator 1 (Insurance Enrollment) were strong.** As in FY 2015-16, 98% of respondents reported that their child had health insurance.¹⁷ The consistently strong scores in this arena may be an indicator that efforts around insurance enrollment for children in Ventura County are meeting with positive results.
- **Results within Indicator 2 (Regular Place for Medical Care) were strong.** Ninety-seven percent of respondents reported that they have a usual place to go when their child is sick or when they

¹⁶ The analysis for this indicator only includes surveys that are connected to a child at least 12 months old by 9/1/2017.

¹⁷ This is compared to 98% of children ages 0-5 in California. (2016-2017 California Health Interview Survey, accessed 12/10/2018.)

need health advice.¹⁸ This is consistent with findings from last year (also 97%). Ninety-seven percent of respondents also reported that their child had a routine check-up within the last 12 months. There were no meaningful variations across race/ethnicity, language, education level, or income. We also examined *where* families take children when they are sick or need health advice. Slightly more than half of respondents reported that their children utilize a doctor's office, private clinic, or HMO as their primary health home, while slightly more than 40% utilize a Public Health Department or community health center/clinic. Less than one percent of parents reported that their children rely exclusively on a hospital for their medical needs.

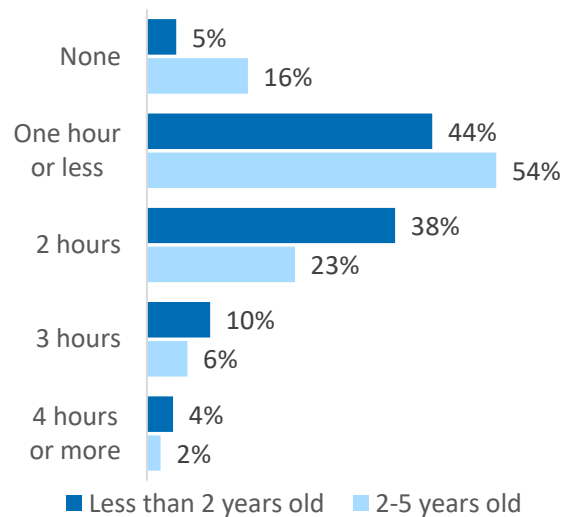
- **Results within Indicator 3 (Access to Oral Health Care) have improved over the last few years.** This year, 86% of respondents reported that they have a regular dentist, compared to 78% in FY 14-15 and 80% in FY 2015-16. Similarly, the percent of respondents who reported that their child had a dental exam within the last 6 months, rose from 78% to 84% since FY 14-15. This is compared to 62% of children ages 0-5 in California, and 28% of children ages 0-5 in Ventura County in 2016.¹⁹ Although there was no difference by ethnicity in the percentage of children who have a regular dentist, Hispanic/Latino families were more likely to report that their children had visited a dentist in the last six months than white families were (85% versus 73%).

Findings Related to Physical Activity and Nutrition

For this indicator, access to care is connected to core practices that support the healthy physical development of children. Specifically, the indicator includes two distinct foci: physical activity (i.e. time spent in physical activity and time spent watching television), and nutrition practices (i.e. consumption of fruits and vegetables, water consumption, and consumption of sugary drinks). Below are key findings:

- **Results around physical activity are mixed.** As observed in FY 2015-16, a high number of respondents (90%) indicated that their child engages in 1-2 hours of daily physical activity. In comparison, results related to screen time are not as strong—only 50% of respondents reported that their child spent one hour or less in front of the television or other screen on a typical weekday, which is similar to last year's results (48%). In fact, 13% of parents reported that their children spend at least 3 hours in front of a screen on a typical day. These results indicate that F5VC may want to invest time in supporting parents in limiting screen time for

Exhibit VI: Daily Screen Time by Age



¹⁸ This is compared to 97% of children ages 0-5 in California. (2016-2017 California Health Interview Survey, accessed 12/10/2018.)

¹⁹ 2016-2017 California Health Interview Survey, accessed 12/3/2018. Children Now, 2018 California County Scorecard, <https://childrennow-scorecard.netlify.com/?ind=lowIncomeDental&cty=ventura&yr=1>, accessed 12/11/2018.

their children. The American Academy of Pediatrics recommends that children less than 18 to 24 months old should have no screen time other than video chatting, and that screen time should be limited to no more than 1 hour for children ages 2-5. (Results broken out by age group are illustrated in Exhibit VI.²⁰) In this area, white families and those with an income of at least \$50,000 reported on average that their children had less screen time.

- **Results around nutrition are also mixed.** Compared to statewide averages, a high number of respondents (80%) reported that their child eats at least five servings of fruits and vegetables per day.²¹ The survey results suggest that the vast majority of families offer their children water at meal times and throughout the day, yet only 45% of families reported that they did not give sweetened drinks to their child, compared to 77% of children ages 2-5 across the state.²² About half of families reported giving 1-2 sweetened drinks per day. There was some variation across race and income, as white families and those with higher annual incomes (at least \$50,000) were less likely to report that their children drink sweetened beverages. These results may indicate potential needs around nutrition education.

Outcome 2: School Ready Prior to Kindergarten

The three indicators mapped to *school ready prior to kindergarten* focus on: 1) literacy practices at home; 2) developmental screening referrals and uptake; and 3) school readiness as measured by the DRDP. Because the calculation of indicators for this outcome area draws on two different data sources (Parent Survey responses for the first two indicators and DRDP scores for the last indicator), we did not create a composite score for the outcome area. Moreover, for this outcome, we divide our presentation of findings by indicator for the sake of clarity because the indicators rely on different data sources and are calculated in different ways.

Findings Related to Reading to Children

Our analysis for the first indicator in this outcome area drew on 8 questions from the parent survey. Results for the first indicator reflect the percentage of parents that reported reading with their children 3-6 days per week or more.

Indicator ²³	Questions	FY15-17	FY17-18
1: #/% of children whose family members read to them 3 or more days per week	Q8: In the usual week, about how many days do you or any other family members read stories or look at picture books with your child? <i>(Results reflect responses from parents who selected 3-6 days or every day.)</i> ²⁴	74%	71%

²⁰ This exhibit only includes surveys if we were able to link them to a child with a valid date of birth (n=499).

²¹ In 2017, an estimated 34% of children ages 0-5 in California consumed five or more servings of fruit/vegetables each day. (2017 California Health Interview Survey, accessed 12/3/2018.)

²² Babey, S. H., et al. (2013). Still bubbling over: California adolescents drinking more soda and other sugar-sweetened beverages. UCLA Center for Health Policy Research & California Center for Public Health Advocacy.

²³ Because of the wide variation in scores and the multiple levels of response type (i.e. some questions included sub-levels), we did not include composite scores for these indicators.

²⁴ There were four response options to this question: 1-2 days, 3-6 days, every day, and never.

Similar to last year, results within Indicator 1 (Parents Who Read to their Children 3 or More Days per Week) were not strong. Survey results indicate that many families are not reading to their children at the recommended levels. Compared to an estimated 84% of children across Ventura County and 89% of children across the state, 71% of children from the sample are read to by family members at least three days per week.²⁵ Although the American Academy of Pediatrics recommends that parents read to their children on a daily basis in order to support child literacy, only 32% of children in the sample were read to by family members *every day*.

Our analysis by subgroups uncovered the following findings:

- **There were differences across race and home language.** Over ninety percent of white children (93%) in this sample are read to by family members at least three days per week, compared to only 64% of Hispanic/Latino children in the sample. There was also a notable difference between English-speaking homes and non-English speaking homes. Eighty-nine percent of children from English-speaking homes are read to 3-6 times per week or every day, versus 67% of Spanish-speaking children and 22% of Mixteco-speaking children.²⁶
- **Families with higher education levels and higher incomes were more likely to read to their children.** 91% of children whose parent had a bachelor's degree or higher were read to at least three times per week, compared to 55% of those without a high school degree. Similarly, the percentage of children who met this outcome increased steadily as parent income rose, as demonstrated in Exhibit VI. For example, 64% of families earning less than \$20,000 read to their children at least three days per week. This is compared to 82% of families below the federal poverty level in California who reported reading to their children at least three days per week.²⁷
- **Programs associated with the highest rates of family members reading to their children included PACT classes and preschool.** For example, 81% of families who participated in a PACT series reported that a family member reads to their children at least three times per week, compared to 71% on average. The rate of reading to children was even higher when participants attended PACT classes in conjunction with parenting education.
- **Families receiving service coordination/case management reported lower rates of reading to their children.** As observed in FY15-16, only one-third of families who participated solely in service coordination/case management met this outcome. However, those who received service coordination/case management *in conjunction* with other programming were more likely to read than those who received service coordination alone. For example, close to 90% of those who participated in service coordination/case management in conjunction with parenting education and family literacy met this outcome. This finding suggests that families receiving only

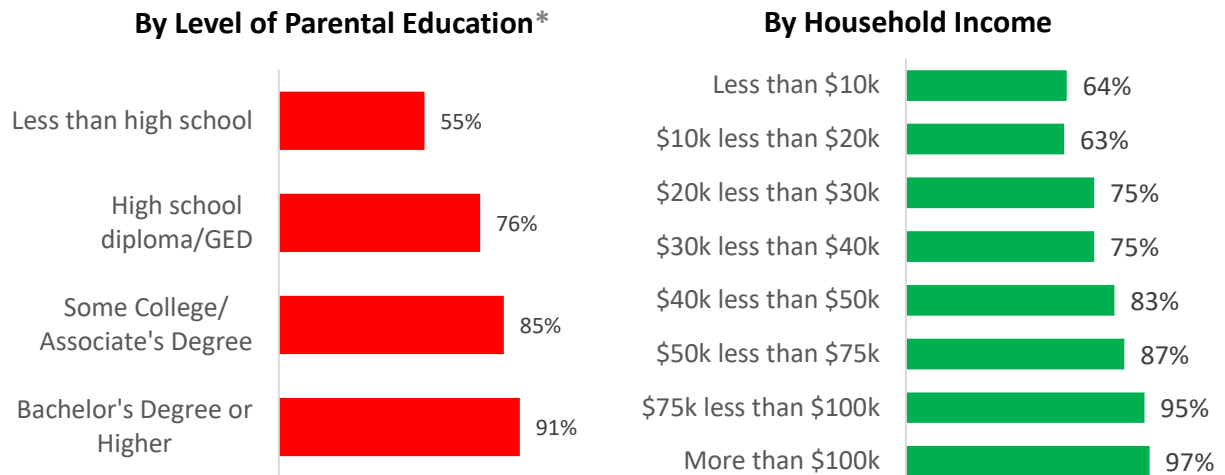
²⁵ Comparison data provided by UCLA Center for Health Policy Research, California Health Interview Survey (2015-2017). <http://www.chis.ucla.edu>. Accessed 12/3/18.

²⁶ These findings persist when we controlled for parental education and family income.

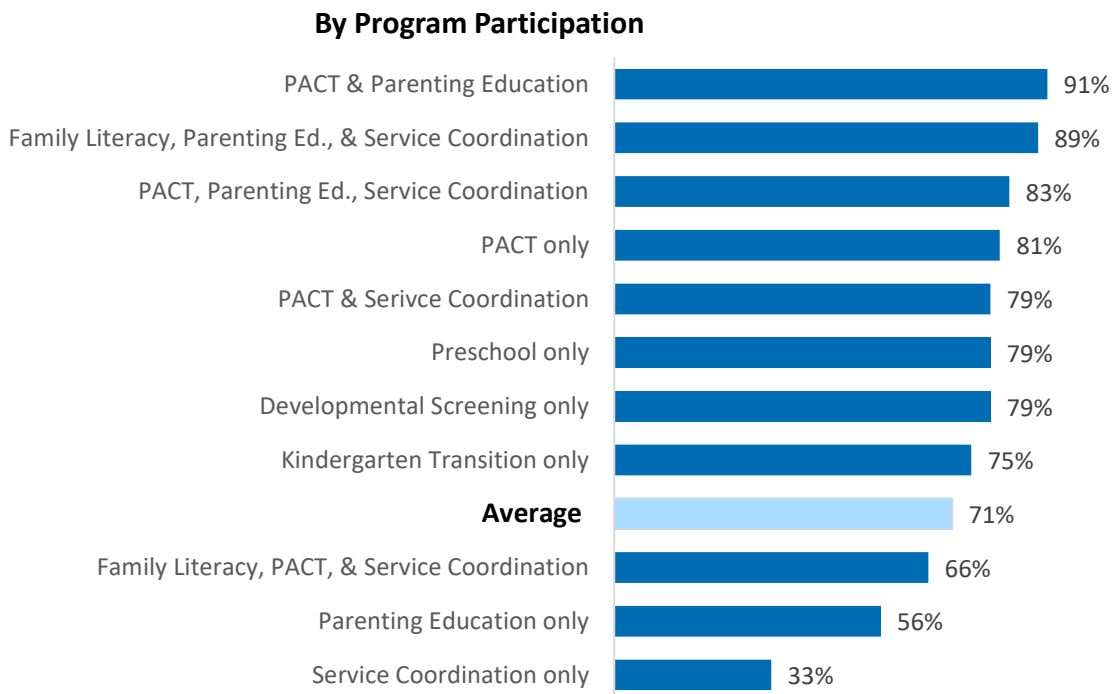
²⁷ The poverty level for a family of four with one working parent is defined as \$25,100. 2015-2017 California Health Interview Survey. <http://www.chis.ucla.edu>. Accessed 12/3/18.

service coordination/case management may experience barriers to reading and would benefit from additional support that promotes literacy and reading.

Exhibit VII: Percent of Children Read to at Least Three Times per Week



**Defined as the highest level of education among parents/caregivers who participated in F5VC programming.*



NfL directors identified obstacles that families often face when trying to read to their children, such as the multitude of demands they face at home, the difficulty of accessing age appropriate books, especially when transportation is an issue, and parents' insecurity about their own reading levels. To help families overcome these obstacles, PACT classes utilize many different strategies, as outlined below:

- **PACT classes incorporate literacy in their programming in various ways to emphasize its importance.** For example, some PACT classes begin with reading time at the beginning of class, while others have instituted “backpack programs,” where they lend backpacks of books with suggested activities to families on a weekly basis. Children are excited to have something tangible that they can bring home, boosting their interest in exploring the books. PACT classes also incorporate field trips to the library and help parents obtain library cards. The Ventura NfL organizes Storyfest, an annual celebration of literacy and books for children. This year, over 900 children attended and cycled through different tents where community volunteers read books and told stories. According to the NfL director, many parents who attended were surprised to see how excited their children could be about reading. Finally, in addition to the literacy supports provided during PACT classes, the Moorpark/Simi Valley NfL brings in teenage volunteers to read with children while their parents are engaged in literacy development classes.
- **Teachers help parents identify numerous ways they can emphasize printed words in their daily life, including but not limited to reading together.** Teachers discuss how parents can do this by noticing signs on daily walks, pointing out labels at the grocery store, and incorporating time for reading in their bedtime routines. PACT teachers also point out that literacy is not just about reading words. Parents can boost literacy by engaging their children in back-and-forth dialogue, singing silly songs, talking about what they see in pictures, and telling stories at any time of the day. These strategies are critical for parents who feel insecure about their own literacy levels.
- **PACT provides a safe space to practice being silly and playful with children.** Some parents initially feel timid about singing or dancing with their children, but by incorporating these activities on a regular basis in the PACT classes and emphasizing emotional safety in the class, teachers encourage parents to “let loose” and find new ways to engage their children in songs and rhymes.
- **PACT teachers encourage families to integrate their culture into literacy activities.** For example, they can share stories and rhymes they learned as children. Emphasizing this connection to their own experience is another way to empower parents who may feel insecure about their own literacy.

In addition to PACT classes, F5VC promotes early literacy with multiple partners throughout the county using messages like “Talk Read Sing” and “Take 5 and Read.” Some strategies include:

- **Partnering with local libraries to encourage young children to apply for library cards.** When children 5 and under get a library card, the librarian also gives them a First 5 Talk Read Sing reusable bag to carry their books to and from the library. First 5 also cross-promotes the

library's early literacy classes on our Facebook page and supports additional library events such as the grand opening of the Hill Road Library with free bilingual books for young children to take home and celebrity readers.

- **Co-sponsoring with the VC Start the annual Take 5 and Read event to promote the benefits of early literacy young families and local business owners, elected officials, and community activists.** Local “celebrity readers” including the Sheriff, Senators, and CEOs, read books to preschool and PACT classes on a Friday in May. The VC Star runs a story featuring the readers, and invites the public to attend Storytime at their local library the next week with additional celebrity readers.
- **Partnering monthly with the Annex Food Hall at the Collection at Riverpark in Oxnard to host a free kids club Storytime.** The Oxnard Library and Rio NFL read books and sing songs, and the Annex provides an activity for the children.
- **Sponsoring early literacy events in the community such as Summerfest in Ventura, the Multicultural Bookfest in Camarillo, and health fairs.** F5VC provides bilingual books and additional materials for children to build their home library.
- **Partnering with Barnes and Noble for their annual book drive.** The public can purchase books at Barnes and Noble locations to be donated to F5VC for distribution year round.
- **Featuring early literacy messages on the F5VC Facebook page.** These messages include links to relevant books and educational events, as well as tips for reading to young children.

Findings Related to Developmental Screenings and Follow-up

In order to ensure that Ventura's children are ready for kindergarten, F5VC promotes the use of the Ages & Stages Questionnaire-3 (ASQ-3) as a universal developmental screening to identify children who may be at risk for developmental delays for further assessment. As such, funded partners work with Help Me Grow Ventura to help families access and use developmental screenings to monitor their children's development and receive additional services when appropriate.

Results within Indicator 2 (Children Who Receive Developmental Screenings and Follow Up) were mixed, revealing that families were likely to receive follow-up services when a concern was identified but also that many First 5 families never received a referral for a screening.²⁸ Overall, about half (53%) of parents reported receiving a referral, as shown in the table below. Of those referred, 70% reported that the developmental screening was conducted, meaning that about one-third of all children in the survey sample received a screening. (See Exhibit VIII on the following page for a depiction of how children from the survey sample flowed through the stages of the developmental screening process.)²⁹

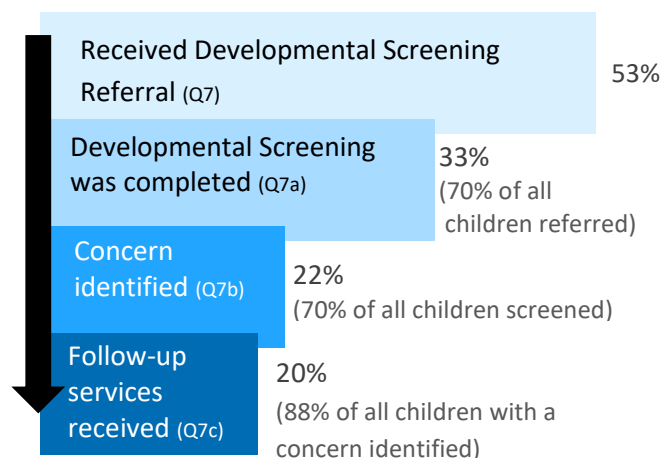
Indicator	Questions	FY15-16	FY17-18
#/% of children who receive developmental screenings and follow-up	<ul style="list-style-type: none"> Q7: Since you started receiving First 5 services, has your child been referred for a Developmental Screening (for example, have you been asked to complete a checklist of activities that your child can do, such as certain physical tasks, whether your child can draw certain objects, or ways your child communicates with you)? 	54%	53%
	<ul style="list-style-type: none"> Q7a: If you received a referral, was a Developmental Screening conducted? 	71%	70%
	<ul style="list-style-type: none"> Q7b: If a Developmental Screening was conducted, was a concern identified? 	62%	70%
	<ul style="list-style-type: none"> Q7c: If a concern was identified, has your child received follow-up services? 	89%	89%

²⁸ This indicator area, and the questions that fall within it, are different from the rest of the questions in the survey in that it incorporates sub-level follow up questions. For some of these questions, such as whether or not a concern was identified in a screening, positive findings are not necessarily correlated with high percentages. Thus, making meaning of the results requires a different lens.

²⁹ Fields with populated data that followed a question with missing data were included in the analysis of this indicator. For example, if a respondent selected yes to question 7, left 7a blank, and selected yes to 7b, this data was included. If they answered no to a previous question, their responses to subsequent questions were discarded.

Seventy percent of parents who completed the developmental screening reported that a concern was identified through the screening process. In these cases, Public Health works with parents to refer them to the most appropriate resources. Usually, NfL family liaisons also receive this information and can support parents in following up with the referrals. According to NfL directors, the most common concerns included speech and language delays. Most families (88%) reported that they received follow-up services when a concern was identified, suggesting that this approach has generally been successful.

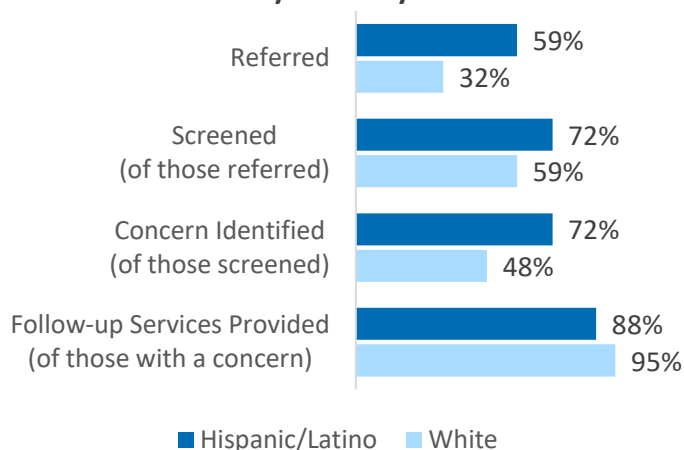
Exhibit VIII: Flow of FV5C Children through Developmental Screening Process



Our analysis uncovered interesting variations across subgroups:

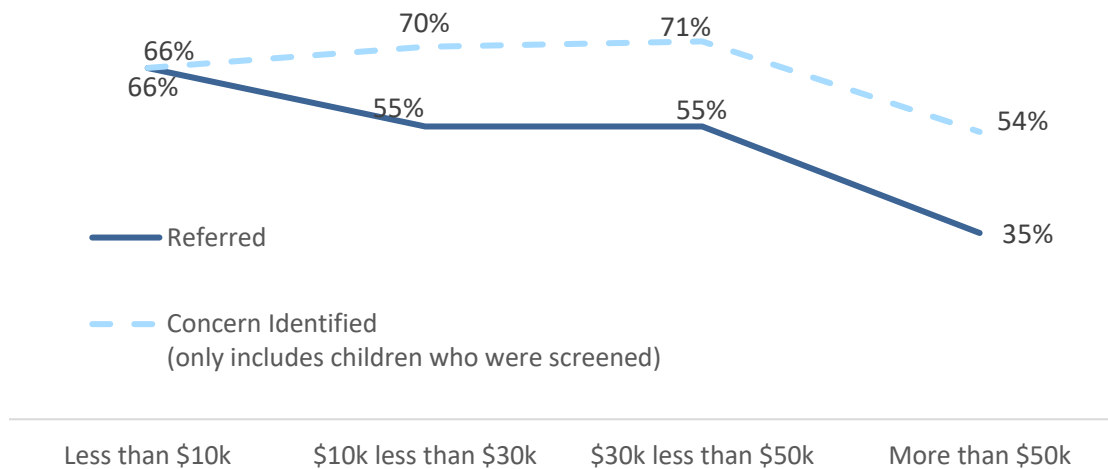
- **Hispanic/Latino families and parents were more likely than white families to receive a referral for a developmental screening** (59% versus 32%). This finding was consistent for children in both age groups (under 24 months and between 25 and 66 months). As shown in Exhibit IX, Hispanic/Latino families were also more likely to report that a concern was identified if a developmental screening was conducted (72% versus 48%).
- **Having a household income under \$50,000 and not having any college education were also associated with receiving a referral for a developmental screening.** In fact, as shown in Exhibit X, the percentage of children referred for developmental screenings steadily decrease as family income levels go up, as do the percentage of children with identified concerns.³⁰

Exhibit IX: Percentage of Children at Each Stage in Developmental Screening Process, by Ethnicity



³⁰ While we cannot determine the reason behind the differences by ethnicity, income, or education, we did observe that NfLs with a higher proportion of Hispanic/Latino families and lower income families had higher than average rates of developmental screenings. Interviews with funded partners suggested that some NfLs focus more heavily on universal use of developmental screenings than others, so the differences by subgroups may reflect different priorities of the NfLs they attend.

Exhibit X: Percentage of Children at Each Stage in Developmental Assessment Process, by Income



- **The number of different types of programs that families participated in was positively associated with receiving a referral for a developmental screening, following through on that referral, and receiving follow-up services if a concern was identified.** This finding suggests that being touched by multiple programs helps families access developmental screenings and associated services.
- **All subgroups received follow-up services at a high rate when a concern was identified.** This finding suggests that First 5 programs are successfully connecting all groups to needed services when concerns are identified and that families of all types are able to navigate the system to get the services they need.

During interviews with funded partners, we asked about their reaction to these survey results. Because funded partners encourage universal use of the ASQ-3, the NfL Directors and Public Health staff that we interviewed expressed surprise that more families were not reporting that they had been referred for a developmental screening. Public Health staff speculated that providers may not be using consistent terminology when providing the referral (e.g. calling it an assessment instead of a screening) and this may confuse parents and make the tool seem more intimidating.

On the other hand, providers were not surprised that 30% of parents do not follow up on developmental screening referrals. They reported that the tool may be too confusing for parents with low literacy rates and too long or inconvenient for those overwhelmed by family responsibilities. Also, some parents may be fearful of what they will learn and put off filling it out. To help families overcome these obstacles, NfL staff explicitly connect the developmental activities they engage children in during programming to the different developmental domains in the ASQ-3, hoping to familiarize parents with the tool to make it more accessible and normalize the use of developmental screenings to ease parents' fears. They also find the most appropriate venue for families to fill out the screening to maximize the utilization rate and the accuracy of the results. When appropriate, they have families complete the tool in a group setting to

normalize the tool, for others they schedule one-on-one consultations with NfL staff so that they can provide additional support and guidance, and for some they ask families to fill out the tool in the comfort of their own home. Finally, partner staff who work directly with families stress the value of the ASQ as a tool for helping support their child’s learning, as opposed to a test to identify problems.

Partners had mixed reactions regarding the relatively high number of parents who reported that a concern was identified during the screening process. Some verified that the survey results from their program accurately reflect the data they have collected, while others cited a discrepancy between their survey results and their own data or observations. One director identified two potential sources of confusion for parents. First, as a practice, NfL staff provide tips and suggestions to support children’s development when reviewing the ASQ-3 results with families, paying close attention to areas where the child needs the most support. Second, the tool provides an opportunity for parents to communicate any concerns they have about their child’s development. Through these processes, parents may have identified what they deemed to be a concern, even if the screening itself did not suggest the need for further assessment. Staff from Public Health suggested rephrasing the question to be more specific about what is meant by a concern—that the screening identified a concern that required a referral for further assessment by the school district or Early Start.

Findings Related to the Desired Results Developmental Profile

Our analysis of the third indicator in this outcome area drew on preschool Desired Results Developmental Profile (DRDP) scores for four- and five-year old children enrolled in a First 5 funded preschool program.³¹ Children are assessed twice during the program year, once in the fall and once in the spring. The table below includes results from pre- and post-assessments to demonstrate both growth over time and to show how many children were assessed as kindergarten-ready (i.e. whose results fell into one of the two highest developmental levels—*building* or *integrating*) by the time they took their post-assessment. Note that this data table *only* includes data from children for whom we have *both* pre- and post-assessment results. On average, children who took both the pre- and post-assessments received 495 hours of preschool services over the year. For comparison purposes, we also ran a separate analysis of *all* post-assessments for DRDP-eligible children irrespective of whether or not we had pre-test data and found that there were no significant differences in post-assessment scores between those who had pre-test data and those that did not.

³¹ For this analysis, we only included children who had turned 4 years old by 9/1/17 and had both pre- and post-assessment scores for FY 2017-18 (n= 263; 69% of four- and five-year-old students). Overall, 81% (307) of the 381 four- and five-year-old students enrolled in preschool services or receiving an ECE scholarship had at least one DRDP (either a pre- or a post-) assessment on file.

Indicator	Domain	% of Children from Pre/Post Sample scoring at the Building or Integrating Levels		% of Children below Integrating at baseline who moved up at least one level	
		Pre	Post	'15-16	'17-18
#/% of children considered school ready as measured by an evidence-based tool	• Approaches to Learning—Self-Regulation	77%	94%	40%	30%
	• Social and Emotional Development	83%	97%	47%	34%
	• Language and Literacy Development	82%	97%	39%	33%
	• English Language Development	61%	89%	69%	74%
	• Cognition, including Math and Science	79%	98%	41%	34%
	• Physical Development—Health	89%	98%	50%	26%
	• History-Social Science	73%	92%	34%	39%
	• Visual and Performing Arts	90%	97%	42%	28%
COMPOSITE (Building and Integrating across all domains)		56%	89%		

Results within Indicator 3 (Children Are Considered School Ready) are strong, with close to 90% of children assessed as *building* or *integrating* in all eight domains of the DRDP on their post-assessments, compared to 56% of children from the pre-assessment.³² The post-assessment results across all domains are remarkably high, with over 90% or more scoring at building or integrating in all areas except for English Language Development (ELD). While ELD had the lowest (though still positive) outcome at 89%, it also had the largest gain, with the percent of children at *building* or *integrating* jumping from 61% to 89%. In fact, excluding those who were assessed at the highest level on their pre-assessment, 74% of children moved up at least one level within the ELD domain, which is the strongest growth result across all domains.

Overall, between one-third to half of children moved up at least one level along each of the domains except Physical Development—Health. If we only look at children who scored at the lowest levels, responding or exploring, the percentage of children who moved up one level was much higher, between 75% and 91% across all domains, revealing that the children who needed the most support made great progress. There were no consistent differences in DRDP scores across family and child characteristics or by number of hours of preschool attendance.

Outcome 3: Knowledge of Child Development, Resources, and Parenting

The three indicators mapped to *knowledge of child development*, *resources*, and *parenting* focus on three main areas: access to services, knowledge of child development, and parenting confidence. Fifteen questions from the parent survey map to this outcome area. Questions in the first indicator area focus

³² In FY 2015-16, 86% of children scored Building or Integrating on their post-assessment, compared to 42% of children from the pre-assessment.

on access to services and utilize a five-point agreement scale, including a “Does not Apply to Me” option.³³ Questions in subsequent indicators utilize a four-point scale, including the same response options as the previous scale except without the “Does Not Apply to Me” option. In this section, we report average percentages of parents that selected “Most of the Time” or “Always” as responses. Below are summary statistics across the full parent sample of 1,903 parent surveys.

Indicator	Questions	FY15-16	FY17-18
#/% of parents reporting they can access services when needed	• Q14: I know how to get services that I need for my child.	89%	89%
	• Q15: I am getting the services I need for my child.	94%	95%
	• Q16: I talk to someone when I am worried about my child.	90%	90%
	• Q17: I get my questions about parenting or child development answered.	91%	91%
	• Q18: I have places I go to in my community to get the resources I need.	87%	86%
	• Q19: I have places I go to in my community to meet with other parents.	67%	71%
	INDICATOR COMPOSITE	86%	87%
#/% of parents reporting good knowledge of child development	• Q20: I understand my child’s development.	96%	96%
	• Q21: I am able to tell if my child is making progress.	97%	98%
	• Q22: I know how to help my child develop and learn.	94%	94%
	• Q23: I know how to help my child behave the way my family would like.	88%	88%
	• Q24: I am able to help my child learn and practice new skills.	95%	95%
	• Q25: I know what to expect of my child based on her/his age.	92%	92%
	INDICATOR COMPOSITE	94%	94%
#/% of parents who feel confident in their parenting skills	• Q24: I can handle problems that come up when taking care of my child	96%	95%
	• Q25: I believe I have the skills for being a good parent to my child.	96%	96%
	• Q26: I am confident as a parent.	97%	97%
	INDICATOR COMPOSITE	96%	96%
OUTCOME #3 COMPOSITE (average of indicators 1-3)		92%	92%

Parent survey results are quite strong in this outcome area, with an average agreement rating (i.e. parents chose “Most of the Time” or “Always”) of 92% across all indicators, as measured by the

³³ Response options included Always, Most of the Time, Sometimes, Never, and Does Not Apply to Me.

composite score. The results were very similar to what was reported in FY15-16. At the outcome level, we observed the following variation in responses across subgroups:

- **Higher rates of confidence in this area were associated higher levels of parental education.** For example, the average composite score for parents with a household income over \$50,000 per year was 95%, compared to 91% for those with an income under \$50,000. For parents with a household income over \$100,000, the average composite was even higher (98%). This pattern was consistent across all three indicators.
- **Program participation did not play a major role at the outcome level.** Parent-reported confidence was not consistently associated with the amount of time spent in services, the number of programs attended, or the type of programs parents participated in.

Results within Indicator 1 (Ability to Access Services When Needed) are somewhat mixed: While almost all (94%) parents report getting the services they need for their child, only two-thirds report that they have places to go in their community to meet with other parents. This difference suggests that many First 5 families would benefit from additional opportunities to meet socially with other families. Notably, Hispanic/Latino and non-English speaking families were less likely to report having places to meet with other parents than white families were (68% versus 85%), even when controlling for family income. In our interviews, funded partners described how language, immigration status, and socio-economic background affected parents' ability to form social connections with other parents in the community. In middle-class neighborhoods, parents take advantage of parent groups on social media and organize their own playdates at parks. NfL directors noted that this does not happen as much in under-resourced neighborhoods, which often lack access to parks, safe public spaces, and effective public transportation to places like the library, and where parents are often overwhelmed by other responsibilities. Non-English-speaking parents may also feel linguistically isolated in their communities. Exacerbating these challenges, immigrant parents may be less comfortable with social media and, particularly those without documentation, may be fearful of spending time in public or accessing community resources given the heightened immigration enforcement in the area. Despite these challenges, one director noted that parents who may feel insecure forming connections with parents often have close relationships with the NfL staff and return to visit even after their children begin to attend school.

NfL directors identified various ways that PACT classes can foster social connections between their parent participants:

- By design, the classes strike a balance between parent-child interactions, group activities, and parent-to-parent sharing. Teachers pay close attention to creating a "safe space" for participants by setting clear guidelines about maintaining confidentiality and withholding judgment.
- They bring parents together who are going through many of the same challenges and provide a venue for them to support each other. NfL staff have heard anecdotally that these opportunities help them feel less alone and validate their experiences.

- PACT classes include activities that encourage parents to “be silly,” such as by singing songs and dancing. While many parents feel hesitant to participate enthusiastically at first, when they see others do it, they become more comfortable. These activities encourage parents to open up with each other.
- Teachers provide parents with information about other resources in the community where they can meet other parents, such as story time at the library. However, as noted above, these opportunities are limited in some neighborhoods.
- Without being too heavy-handed, teachers suggest that parents share each other’s phone numbers and contact information to set up playdates. They also offer to provide materials, such as coloring pages, for groups that get together outside of the class.

Directors also explained that how comfortable PACT participants feel reaching out to other participants often changes as they participate in the program and begin to trust the staff and safety of the space. Most noted that it often takes two to three weeks before parents feel comfortable. However, considering that only 73% of parents who participated in PACT reported that they have places in the community to meet with other parents, it may be worth investigating how parents are interpreting this question. Specifically, it would help to know if parents are interpreting the question to mean places in the community outside of the F5VC program or inclusive of the F5VC program.

Results within Indicator 2 (Knowledge of Child Development) and Indicator 3 (Confidence in Parenting Skills) are very strong. Responses related to *knowledge of child development* ranged from 88% (“I know how to help my child behave the way my family would like”) to 98% (“I am able to tell if my child is making progress”). Responses related to *confidence in parenting skills* were very consistent, hovering between 95% and 97%.

NfL directors were not surprised by these high ratings overall. Thinking specifically of parents participating in PACT classes, directors observed that parents gain confidence as their parenting abilities are validated, they learn new strategies to try at home, and they see other families going through the same challenges that they experience. PACT teachers emphasize that effective parenting is not about being perfect but about parents exploring new strategies until they identify what works best for their family. Moreover, they are careful not to communicate that any parenting strategy is “bad.” Instead, they try to provide parents with a variety of effective strategies that they can experiment with. According to one director, the more tools parents have in their toolbox, the more confident and prepared they are. NfL directors also emphasized the importance of service referrals in supporting parental confidence. Staff explained how families experiencing developmental delays or behavioral challenges often enter the program with low levels of confidence, but once they have a chance to speak with staff about their challenges and access additional services, they begin to feel better.

Still, the observations that directors made underscore how complicated parenting and parental confidence can be. While some NfL directors observed lower levels of confidence among immigrant families and those from low-income backgrounds, other observed heightened levels of parental anxiety and self-doubt from their more affluent participants. Moreover, the development of parenting confidence through a program such as PACT is not always linear. For example, some parents join a PACT

class and steadily grow more confident the longer they participate. Others may take many weeks before they become comfortable with the structure of PACT and begin to engage more in the programming. These parents may not show gains in their confidence until they have completed one or two PACT series. Finally, a third group of parents might enroll in the program with a high level of confidence and begin to question themselves after observing their child in a group setting for a first time—either because their child exhibits challenging behavior as they learn to participate in group activities for the first time or because the parent begins to compare their child’s development to others in the group. These parents might experience a decline in their parenting confidence in the initial weeks of PACT participation. Despite these differences in how parents respond to joining a PACT class, directors agreed that confidence increases over time, especially for parents who participate in multiple PACT sessions.

Conclusion

First 5 Ventura County offers a wide range of services to children and caregivers to ensure that all children in Ventura County thrive. Results from the Parent Survey and DRDP indicate that participants are making good progress in each of F5VC's key outcome areas: (1) access to care; (2) kindergarten readiness; and (3) parent knowledge of child development, access to resources, and confidence, whether receiving one service or a combination of services. Funded partners identified numerous ways that they support progress in these areas, particularly through the child-parent activities, opportunities for discussion, and connections to staff that arise during PACT classes. As First 5 thinks about how to continue effectively supporting its clients, some areas for consideration include:

- **F5VC may want to consider collecting data to better understand families' barriers to achieving goals related to nutrition and physical activities.** Survey results consistently demonstrate that these are areas for growth despite the education provided around these issues. Gathering this feedback from families may help providers develop more targeted solutions to support Ventura families in meeting health and nutrition goals in ways that recognize and accommodate the contexts in which they raise their families.
- **Including survey items that ask caregivers about ways that they or other family members support literacy development beyond reading with children may provide a more nuanced understanding of progress toward kindergarten readiness.** Funded partners identified several promising practices that they implement to help parents support their child's literacy, some of which do not necessarily involve reading to children, such as pointing out signs and letters that children see in their daily lives, singing and telling stories, engaging in back-and-forth dialogue, and talking about pictures. Although these practices support kindergarten readiness, especially for children whose parents are not confident with their own literacy, the survey does not explicitly ask about them.
- **Parents may benefit from more consistent messaging around developmental screenings.** Interviews with funded partners suggest that there may be confusion among caregivers about the purpose of developmental screenings and how they differ from more formal developmental assessments conducted by trained professionals. Notably, some confusion arose during interviews with funded partners regarding the difference between a developmental screening and a formal developmental assessment. Moreover, given that providers were not surprised that one-third of parents do not follow through on referrals to developmental screenings, providers may benefit from more support around explaining the importance and purpose of the tool with families.
- **Latino and non-English speaking families may need more support in forming connections with other parents.** Despite the various ways that NfLs support parent connections, particularly through the PACT classes, survey results and interviews indicate that Latino parents and caregivers, particularly those who do not speak English, have fewer opportunities to meet other parents and may be more hesitant to do so if they feel unsafe in their neighborhoods, either due to neighborhood safety or immigration concerns. Connecting more isolated communities with opportunities both through First 5 funded programs and those offered by other public resources is critical to the social and emotional health of families.

Results from our analysis of the 2017-18 Parent Survey and the qualitative data we collected via funded partner interviews yield useful information about how children and families are faring across key agency goals. It also provides some insights into areas for continued or increased attention. Overall, the data indicate that families are taking advantage of a range of services and are benefitting from their participation. These findings suggest that First 5 is making strong progress in meeting its goals in critical arenas.

Appendix A—Parent/Caregiver Survey

We want to learn if our services have helped you and your family. There are no right or wrong answers. Please answer the questions honestly. Your participation is voluntary and your responses will be kept private. Thank you!

I. HEALTH AND SCREENING

1. Do you have a usual place to go when your child is sick or you need health advice for your child? ☐ Yes ☐ No
2. Did your child have a routine check-up in the last 12 months (a doctor visit not related to illness or injury)? ☐ Yes ☐ No
3. Does your child currently have health insurance? ☐ Yes ☐ No
4. What is the regular place or doctor where you take your child for routine care and check-ups?

☐ Doctor's office, private clinic, or HMO
☐ Public health department or community health center/clinic
☐ Emergency room at a hospital

☐ Have never taken child for routine care
☐ Prefer not to say
☐ Other, please specify: _____
5. Did your child have a dental exam in the last 6 months? ☐ Yes ☐ No
6. Does your child have a regular dentist? ☐ Yes ☐ No
7. Since you started receiving First 5 services, has your child been referred for a Developmental Screening (for example, have you been asked to complete a checklist of activities that your child can do, such as certain physical tasks, whether your child can draw certain objects, or ways your child communicates with you)?

☐ Yes ☐ No ☐ Don't know
If NO, skip to Question 8 below

a. If you received a referral, was a Developmental Screening conducted? ☐ Yes ☐ No
If NO, skip to Question 8 below

b. If a Developmental Screening was conducted, was a concern identified? ☐ Yes ☐ No
If NO, skip to Question 8 below

c. If a concern was identified, has your child received follow-up services? ☐ Yes ☐ No

II. ACTIVITIES

8. In the usual week, about how many days do you or any other family members read stories or look at picture books with your child? ☐ 1-2 days ☐ 3-4 days ☐ 5-6 days ☐ Every day ☐ Never
9. On an average weekday, about how much screen time does your child have (e.g. watching television or videos, or playing on the computer, phone, or tablet, etc.)? ☐ None ☐ 1 hour or less ☐ 2 hours ☐ 3 hours ☐ 4 hours or more

Please mark the answer that best describes you.	Always	Most of the time	Sometimes	Never	Does Not Apply to Me
10. My toddler or preschooler is given 1-2 hours of physical activity each day (for example, playing outside, sports, dancing or running around).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My child eats at least five servings of fruits and vegetables (such as bananas, apples, green beans, or green salad) over the course of the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please mark the answer that best describes you.	Always	Most of the time	Some-times	Never	Does Not Apply to Me
12. My child drinks water at meal times and throughout the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. How many glasses or cans of soda or other sweetened fruit drinks, sports, or energy drinks does your child drink over the course of the day?	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 or more	<input type="checkbox"/> don't know

III. COMMUNITY RESOURCES

Thinking about you and your child <u>OVER THE PAST MONTH</u> , please mark the answer that best describes you.	Always	Most of the time	Some-times	Never	Does Not Apply to Me
14. I know how to get services that I need for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I am getting the services I need for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I talk to someone when I am worried about my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I get my questions about parenting or child development answered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I have places I go to in my community to get the resources I need to support my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I have places I go to in my community to meet with other parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. PARENTING

Thinking about your interactions with your child <u>OVER THE PAST MONTH</u> , please mark the answer that best describes you.	Always	Most of the time	Some-times	Never
20. I understand my child's development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I am able to tell if my child is making progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I know how to help my child develop and learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I know how to help my child behave the way my family would like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I am able to help my child learn and practice new skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I know what to expect of my child based on her/his age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I can handle problems that come up when taking care of my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I believe I have the skills for being a good parent to my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I am confident as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR STAFF USE ONLY

Program Name/Site: _____

Label for Client ID/Family ID here

DATE (MM/DD/YY): _____

Appendix B—Data Sources and Notes

Our analysis includes 9,346 F5VC clients that either (1) had participation records in FY 2017-2018, or (2) were linked to a Parent Survey that was submitted in FY 2017-2018. This included 4,417 children aged 0-5, 66 older children and siblings, and 4,863 parents, caregivers, and other family members.¹ In-depth descriptions of the data sources, as well as notes and limitations, are listed in the table below. All data sources, with the exception of the funded partner interviews, were retrieved from Persimmony, the F5VC contract management system, which contains Client ID that allows for matching across multiple data files. As noted in the table below, we did not have complete data for all participants; as a result, our findings may not be representative of all F5VC participants.

Data Source	Description
Client Information Form	<p>Description: The client information form contains information such as gender, ethnicity, primary language, date of birth, and address for child and adult participants.</p> <p>Notes/Limitations: Demographic information was available for all 9,346 participants.</p>
2017-2018 Parent Survey	<p>Description: This “point-in-time” parent survey, administered in Spring 2018, includes 28 questions designed to assess the impact of multiple service interventions on parent knowledge and access to resources, parenting activities and practices, as well as child’s access to health services.</p> <p>Notes/Limitations: Surveys are linked to a child’s Client ID or, if only the parent receives services through First 5, to a parent/caregiver’s Client ID. Our analysis relied on 1,879 unduplicated surveys, with surveys matched to 26% of children with participation records. Of parent-only families, meaning that no children in the family directly participated in F5VC programming, 21% submitted a survey. Although 1,932 parent surveys were submitted in the spring of 2018, our analysis indicated that 53 (3%) of the surveys submitted were duplicate surveys. In 29 cases, two surveys were linked to the same child. In 24 other cases, there were more surveys submitted within a family than there were children or expectant parents listed in the FY 2017-2018 Family Intake form. For example, in 8 cases, two surveys were linked to two different parents from the same family whose FY 2017-2018 family intake form indicated that the family only had one child aged zero to six and no parent in the family was pregnant. In each of these cases, duplicate surveys were deleted.</p>

¹ We used information from the client information form, including name, date of birth, and address, to identify duplicates records. In this analysis, we identified 327 children and 159 parents had two Client IDs and four children and six parents had three Client IDs. These duplicates were dropped, resulting in 9,346 unique participants. In addition, First 5 served 122 early childhood education and service providers.

Data Source	Description
Participant Questionnaire: Family Intake and Child Intake	<p>Description: The Participant Questionnaire includes 1) a Family Intake Form with questions about the client’s family, such as family income level, education levels, marital status, and housing status; and 2) a Child Intake Form with questions about the participating child, such as access to health care, medical or developmental concerns, and special needs status.</p> <p>Notes/Limitations: We only included Intake Forms from FY 2016-2017 or FY 2017-2018 because information from older intake forms would be too out of date. Overall, child intake forms were available for 3,248 children aged 0-5 (74%). Seventy-six percent of Child intake forms used in this analysis were completed in FY 2017-2018 and 24% were completed in FY 2016-2017.</p> <p>Family Intake Forms were available for 65% of parent/caregivers and 62% of child participants. Overall, 79% of Family Intake Forms were from FY 2017-2018 and 21% were from FY 2016-2017. We successfully linked Family Intake Forms to 67% survey responses in order to conduct our analysis of survey results by family characteristics, such as income and parent education.</p>
Desired Results Developmental Profile (DRDP) data	<p>Description: We used DRDP scores as an indicator of kindergarten readiness for all students who attended a F5VC preschool program and are eligible to attend kindergarten in fall 2018. The DRDP is an assessment instrument developed by the California Department of Education to measure developmental progress for children from infancy to early kindergarten across multiple measures, domains, and developmental levels. In FY2017-2018, F5VC utilized the 2015 version of the DRDP, which uses 43 measures to assess readiness in eight domains: 1) Approaches to Learning-Self-Regulation; 2) Social and Emotional Development; 3) Language and Literacy Development; 4) English-Language Development; 5) Cognition, including Math and Science; 6) Physical Development; 7) History-Social Science; and 8) Visual and Performing Arts.</p> <p>Notes/Limitations: Pre- and post-DRDP scores were available for 69% (263) of the 381 students enrolled in a First 5-funded preschool program or ECE scholarship program who had turned four by September 1, 2017.</p>
Program participation and attendance Information	<p>Description: The program participation data includes an entry for every time a client attends a First 5 program, including the type of program and the time spent participating and/or receiving services. We used this file to describe program participation patterns and investigate how program participation is related to outcomes.</p> <p>Notes/Limitations: Program participation and attendance data was available for 98% children and nearly 100% of parents/caregivers. Overall 90 surveys were submitted for clients without any service data in 2017-2018 (78 children and 12 parents/caregivers), suggesting that some families may be receiving services that are not tracked in Persimmony.</p>

Data Source	Description
Program Partner Interviews	<p>Description: In November 2018, we spoke with five funded partners, including the Ventura County Department of Public Health, which conducts developmental assessments, and four NfL Directors from the following areas: Moorpark/Simi Valley, Oxnard, Port Hueneme/South Oxnard, and Ventura. F5VC staff selected the interview sample to be representative of location, NfL size, and client demographics.</p> <p>Notes/Limitations: During interviews, funded partners provided their perspective on survey results related to parental confidence, early literacy, and the use of developmental screenings, as well as strategies they use within their NfL to promote positive outcomes in these areas.</p>

Appendix C—Cross-Walk Between Program Type and Individual Programs

First 5 funded partners provided a range of services to children and their families in FY15-16. The following table lists the program types as defined by SPR as well as a list of the individual programs that fall into each category.

Program Type	Programs
Developmental Screening	Developmental Screening (ASQ) Developmental screening - parent navigation
Family Literacy	Family/caregiver literacy programs
Kindergarten Transition	Kindergarten Transition for Parents Kindergarten Transition Programs for Children
Other Health and Family Support	Community R&R Obesity Prevention Fluoride Varnish Oral health: prevention (initial exams, x-rays, cleanings, sealants) Oral Health: Sealant application Oral Health: Fluoride Varnish Application & Risk Screening Oral Health: Prevention and Minor Treatment Oral health: Specialty Treatment Oral Health Assessment
PACT	Early Learning for PACT
Parenting Education	Parent Ed: General Parent Ed: Triple P Level 2 Parent Education – Triple P Level 3
Preschool	ECE scholarships/vouchers Preschool Preschool - New Scholarships
Service Coordination	Service Coordination Service Coordination/ Case Management

Appendix D-Data Sources and Notes

Demographics

Characteristic	No Survey		Survey	
Age	Count	Percent	Count	Percent
Under 1 year	465	14	106	9
1 Year	543	17	190	16
2 - 3 years	1,134	35	565	48
4 - 5 years	1,091	34	317	27
Race/ethnicity	Count	Percent	Count	Percent
Hispanic/Latino	3,959	74	1,199	70
White	814	15	304	18
Multiracial	223	4	89	5
Asian	201	4	75	4
Black	41	1	20	1
Other	78	1	26	2
Language spoken at home	Count	Percent	Count	Percent
English	1,564	48	650	55
Spanish	1,528	47	484	41
Other	69	2	31	3
Mixteco	60	2	3	<1
Unknown	18	1	10	1
Zip code of Family Residence (top 10)	Count	Percent	Count	Percent
93033	453	15	164	14
93030	306	10	42	4
93065	278	9	136	12
93036	275	9	43	4
93021	240	8	112	10
93060	232	8	49	4
93015	187	6	29	2
93041	170	6	36	3
93010	148	5	8	1
93063	123	4	76	7
Highest Education level in the Family	Count	Percent	Count	Percent
Less than high school	382	23	143	18
High School/GED	367	22	176	22
Some College	361	21	166	20
Associate's Degree	146	9	74	9
Bachelor's Degree	233	14	152	19
Grad/Professional	194	12	101	12

Characteristic	No Survey		Survey	
	<i>Count</i>	<i>Percent</i>	<i>Count</i>	<i>Percent</i>
Family Income Level				
Less than \$10k	227	15	64	10
\$10k less than \$20k	233	16	82	13
\$20k less than \$30k	317	21	111	18
\$30k less than \$40k	160	11	83	13
\$40k less than \$50k	151	10	68	11
\$50k less than \$75k	156	11	96	15
\$75k less than \$100k	118	8	54	9
More than \$100k	115	8	66	11
Living Situation	<i>Count</i>	<i>Percent</i>	<i>Count</i>	<i>Percent</i>
In a single family residence	1,369	79	664	81
More than 1 family in a house	366	21	150	18
Other	4	<1	2	<1
Marital Status	<i>Count</i>	<i>Percent</i>	<i>Count</i>	<i>Percent</i>
Married or domestic partnership	1,399	82	692	85
Single parent household	263	16	109	13
Other	34	2	12	1
No. of Children in Household (<6 years old)	<i>Count</i>	<i>Percent</i>	<i>Count</i>	<i>Percent</i>
0 children	14	1	8	1
1 child	963	55	483	58
2 children	668	38	298	36
3 or more children	107	6	39	5

Program Participation and Service Receipt (by family)

Characteristic	No Survey		Survey	
Average hours of service per family	31.4		124.7	
Total Hours of Service	Count	Percent	Count	Percent
Up to 4 hours	1,082	34	18	2
5-19 hours	624	19	115	10
20-49 hours	666	21	132	12
50-199 hours	494	15	358	32
200+ hours	353	11	497	44
Program Participation	Count	Percent	Count	Percent
PACT	713	22	176	16
Other Family Support	592	18	-	-
Developmental Screening	263	8	3	0
Kindergarten Transition	244	8	4	0
Preschool	237	7	234	21
PACT, Parenting Ed., Service Coord.	216	7	181	16
PACT & Parenting Education	162	5	105	9
Family Literacy, PACT, Parenting Ed.	145	5	45	4
PACT & Service Coord.	133	4	51	5
Family Literacy, PACT, Service Coordination	62	2	11	1
Kindergarten Transition, Parenting Ed., & Service Coord.	17	1	87	8
Service Coord.	6	0	1	0
Family Literacy, Parenting Ed., Service Coord.	5	0	4	0
Other	424	13	218	19