High/Scope Perry Preschool Study

Cost-Benefit Analysis

- ★ **High-quality, effective program**
- ★ **Experimental design**
- ★ **Methodical economic analysis**

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High/Scope Perry Preschool Study

Design

- ✓ 123 young African-American children, living in poverty and at risk of school failure
- ✓ Randomly assigned to initially similar program and no-program groups
- ✓ 4 teachers held daily classes of 20-25 three- and four-year-olds and made weekly home visits

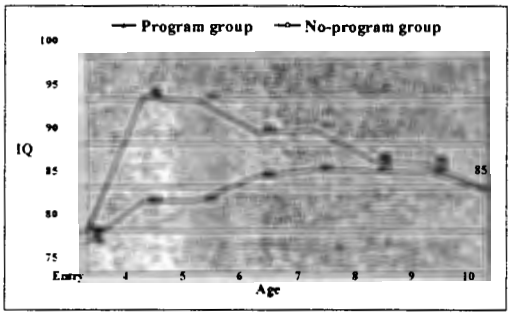
The High/Scope Perry Preschool Study

Program

- → Focused teachers through High/Scope Curriculum training, supervision, and assessment
- → Educated children through child-planned learning activities
- → Involved parents through weekly home visits

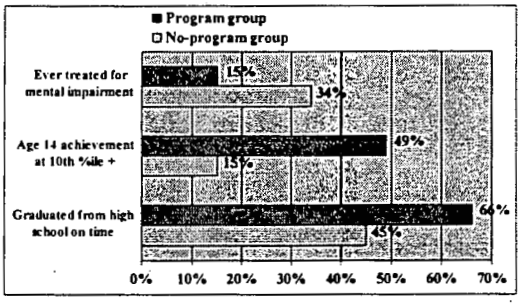
High/Scope Perry Preschool Study

Intellectual Performance Over Time



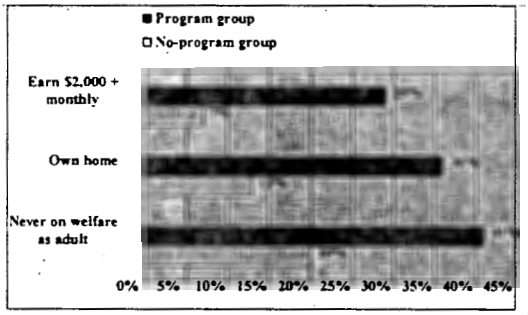
High/Scope Perry Preschool Study

Educational Effects



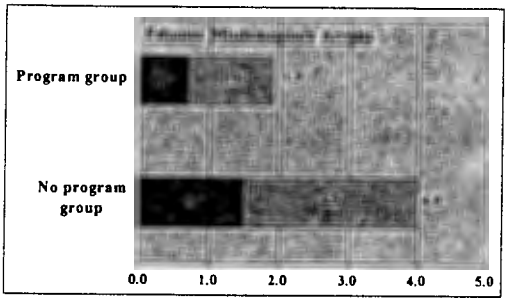
High/Scope Perry Preschool Study

Economic Effects at 27



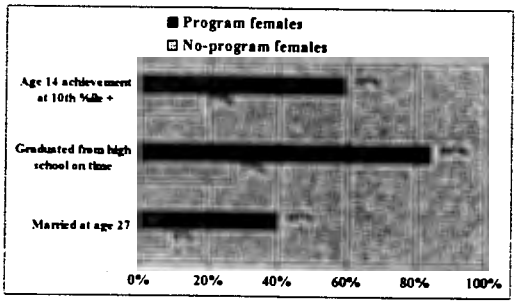
High/Scope Perry Preschool Study

Adult Arrests per Person by 27



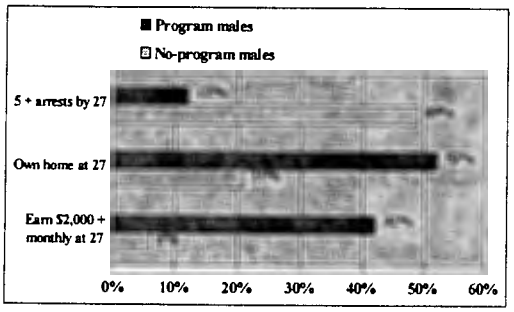
High/Scope Perry Preschool Study

Strong Effects on Females



High/Scope Perry Preschool Study

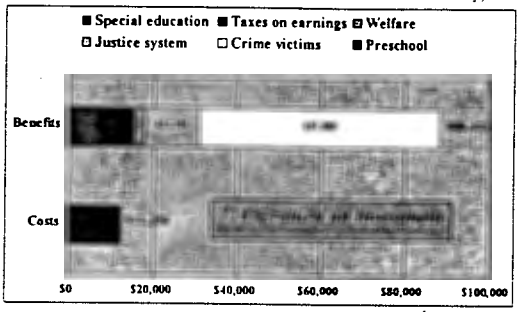
Strong Effects on Males



High/Scope Perry Preschool Study

Taxpayer Costs and Benefits

(Per participant in 1992 constant dollars discounted 3% annually)



High/Scope Preschool Studies

★ **Perry Preschool Study**

★ **Preschool Curriculum Study**

★ **Training of Trainers Evaluation**

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High/Scope Preschool Curriculum Study
Design

✓ 68 young African-American and White children, living in poverty and at risk of school failure

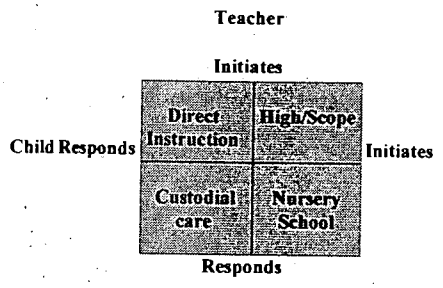
✓ Randomly assigned to three initially similar groups experiencing different preschool curriculum models

✓ In all models, 2 teachers held daily classes with 15-16 three- and four-year-olds and made biweekly home visits

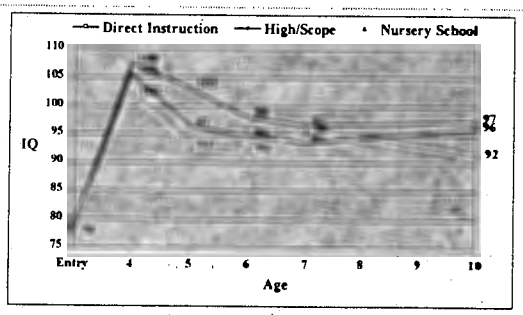
High/Scope Preschool Curriculum Study
Curriculum Models

- **Direct Instruction** - Teacher-directed script with child "lines" focuses on academics.
- **High/Scope** - Children learn actively through plan-do-review and group times.
- **Nursery School** - Children learn through play.

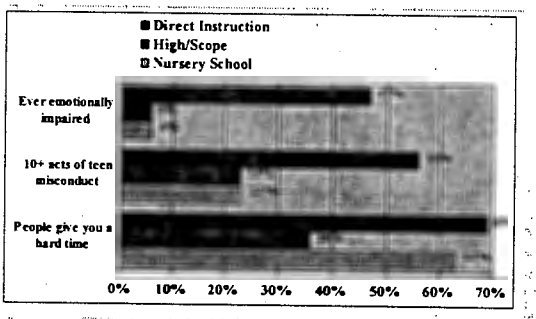
High/Scope Preschool Curriculum Study
Curriculum Approaches



High/Scope Preschool Curriculum Study
Intellectual Performance Over Time

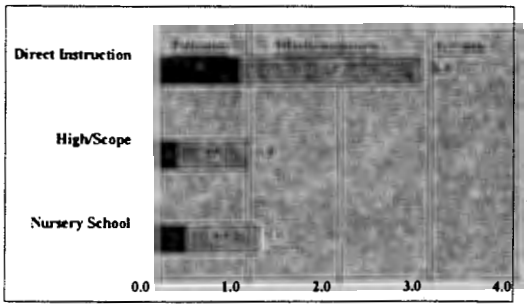


High/Scope Prechool Curriculum Study
Some Negative Effects through 23



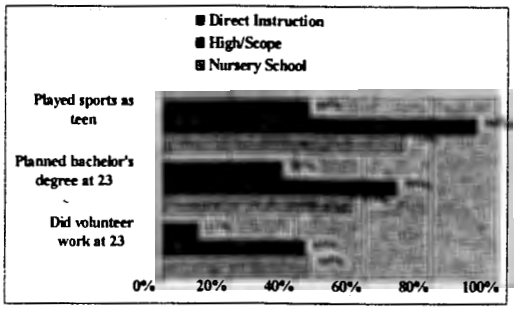
High/Scope Preschool Curriculum Study

Adult Arrests per Person by 23



High/Scope Preschool Curriculum Study

Some Positive Effects through 23



High/Scope Training of Trainers Evaluation

Dissemination Effects

- 33,000 teachers trained by High/Scope trainers
- Significant positive effects on trainers, teachers, and children
- In a survey of NAEYC members,
  - ✓ 28% have received some High/Scope training
  - ✓ 44% use the High/Scope Curriculum in some way

California's early childhood programs are fragmented

Some of its early childhood teachers lack professional status

California Early Childhood Teachers

	Child care	Head Start	Public Schools
Qualifications	None	CDA certificate	BA certificate
Average annual salary	$14,165	$18,426	$41,617

To unify and professionalize these programs. . .

- ✓ *Develop a uniform public subsidy equivalent to other levels of education*
- ✓ *Vary hours to meet family needs*
- ✓ *Require all early childhood teachers to meet professional qualifications and pay them professional salaries*
- ✓ *Hold all early childhood programs accountable for parent satisfaction, program quality, and child progress*

STATE SUPERINTENDENT OF PUBLIC INSTRUCTION'S UNIVERSAL PRESCHOOL TASK FORCE NOVEMBER 1997

UNIVERSAL PRESCHOOL TASK FORCE CHARGE

To bring together a cross-section of child development experts and professionals in a collaborative environment to provide recommendations and implementation strategies for universal preschool. Recommendations shall focus on access for all children, aged three and four, to high-quality preschool across a diverse delivery system.

OBJECTIVES AND DESIRED OUTCOMES

- To articulate a vision for how universal access to preschool services for children, aged three and four, can be implemented in the next five years.
- To prepare a report of our recommendations that will shape legislation for the delivery and implementation of universal preschool.
- To create a set of recommendations that every task force member will sign off on and that will carry with it the influence that each of us brings.
- To prepare task force members as ambassadors to build public and legislative support for our recommendations.
- To provide for the dissemination of information across all California constituencies creating broad awareness and grassroots support for universal access to preschool.
- To spur local efforts to initiate task force recommendations.
- To provide the basis for bringing together our preschool providers in a collaborative and integrated approach to enhancing services for children aged three and four.

TASK FORCE PRODUCT

A set of recommendations and an implementation template.

1. ***Vision*** of a premiere program for providing prekindergarten services.
2. ***Priorities*** and ***phases*** for implementation over the next five years.
3. ***Standards*** for desired results for children, programs and professionals, and strategies for their implementation.
4. Diverse ***delivery systems*** and strategies for their enhancement.
5. ***Cost model*** for the resources needed to make this vision happen.
6. ***Strategy*** for dissemination and building support.

DESIRED RESULTS EVALUATION PROJECT FOR CENTER-BASED PROGRAMS AND FAMILY CHILD CARE HOME NETWORKS

Phase I

Department of Education
Child Development Division

September 5, 1997

PHASE I REPORT.
DESIRED RESULTS EVALUATION PROJECT FOR CENTER-BASED PROGRAMS AND FAMILY CHILD CARE HOME NETWORKS

I. Background Information.

The Child Development Division(CDD), California Department of Education(CDE), is revising its existing Program Quality Evaluation System in order to develop one based on a Desired Results accountability model. The CDE is designing and will pilot this system to assess the impact of publicly funded child development programs on children and their families. One of the reasons for this effort is to make the CDD program accountability system compatible with the revised K-12 grade accountability system. The K-12 accountability system will be based on whether student work and performance demonstrates that they have achieved the new student grade level Content and Performance Standards (i.e., Desired Results). The Child Development Division Desired Results Evaluation System will focus, among other things, on the young child's readiness for school success, including early literacy and math readiness.

Another reason for the CDD's new focus is the influence of a national movement toward Desired Results and program accountability. The emphasis on Desired Results, or outcomes, is occurring at the federal government level as well as at state and local levels throughout the country. Within California, many state agencies are beginning to examine the direct impact of their programs upon children, families and the community. Clearly, these impacts vary depending on the goals of the particular program. The value of a Desired Results approach is that it will help to improve services for children, family and communities. Data will be collected to measure such impacts, leading to program change, improvements, and children's success.

The proposed Desired Results Evaluation System, included in the 1996-97 State Plan for the Child Care and Development Block Grant, requires the following three components: 1) identification of desired results for both parents and children; 2) modification of existing program standards and program performance measurement procedures which includes the monitoring of desired results; and 3) identification of program support strategies that will facilitate the achievement of the desired results for families and children.

In the new system, a Desired Result is defined as a condition of well-being for children and families. Desired Results assess the positive impact of programs on the development and functioning of children and families enrolled. An Indicator defines a Desired Result more specifically so that it can be measured. Desired Results are generally better measured by using multiple indicators, no one of which gives full information on all aspects of achievement. A measure quantifies achievement of a particular indicator. A Standard of Achievement defines the acceptable level of achievement for each indicator. A measurement tool is the actual instrument or procedure used to capture or track information on indicators and standards of achievement.

II. Desired Results Workgroup.

The Desired Results Workgroup for Center-based programs and Family Child Care Home Networks includes Child Development Division staff, highly respected early childhood theorists/researchers and experienced practitioners from three age levels (i.e., infant/toddlers, preschoolers and school-age children), as well as eminent Desired Results and evaluation consultants, and early childhood special education representatives. Members of the workgroup include:

Janet Poole, administrator, Federal Projects and Planning Unit
Barbara Metzuk, Lead, consultant, School-Age Care
Cynthia Hearden, consultant, Preschool
Alice Trathen, consultant, Preschool
Mary Smithberger, consultant, Infant/Toddler
Jacquelyn McCroskey, USC, School of Social Work, Desired Results Facilitator
Ronald Lally, West Ed, Infant/Toddler Theorist/Researcher
Cheryl Oku, Palo Alto USD, Infant/Toddler Practitioner
Alice Nakahata, San Francisco Community College, Infant/Toddler Practitioner
Joyce Taylor, East Side Union High School District, Infant/Toddler Practitioner
Carollee Howes, UCLA, Preschool Theorist/Researcher
Julie Benavides, East L.A. Community College, Preschool Practitioner
Carolyn Mangrum., Head Start Consultant
Norman Yee, Wu Yee Children's Services, Preschool Practitioner
Joan Bissell, U.C. Irvine, School-Age Care Theorist/Researcher
Pamela Brasher, Santee School District, School-Age Care Practitioner
Daryl Hanson, Hayward USD, School-Age Care Practitioner
Suzanne Porter, Rainbow Rising Program, School-Age Care Practitioner
Anne Kuschner, Sonoma State University, Early Childhood Special Education Researcher
Gary Johnson, Sacramento COE, Early Childhood Special Education Consultant/Practitioner
Chris Drouin, CDE, Early Childhood Special Education Consultant
Jeannemarie Solak, CDE, Healthy Start Consultant

III. Project Work Completed.

CDD is developing the Desired Results Evaluation System in several phases. Phase I began in February, 1997 and was completed by July 1, 1997. During Phase I, the above workgroup developed Desired Results for Center-Based Programs and Family Child Care Home Networks drawing from three broad sources of information: 1) educational assessment practices for determining student achievement in school and child achievement in child development programs; 2) child care research defining essential elements of high quality care; and 3) new approaches to defining and measuring desired results of a broad range of child care and development services for families and children.

The workgroup developed a matrix of Desired Results and Indicators that includes the three age levels(infant/toddler, preschool and school-age). The group agreed that while the eight Desired

Results should be the same for all three age levels, there may be differences between the Indicators, Measures and Standards of Achievement used to illustrate results for each age group. Each age level portion of the matrix identified particular issues of importance related to the matrix.

The Infant/Toddler portion of the matrix is divided into three sub-age levels (i.e., young infant, mobile infant, and older infant) because very young children change so dramatically during the first three years of life. Much of the child's learning at this age occurs through sensori-motor exploration and in the context of a responsive relationship with a caring adult.

The Preschool portion of the matrix focuses on the age range of three to five year olds and did not further divide this group into separate age levels. Children in this age range face similar challenges in their development and much of their learning occurs naturally through play. One of the focal points of the Desired Results matrix for ages 3-5 is school readiness as demonstrated by math and early literacy skills and competence.

The School-Age Care portion of the matrix focuses on the value of play for learning and development, citing the enhancement of the child's educational achievement, social skills, physical development, and recreational skills. Positive growth reflected in both increased pro-social behavior and decreased anti-social behaviors was also emphasized, indicating benefits to the community as well as to children and families.

The workgroup agreed on the importance of developing Family Desired Results since the programs work with family members as well as with their enrolled children. The Desired Results for Families are necessary because parents have the primary role in raising their children and helping them grow positively. In addition, the child development programs also support parents in moving toward economic sufficiency.

The workgroup emphasized the importance of cultural and linguistic diversity and made an effort to ensure continuing consideration through the indicators and measures used. The workgroup also emphasized the full inclusion of children with disabilities in child development programs. In order to fully include these children, it may be necessary to vary how the measures of the Desired Results will be implemented. Accommodations will have to be made, for instance, in measuring physical and motor competence for children with certain disabilities. In addition, the indicators should recognize differences in children's behavior and development based upon their temperament, individual differences and needs.

The philosophy that underlies and supports the Desired Results Evaluation System is based on, and supportive of, developmentally appropriate practices. Since all children have a potential for growth, the Desired Results should be the same for all children and families in the program. However, no child who is at a different developmental level in some or all areas should be isolated from the group. This Desired Results Evaluation System will honor children's progress over time so short-term as well as long term impacts can be determined. The philosophy also supports the empowerment of the family to determine what is best for its members. The system will be culturally sensitive and linguistically responsive in all areas.

The Desired Results Evaluation System will build on existing processes and procedures. Since the system supports a continuum of development across all age groups represented in the child development programs, it will encourage continuity of services across all ages and programs. For instance, if a child moves from an infant/toddler program to a preschool program, the program expectations will be continuous and related. Finally, the primary objective of a Desired Results Evaluation system will be the ongoing improvement of the quality of life of children and families through the enhancement of program quality.

IV. The Future. In Phase II, September, 1997-June 30, 1998, the CDD team will work with a research contractor, American Institutes for Research (AIR), and existing workgroup members to develop the Desired Results Evaluation System for Center-based programs and Family Child Care Home Networks. The first step will be to finalize the Desired Results matrix . AIR will examine the measures selected to date, outlining methods of standardization and measurement. It will also work with the group to determine which assessment tools will be used and whether new ones will need to be developed for these measures.

AIR, in consultation with the CDD and workgroup members, will also develop new/revised CDD Program Performance Standards that will support the achievement of these Desired Results. A new Program Quality Evaluation Instrument and process will also be developed. In addition, AIR will develop a data collection system for Desired Results. During Phase III, July 1, 1998- June, 1999, AIR will pilot test its materials and procedures. During Phase IV, July 1, 1999- June 30, 2000, the CDD will implement this new Desired Results Evaluation System.

The Desired Results for Children and Families will serve as the starting point for a separate effort to develop a Desired Results Evaluation System for the Alternative Payment (AP) and Resource & Referral (R & R) Programs. The Alternative Payment programs also serve families and children although they do not provide direct child care and development services. The contractor for the AP and R&R Programs Desired Results Evaluation System , Hornby Zeller Associates, will work with a separate workgroup composed of CDD staff and representatives of the California Resource and Referral Network; California Alternative Payment Programs; County Welfare Department Association and Local Child Care Planning Councils. The CDD staff include David Houtrouw, Lead, Richard Wheeler, Tom Puckett, and Alice Trathen. This workgroup will determine how the Desired Results identified previously will be used with the Alternative Payment system. Desired Results for Resource and Referral programs also will be identified.

The two separate Desired Results contracts will follow parallel paths to the extent that they will develop comparable evaluation systems based on Desired Results, Indicators and Measures and use similar timelines. During this period, the CDD will share progress about the projects with the field through regular statewide conferences and workshops.

bjm. 9/8/97

DESIRED RESULTS FOR CHILDREN AND FAMILIES
CALIFORNIA DEPARTMENT OF EDUCATION
CHILD DEVELOPMENT DIVISION

Center-Based Programs and Family Child Care Home Networks

CHILD

DR1: Children will be personally and socially competent

DR2: Children will be effective learners

DR3: Children will be competent in language and communication skills

DR4: Children will show physical and motor competence

DR5: Children will be safe and healthy

FAMILY

DR6: Family members will support children's development

DR7: Families will access community resources and contribute to community development

DR8: Families will become more economically sufficient

DESIRED RESULTS PHILOSOPHY

WE BELIEVE:

In building on existing processes and procedures.

In supporting developmentally appropriate practices.

In not isolating any child who is at a different developmental level.

That all children have a potential for changing and growing.

In honoring children's progress over time.

In optimal development of the child within the context of the family

That the family should determine what is best for its members.

In a continuum of children's development across all age groups as reflected in the Desired Results.

That the Desired Results evaluation system should be culturally sensitive and linguistically responsive.

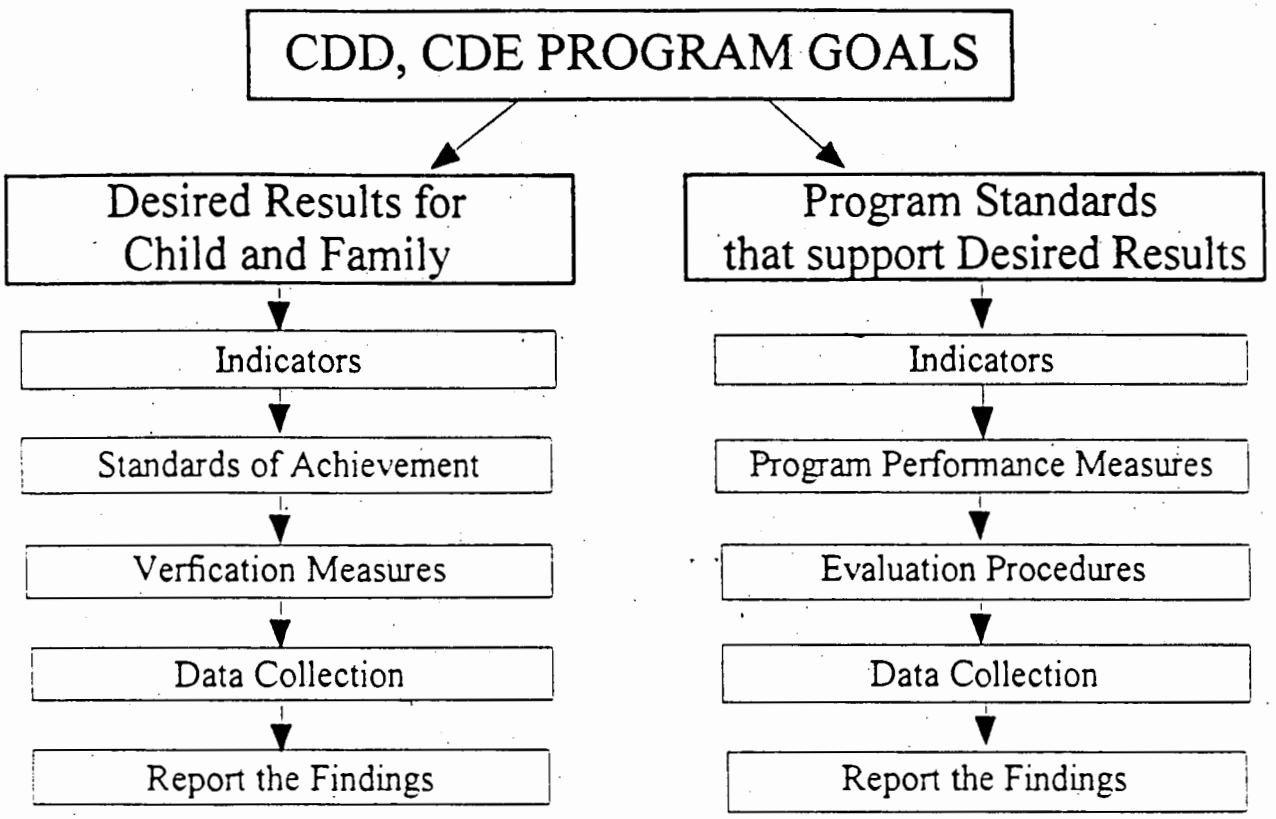
That the Desired Results evaluation system should acknowledge differences in programs.

That the primary objective of a Desired Results system is program quality as a way of improving the quality of life of children and families.

In encouraging continuity of services across all ages and programs.

by the:
Center-based Programs and Family Child Care Home Networks Workgroup

DESIRED RESULTS EVALUATION SYSTEM



DEFINITIONS, PRINCIPLES, AND CRITERIA OF DESIRED RESULTS

DEFINITIONS

Desired Results: define the broad areas of results desired from child development programs in order to assess the impact of programs and services on children, families and communities.

Indicators: are measurable elements which suggest progress toward achievement of broad desired results. Desired results are generally better measured by using multiple indicators, no one of which gives full information on all aspects of achievement.

Standard of achievement: define acceptable levels of achievement for each indicator. These are guidelines which indicate how well programs are doing in their efforts to achieve desired results for children and families.

For example:

As a result of participation in child development programs, children will have good health, social and emotional well-being and enhanced ability to learn.

Desired Results: Good Health

Indicators:

- Immunization at age two
  Standard of achievement: 75% of children enrolled have received recommended immunizations.

- Immunization at age five
  Standard of achievement: 100% of children enrolled have received recommended immunizations.

Program performance measures: track the processes of providing program services to families and children. These may include, for example, the qualifications of staff immunizing children, number of days that immunizations were offered at various sites, etc.

PRINCIPLES

1. Desired Results are useful at multiple levels, but should be designed differently to fit different levels. Desired Results can measure the results of service programs for individuals, families, groups or agencies. Desired Results can be used to track changes in the conditions of children and families in communities, regions, counties or the state. Desired Results can also be used to plan for or track the impact of policy and programmatic changes.

2. At any level, desired results and indicators should be practical, results oriented, clearly important to the well-being of children and families and stated in understandable terms.

3. Desired desired results should, whenever possible, be stated as positive expressions of well-being rather than as absence of negative conditions.

4. Since no one indicator captures the full dimensions of desired results sought, they should be measured by a set of indicators chosen from the most valid and reliable data possible. Multiple measures and multiple perspectives are especially important when the desired results sought are complex and multi-faceted.

5. Whenever possible, indicators should reflect the well-being of children, families, and communities, not the state of the service delivery system. Program performance measures are also necessary to track the state of the service delivery system; however, a well functioning delivery system is a means to an end, not the end itself.

6. Initial efforts should focus on a strategic set of desired results and indicators that reflect concerns shared by multiple stakeholder communities, including policy-makers, service providers and families. A more inclusive set of desired results can be built incrementally over time based on initial experiences. The process of developing appropriate, practical and accurate outcome measures will be an evolutionary one, from which there is much to learn.

7. One of the most important steps in developing desired results is clarification of the cultural and value foundations that underlie the process. The process used may be as important as the desired results selected, both in terms of ensuring understanding and buy-in, and in terms of providing opportunities for informed discussion of underlying values and assumptions. Depending on community values, needs and resources, desired results and indicators may vary across communities.

8. Standards for success and expectations for progress should be set at levels that challenge and encourage improvement, without discouraging and burning out participants who are trying to make large scale changes in complex and multifaceted systems.

9. Analysts should not assume that averages tell the whole story, but should also try to disaggregate data for specific groups (racial, cultural, linguistic, geographic or age).

CRITERIA (these may duplicate the principles above)

The following thirteen criteria for indicators of child well-being were developed by Kristin Moore for a conference on child indicators.

1. **Comprehensive coverage.** Indicators should assess well-being across a broad array of desired results, behaviors and processes.

2. **Depth, breadth and duration.** Indicators are needed that assess dispersion across given measures of well-being, children's duration in a status, and cumulative risk factors experienced by children.

3. **Children of all ages.** Indicators are needed that measure well-being at every age of childhood and that cover the transition into adulthood.

4. **Clear and comprehensive.** The public should be able to easily and readily understand any indicators that are used.

5. **Positive desired results.** Indicators should assess positive as well as negative aspects of well-being.

6. **Common interpretation.** Indicators should have the same meaning in varied population subgroups.

7. **Consistency over time.** Indicators should have the same meaning over time

8. **Forward-looking.** Data on indicators that anticipate future trends should be collected now.

9. **Rigorous methods.** Coverage of the population or event being monitored should be complete or extensive, and data-collection procedures should be rigorous an consistent over time.

10. **Geographically detailed.** Data should be collected on indicators at the state an local levels as well as at the national level.

11. **Cost-efficient.** Strategies to expand and improve our data system need to be thoughtful, well planned, and economically efficient.

12. **Reflective of social goals.** Some indicators should allow us to track progress in meeting goals for child well-being.

13. **Adjusted for demographic trends.** Indicators should control or adjust for changes in the composition of the population, that can frustrate the ability to monitor well-being. Alternatively, indicators should be available for small, homogenous subgroups of the population.

(Institute for Research on Poverty. (1995). Indicators of children's well-being: A conference, FOCUS, 16(3), Madison, WI: University of Wisconsin: page 8.)

Reasons for moving to a results-based format:

- Articulation of desired results and indicators can increase public awareness, participation, and interest in improving the conditions of children and families and the services designed to help them.

- Child development programs can build better support for their services by demonstrating impact and efficiency (improving indicators over time as a result of planned changes in services).

- Program administrators, supervisors and line workers can "work smarter" if they share clarity of purpose and have regular feedback to fine-tune and improve programs.

c:\wpdocs\barbara\desired\results.dpc

By Jacquelyn McCroskey
(310) 838-0352

SDE Child Development Division
Desired Results Project
April 18, 1997

Definitions:

Desired Results (or outcomes) define the broad areas of results desired from child development programs in order to assess the impact of programs and services on children, families and communities.

Indicators are measurable elements which suggest progress toward achievement of broad outcomes. Desired results are generally better measured by using multiple indicators, no one of which gives full information on all aspects of achievement.

Standards of achievement define acceptable levels of achievement for each indicator. These are guidelines which can help child development programs periodically measure their achievements in attaining desired results for children, families and communities. Standards may be expressed differently taking topic area and practicality of measurement into account.

Examples:

1. A standard of achievement expressed in terms of uniform achievement:

Desired Result: Children will be physically healthy and show motor competence.

Indicator: Infants and toddlers will have good health status overall (or...will receive full set of required immunizations prior to kindergarten entry).

Standard of achievement: 100% of infants and toddlers enrolled receive regular immunizations.

2. Standard of achievement expressed in terms of relative progress or improvement between baseline and a later measurement:

Desired Result: Children will be active, independent learners.

> *Indicator*: School-age children will demonstrate (enhanced) problem-solving skills.
>
> *Standard of Achievement*: At least 50% of school-age children enrolled demonstrate improvement in independent problem-solving as rated by teachers (baseline observation compared to observation after six months of program participation).

3. Standard of achievement expressed in terms of achieving an acceptable/ minimum level of competence:

Desired Result: Family well-being will be enhanced.

> *Indicator:* Family members will become aware of and use (or...will have enhanced awareness of) community resources.
>
> *Standard of Achievement*: Parents of all children enrolled in school-age child care programs will attend at least one parent education session on community resources available to families and children

Measurement tools are the actual instruments or tools that are used to capture or track information on indicators and standards of achievement.

PRESCHOOL-AGE DESIRED RESULTS

KEY

C Category
DR Desired Results
I Indicator
M Measure
S Standard of Achievement (To Be Developed)

CATEGORY #1 - CHILD

DR-1 Children will be personally and socially competent

I-1 *Children demonstrate positive self-concept.*
- M - Conduct self as a powerful and creative doer
- M - Exhibit behavior that indicates child likes and accepts self
- M - Have respect for their family's culture, language, and traditions

I-2 *Children trust adults to take care of them.*
- M - Seek help from responsible adults
- M - When the child is distressed or hurt he/she asks for help from responsible adults

I-3 *Children are respectful of the people and things in their environment.*
- M - Follow classroom rules
- M - Relate to and are comfortable with peers and adults from diverse backgrounds

I-4 *Children positively engage with adults and peers.*
- M - Demonstrate cooperative play skills
- M - Attempt to negotiate with peers to resolve social conflicts

I-5 *Children demonstrate effective self-regulation of their own behavior.*
- M - Exhibit impulse control and self-regulation in relation to others
- M - Are aware of the impact of their own behavior on the behavior of others (cause-and-effect)
- M - Able to adapt themselves to the social rules of the group

DR-2 Children will be effective learners

I-1 *Children demonstrate complex play with toys and objects.*
- M - Use objects and materials in different and novel ways
- M - Can complete increasingly complex puzzles
- M - Can complete complex block structures, adding other props or substituting other materials

I-2 *Children demonstrate cognitive competence.*
- M - Demonstrate emerging classification skills
- M - Demonstrate emerging seriation skills

M - Demonstrate emerging number awareness
M - Demonstrate emerging awareness of space
M - Demonstrate emerging awareness about the concept of time
M - Demonstrate emerging awareness about conservation of matter

I-3 *Children demonstrate problem solving skills.*
M - Pursue multi-step tasks
M - Identify cause and effect relationships
M - Complete challenging activities

I-4 *Children demonstrate an interest in learning new things.*
M - Create new uses for materials and equipment
M - Try new activities, materials, and equipment
M - Enjoy exploring the environment

DR-3 Children will be competent in language and communication skills

I-1 *Children understand and respond to language.*
M - Follow simple and complex directions
M - Understand and respond to language
M - Engage in conversations

I-2 *Children demonstrate emerging literacy skills.*
M - Engage in language play and rhymes.
M - Enjoy books and pretend to read.
M - Aware that marks on a paper may represent written words.
M - Know some letter names (such as those in their name).
M - Recognize or know the name of symbol shapes.
M - Can create and tell stories.

DR-4 Children will be safe and healthy

I-1 *Children have optimal health status.*
M - Files indicate that immunizations are up to date
M - Files indicate that the child has a recent health screening

I-2 *Children demonstrate good health behavior.*
M - Washes hands before eating and after toileting
M - Covers mouth when sneezing
M - Brushes teeth after meals

I-3 *Children understand and practice safe behavior.*
M - Look before crossing streets
M - Know how to handle emergencies (e.g. call 911, how to get help if lost)
M - Know last name, phone number, and parents' names

I-4 *Children demonstrate good nutritional habits.*
*measured at the program rather than the individual child level

DR-5 Children demonstrate physical and motor competence

I-1 *Children engage in physical activities based on interest and ability.*
M - Shows fine-motor skills
M - Shows gross-motor skills

CATEGORY #2 - FAMILY

DR-6 Family members will support children's development

I-1 *Family members support enhanced language and literacy skills of children.*
M - Read to children
M - Tell stories

I-2 *Family members demonstrate positive parenting behavior.*
M - Uses positive discipline techniques
M - Uses positive communication skills
M - Positive role models

I-3 *Family members support children's emerging knowledge and interest.*

DR-7 Families will access community resources and contribute to community development

I-1 *The family utilizes social service resources effectively on behalf or their children and family.*
M - Family members increase their child's opportunity to participate in community programs and services

I-2 *The family shares information about the individual needs of their child.*
M - Family gives program information about their child on an on-going basis

DR-8 Families will become more economically sufficient

I-1 *Families who are employed, in training, seeking employment or job relate training are in child care and development services.*
M - Families receive child care/development services

DEFINITIONS, PRINCIPLES, AND CRITERIA OF DESIRED RESULTS

DEFINITIONS

Desired Results: define the broad areas of results desired from child development programs in order to assess the impact of programs and services on children, families and communities.

Indicators: are measurable elements which suggest progress toward achievement of broad desired results. Desired results are generally better measured by using multiple indicators, no one of which gives full information on all aspects of achievement.

Standard of achievement: define acceptable levels of achievement for each indicator. These are guidelines which indicate how well programs are doing in their efforts to achieve desired results for children and families.

For example:

As a result of participation in child development programs, children will have good health, social and emotional well-being and enhanced ability to learn.

Desired Results: Good Health

Indicators:

* Immunization at age two
  Standard of achievement: 75% of children enrolled have received recommended immunizations.

* Immunization at age five
  Standard of achievement: 100% of children enrolled have received recommended immunizations.

Program performance measures: track the processes of providing program services to families and children. These may include, for example, the qualifications of staff immunizing children, number of days that immunizations were offered at various sites, etc.

PRINCIPLES

1. Desired Results are useful at multiple levels, but should be designed differently to fit different levels. Desired Results can measure the results of service programs for individuals, families, groups or agencies. Desired Results can be used to track changes in the conditions of children and families in communities, regions, counties or the state. Desired Results can also be used to plan for or track the impact of policy and programmatic changes.

2. At any level, desired results and indicators should be practical, results oriented, clearly important to the well-being of children and families and stated in understandable terms.

3. Desired desired results should, whenever possible, be stated as positive expressions of well-being rather than as absence of negative conditions.

4. Since no one indicator captures the full dimensions of desired results sought, they should be measured by a set of indicators chosen from the most valid and reliable data possible. Multiple measures and multiple perspectives are especially important when the desired results sought are complex and multi-faceted.

5. Whenever possible, indicators should reflect the well-being of children, families, and communities, not the state of the service delivery system. Program performance measures are also necessary to track the state of the service delivery system; however, a well functioning delivery system is a means to an end, not the end itself.

6. Initial efforts should focus on a strategic set of desired results and indicators that reflect concerns shared by multiple stakeholder communities, including policy-makers, service providers and families. A more inclusive set of desired results can be built incrementally over time based on initial experiences. The process of developing appropriate, practical and accurate outcome measures will be an evolutionary one, from which there is much to learn.

7. One of the most important steps in developing desired results is clarification of the cultural and value foundations that underlie the process. The process used may be as important as the desired results selected, both in terms of ensuring understanding and buy-in, and in terms of providing opportunities for informed discussion of underlying values and assumptions. Depending on community values, needs and resources, desired results and indicators may vary across communities.

8. Standards for success and expectations for progress should be set at levels that challenge and encourage improvement, without discouraging and burning out participants who are trying to make large scale changes in complex and multifaceted systems.

9. Analysts should not assume that averages tell the whole story, but should also try to disaggregate data for specific groups (racial, cultural, linguistic, geographic or age).

CRITERIA (these may duplicate the principles above)

The following thirteen criteria for indicators of child well-being were developed by Kristin Moore for a conference on child indicators.

1. **Comprehensive coverage.** Indicators should assess well-being across a broad array of desired results, behaviors and processes.

2. **Depth, breadth and duration.** Indicators are needed that assess dispersion across given measures of well-being, children's duration in a status, and cumulative risk factors experienced by children.

3. **Children of all ages.** Indicators are needed that measure well-being at every age of childhood and that cover the transition into adulthood.

4. **Clear and comprehensive.** The public should be able to easily and readily understand any indicators that are used.

5. **Positive desired results.** Indicators should assess positive as well as negative aspects of well-being.

6. **Common interpretation.** Indicators should have the same meaning in varied population subgroups.

7. **Consistency over time.** Indicators should have the same meaning over time

8. **Forward-looking.** Data on indicators that anticipate future trends should be collected now.

9. **Rigorous methods.** Coverage of the population or event being monitored should be complete or extensive, and data-collection procedures should be rigorous an consistent over time.

10. **Geographically detailed.** Data should be collected on indicators at the state an local levels as well as at the national level.

11. **Cost-efficient.** Strategies to expand and improve our data system need to be thoughtful, well planned, and economically efficient.

12. **Reflective of social goals.** Some indicators should allow us to track progress in meeting goals for child well-being.

13. **Adjusted for demographic trends.** Indicators should control or adjust for changes in the composition of the population; that can frustrate the ability to monitor well-being. Alternatively, indicators should be available for small, homogenous subgroups of the population.

*(Institute for Research on Poverty. (1995) . Indicators of children's well-being: A conference, **FOCUS**, 16(3), Madison, WI: University of Wisconsin: page 8.)*

Reasons for moving to a results-based format:

* Articulation of desired results and indicators can increase public awareness, participation, and interest in improving the conditions of children and families and the services designed to help them.

* Child development programs can build better support for their services by demonstrating impact and efficiency (improving indicators over time as a result of planned changes in services).

* Program administrators, supervisors and line workers can "work smarter" if they share clarity of purpose and have regular feedback to fine-tune and improve programs.

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SDE Child Development Division
Desired Results Project
April 18, 1997

Definitions:

Desired Results (or outcomes) define the broad areas of results desired from child development programs in order to assess the impact of programs and services on children, families and communities.

Indicators are measurable elements which suggest progress toward achievement of broad outcomes. Desired results are generally better measured by using multiple indicators, no one of which gives full information on all aspects of achievement.

Standards of achievement define acceptable levels of achievement for each indicator. These are guidelines which can help child development programs periodically measure their achievements in attaining desired results for children, families and communities. Standards may be expressed differently taking topic area and practicality of measurement into account.

Examples:

1. A standard of achievement expressed in terms of uniform achievement:

Desired Result: Children will be physically healthy and show motor competence.

Indicator: Infants and toddlers will have good health status overall (or...will receive full set of required immunizations prior to kindergarten entry).

Standard of achievement: 100% of infants and toddlers enrolled receive regular immunizations.

2. Standard of achievement expressed in terms of relative progress or improvement between baseline and a later measurement:

Desired Result: Children will be active, independent learners.

> *Indicator*: School-age children will demonstrate (enhanced) problem-solving skills.
>
> *Standard of Achievement*: At least 50% of school-age children enrolled demonstrate improvement in independent problem-solving as rated by teachers (baseline observation compared to observation after six months of program participation).

3. Standard of achievement expressed in terms of achieving an acceptable/ minimum level of competence:

Desired Result: Family well-being will be enhanced.

> *Indicator:* Family members will become aware of and use (or...will have enhanced awareness of) community resources.
>
> *Standard of Achievement*: Parents of all children enrolled in school-age child care programs will attend at least one parent education session on community resources available to families and children

Measurement tools are the actual instruments or tools that are used to capture or track information on indicators and standards of achievement.

DESIRED RESULTS MATRIX
FOR CENTER BASED PROGRAMS AND FAMILY CHILD CARE HOME NETWORKS

INFANT/TODDLER	PRESCHOOL	SCHOOL-AGE
CATEGORY #1 CHILD	**CHILD**	**C-1 CHILD**
DR-1 Children will be personally and socially competent I-1 Children show self awareness I-2 Children show positive self concept I-3 Children show trust of adults who take care of them I-4 Children show interest in and interacts with others I-5 Children demonstrate increasing respect for people and things in the environment (18 to 36 months) I-6 Children increasingly regulate their own behavior	**DR-1 Children will be personally and socially competent** I-1 Children demonstrate positive self-concept I-2 Children trust adults to take care of them I-3 Children are respectful of the people and things in their environment I-4 Children positively engage with adults and peers I-5 Children demonstrate effective self-regulation of their own behavior	**DR-1 Children will be personally and socially competent** I-1 Children demonstrate positive self-concept I-2 Children demonstrate effective social and interpersonal skills I-3 Children are respectful of the people and things in their environment I-4 Children demonstrate effective self-regulation of their own behavior I-5 Children show an awareness of their feeling and the feelings of others
DR-2 Children will be effective learners I-1 Children are interested in learning new things I-2 Children learn through play I-3 Children show cognitive competence I-4 Children demonstrate problem-solving skills	**DR-2 Children will be effective learners** I-1 Children demonstrate complex play with toys and objects I-2 Children demonstrate cognitive competence I-3 Children demonstrate problem solving skills I-4 Children demonstrate an interest in learning new things	**DR-2 Children will be effective learners** I-1 Children demonstrate complex play I-2 Children exhibit cognitive competence I-3 Children demonstrate problem-solving skills I-4 Children demonstrate curiosity and creativity
DR-3 Children will be competent in language and communications skills I-1 Children show growing abilities in communication and language I-2 Children show interest in early literacy activities	**DR-3 Children will be competent in language and communication skills** I-1 Children understand and respond to language I-2 Children demonstrate emerging literacy skills	**DR-3 Children will be competent in language and communication skills** I-1 Children show growing abilities in communication and language I-2 Children show interest and skills in reading and literacy
DR-4 Children will show physical and motor competence I-1 Children demonstrate an increased proficiency in motor skills based on interest and abilities	**DR-4 Children demonstrate physical and motor competence** I-1 Children engage in physical activities based on interest and ability	**DR-4 Children will show physical and motor competence** I-1 Children demonstrate an increased proficiency in motor skills I-2 Children engage in physical activities based on interests and abilities

DR: Desired Result
I: Indicator

"Work in progress"

INFANT/TODDLER	PRESCHOOL	SCHOOL-AGE
DR-5 Children will be safe and healthy I-I Children will have optimal health status I-2 Children will exhibit good health habits (8 months to 36 months) I-3 Children will show an emerging awareness of safe behavior (8 months to 36 months)	**DR-5 Children will be safe and healthy** I-1 Children have optimal health status I-2 Children demonstrate good health behavior I-3 Children understand and practice safe behavior I-4 Children demonstrate good nutritional habits	**DR-5 Children will be safe and healthy** I-1 Children understand and practice safe behaviors I-2 Children's personal safety in the local neighborhood is increased I-3 Children have optimal health status I-4 Children experience and understand good nutrition
CATEGORY #2 FAMILY	FAMILY	FAMILY
DR-6 Family members will support children's development I-1 Family members support enhanced language and literacy skills of children I-2 Family members demonstrate positive parenting behavior I-3 Family members support children's emerging knowledge and interest	**DR-6 Family members will support children's development** I-1 Family members support enhanced language and literacy skills of children I-2 Family members demonstrate positive parenting behavior I-3 Family members support children's emerging knowledge and interest	**DR-6 Family members will support children's development** I-1 Family members support enhanced language and literacy skills of children I-2 Family members demonstrate positive parenting behavior I-3 Family members support children's emerging knowledge and interests
DR-7 Families will access community resources and contribute to community development I-1 The family utilizes social service resources effectively on behalf of their children and family I-2 The family shares information about the individuals needs of their child	**DR-7 Families will access community resources and contribute to community development** I-1 The family utilizes social service resources effectively on behalf of their children and family I-2 The family shares information about the individuals needs of their child	**DR-7 Families will access community resources and contribute to community development** I-I Family members become aware of and appropriately use community services I-2 The family shares information about the individual needs of the child
DR-8 Families will become more economically sufficient I-1 Families who are employed, in training, seeking employment or job related training are in child care and development services	**DR-8 Families will become more economically sufficient** I-1 Families who are employed, in training, seeking employment or job related training are in child care and development services	**DR-8 Families will become more economically sufficient** I-1 Family becomes more economically independent as a result of child care and development services

DR: Desired Results
I: Indicator

BJM.9/8/97

INFANT/TODDLER DESIRED RESULTS		
Young Infant (Birth to 8 months)	**Mobile Infant (8 months to 18 months)**	**Older Infants (18 months to 36 months)**
DR. 1 Children will be personally and socially competent.	**DR. 1 Children will be personally and socially competent.**	**DR. 1 Children will be personally and socially competent.**
1 I. Shows self awareness (M) Observes own hands (M) Looks to the place on body where being touched (M) Clasps hands together (M) Explores one hand with the other	1 I. Shows self awareness (M) Respond to own name (M) Frequently checks for caregiver's presence (M) Indicates strong sense of self through assertiveness (M) Identifies one or more body parts (M) Uses words such as "me" and "you"	1 I. Shows self awareness (M) Shows sense of self as an individual, as evidenced by "no" to adult requests or using the word "mine" (M) Uses names of self and others (M) Recognizes self in mirror or photographs (M) Shows increased awareness of being seen and evaluated by others (M) Identifies self with children of same age and sex (M) Asserts independence: "Me do it."
2 a. I Shows positive self concept (M) No appropriate child measures for this age group. The concept of positive self is dependent on the relationship with the caregivers.	2 a. I Shows positive self concept (M) Leaves caregiver to explore environment (M) Initiates contact with caregiver when help is needed (M) Attempts to elicit assistance of caregiver	2 a. I Shows positive self concept (M) Conducts self as a powerful potent, creative doer (M) Exhibits behaviors that indicate child likes and accepts self (M) Acts secure around adults and peers (M) Child talks self through steps to solve problem (M) Negotiates with peers (M) Actions demonstrate pre-planning
3 I. Shows trust of adults who take care of them (M) Begins to distinguish familiar from unfamiliar people (M) Shows preference for being held by familiar people (M) Responds with more animation and pleasure to primary caregiver than to others (M) Can usually be comforted by familiar adult when distressed (M) Shows displeasure at loss of social contact (M) Reacts to unfamiliar people with soberness or anxiety (M) Anticipates return of familiar people	3 I. Shows trust of adults who take care of them (M) Explores confidently in presence of familiar caregiver (M) Shows pleasure or relief at sight of primary caregiver (M) Shows anxiety at separation from primary caregivers (M) Shows intense feelings for parents and caregivers (M) Exhibits anxious behavior around unfamiliar adults (M) Actively seeks out caregiver (M) Seeks clarification on how they should react to ambiguous situation (e.g., unfamiliar people and events) (M) Uses caregiver as model for social interaction	3 I. Shows trust of adults who take care of them (M) Goes to familiar adults for help or reassurance (M) Periodically checks back with familiar adult when playing independently or with peers (M) Looks to adult for messages about appropriate/ inappropriate behavior (M) Explores environment more freely for greater lengths of time at greater distances from primary caregivers (M) Plays fantasy roles based on action of others (e.g, fireman, mommy, bride)

Young Infant (Birth to 8 months)	Mobile Infant (8 months to 18 months)	Older Infants (18 months to 36 months)
4 I Shows interest in and interacts with others (M) Smiles and shows obvious pleasure in response to social stimulation (M) Sees adults as objects of interest and novelty (M) Seeks out adults for play (M) Engages in social play during feeding, bathing, dressing or other caregiving activities (M) Smiles or vocalizes to initiate social contact (M) Responds to human voices (M) Responds to a caregiver who encourages their beginning communications (M) Mutually gazes with others	4 1. Shows interest in and interacts with others (M) Actively shows affection for familiar person (e.g. hugs, smiles at, runs toward, leans against, and so forth) (M) Enjoys exploring objects with another as the basis for establishing relationships (M) Shows interest in other children	4 1. Shows interest in and interacts with others (M) Plays alone but alongside or among other children (M) Gains greater enjoyment from peer play and joint exploration (M) Teaches peers (M) Participates in small group activities
5 I. Demostrates increasing respect for people and things in their environment No appropriate child measures for this age group. The concept of demonstrating increased respect for people and things is dependent on the sense of self which is just emerging.	5 I. Demostrates increasing respect for people and things in their environment No appropriate child measures for this age group. The concept of demonstrating increased respect for people and things is dependent on an emerging sense of self and a growing awareness of others.	5 I. Demonstrates increasing respect for people and things in their environment (M) Aware of own feelings (M) Is more aware of the feeling of others (M) Is aware of the impact of their own activity on the activities of others (M) Shows care for people, animals and plants (M) Begins to realize others have rights and privileges (M) Begins to see benefits of cooperation
6 I. Increasingly regulate their own behavior (M) Can initiate and terminate interactions by averting gaze or turning away (M) Anticipates being lifted or fed and moves body to participate (M) Comforts self by sucking hand, thumb or an object (M) Shifts body position in response to sights or sounds	6 I. Increasingly regulate their own behavior (M) Moves toward desired objects and people (M) Shows caution with unfamiliar people and things (M) Comforts self with familiar objects and routines (M) Anticipates and participates in routines	6 I. Increasingly regulate their own behavior (M) Makes attempts at self-regulations (e.g., says "No" when reaching for forbidden object) (M) Increasingly is able to recover from frustration or distress (M) Exhibits more impulse control and self-regulation in relation to others (M) Identifies and expresses feelings

DR. 2 Children will be effective learners	DR. 2 Children will be effective learners	DR. 2 Children will be effective learners
1 I. Interested in learning new things (M) Fascinated with own body parts (e.g, hands, feet) (M) Reaches for and grasps objects (M) Focuses on caregiver's face (M) Shows attentions to new objects, voices, etc. by becoming more quite or active	1 I. Interested in learning new things (M) Expresses the pleasure of discovery (M) Shows pleasure in new accomplishments (M) Enjoys exploring the environment	1 I. Interested in learning new things (M) Creates new uses for materials and equipment (M) Tries new activities and materials (M) Expresses the pleasure of discovery (M) Enjoys exploring the environment
2 I. Learns through play (M) Explores objects in different ways (e.g., mouthing, banging, etc.) (M) Hits or kicks an object to make a pleasing sight or sound continue (M) Participates in peek-a-boo and patty-cake games (M) Dumps objects out of containers	2 I. Learns through play (M) Uses another object as a tool to obtain a toy (M) Tries to build with blocks or other objects (M) Imitates adult behaviors like sweeping the floor, setting the table, putting on a coat and carrying a purse to "go work," or using a telephone (M) Enacts simple dramatic play scenarios with others, like caring for dolls, acting like an animal, or riding in a car or train (M) Imitates social behavior of other children (M) Backs out of an enclosed space when stuck (M) Is aware of sizes, shapes, and colors (M) Takes covers from objects (M) Takes things apart (M) Dumps objects out of containers and puts them back in	2 I. Learns through play (M) Expresses feelings in symbolic play (M) Acts out simple dramatic play themes with others ("You baby; me, mommy"; going to the store, cooking dinner, preparing for a party) (M) Creates fantasy role-plays (e.g. flying , giants, fairies) (M) Stacks blocks (M) Puts pegs in pegboard (M) Takes things apart and puts them back together (M) Creates simple constructions (M) Works simple puzzles (M) Makes choices in play activities
3 I. Shows Cognitive Competence (M) Is able to use several senses at once (M) Learns predictability through the results of repeated actions on objects (M) Imitates simple facial movements and expressions (e.g. widening eyes, opening mouth wide, smiling nodding head) (M) Show interest in images in mirror	3 I Shows Cognitive Competence (M) Understands the permanence of objects and people (M) Can select between 2 choices when offered (M) Asks for objects out of sight, such as in the refrigerator or cupboard (M) Has basic awareness of cause and effect (M) Knows difference between own possessions and others (e.g. jacket, shoes) (M) Knows own needs such as being hungry, wanting an object of comfort such as a "blankie"	3 I. Shows Cognitive Competence (M) Understands concepts of "tomorrow," "yesterday" (M) Counts to two or three (M) Understands cause and effect relationships (M) Follows two simple directions (M) Understands choices offered (M) Can demonstrate use of common household items (M) Classifies, labels, and sorts objects by group (hard versus soft, large versus small) (M) Can anticipate effects

Young Infant (Birth to 8 months)	Mobile Infant (8 months to 18 months)	Older Infants (18 months to 36 months)
4 I. Demonstrates problem-solving skills (M) Tries to cause things to happen (kicks reaches, etc) (M) Grasps object when hand and object are both in view (M) Looks for dropped object (M) Looks for a object under a blanket when placed there while watching (M) Signals caregiver for assistance (e.g. cries, grunts, yells)	4 I. Demonstrates problem-solving skills (M) Brings a stool to use for reaching something (M) Persists in a search for a desired object even when it is hidden under distracting objects such as pillows (M) Uses trial and error (e.g. searching for correct space for an object in form board) (M) Attempts to elicit assistance of caregiver to resolve social conflicts with peers (M) Gets others to do things, such as read books, get dolls	4 I. Demonstrates problem-solving skills (M) Pursues difficult tasks (M) Completes tasks (M) Identifies pictures of common objects (M) Figures out which child is missing by looking at or talking about who is present (M) Attempts to negotiate with peers to resolve social conflicts

DR. 3 Children will be competent in language and communication skills.	DR. 3 Children will be competent in language and communication skills.	DR. 3 Children will be competent in language and communication skills.
1 I. Shows growing abilities in communication and language (M) Expresses discomfort and comfort/pleasure unambiguously (M) Shows displeasure or disappointment at loss of toy (M) Expresses several clearly differentiated emotions: pleasure, anger, anxiety or fear, sadness, joy, excitement, disappointment, exuberance (M) Stretches arms to be taken (M) Can distinguish familiar human voices from all other sounds (M) Uses vocal and nonvocal communication to express interest and exert influence (M) Babbles using all types of sounds (M) Engages in private conversations when alone (M) Combines babbles (M) Understands names of familiar people and objects (M) Laughs (M) Listens to conversations (M) By about 6 months, distinguishes sounds of home language from other speech (M) Imitates sounds (M) Responds in turn to caregiver vocalizations	1 I. Shows growing abilities in communication and language (M) Uses eye contact to check back with primary caregiver (M) By about 8 months, turns to look at an object, like a ball, or when hearing the word "ball" in the home language (M) Understands many more words than can say (M) Looks toward 20 objects when named (M) Creates long babbled sentences (M) Shakes head "no" (M) Says 2 or 3 clear words (M) Uses vocal signals other than crying to gain assistance (M) Names familiar objects and people (M) Understands words and phrases (M) Carries out simple commands (M) Expresses self using gestures and movements (M) Uses intonation (M) Expresses range of feelings (M) Repeats simple words spoken by caregivers (M) Imitates back and forth vocalizations with caregivers	1 I. Shows growing abilities in communication and language (M) Frequently displays range of feelings and behaviors (M) Makes specific needs known through gestures and words (M) Combines words (M) Speaking vocabulary may reach 200 words (M) Develops fantasy in language (M) Can explain use of common household items (M) Uses compound sentences (M) Recounts events of the day and experiences (M) Identifies, shows body parts, clothing items, or toys on request (M) Labels and names objects and people (M) Asks and answers questions (M) Uses language to convey ideas (M) Has fairly clear pronunciation (M) Uses plurals and prepositions (M) Imitates adult language (M) Participates in a series of back and forth conversations with caregivers and peers
2 I. Shows interest in early literacy activities (M) Follows a slowly moving object with eyes (M) Recognizes expected patterns of objects in motion (such as arc, bounce, or slide) (M) Imitates sounds	2 I. Shows interest in early literacy activities (M) Enjoys touching, carrying, and looking at books (M) Turns pages of books (M) Looks at picture books with interest, points to objects and/or makes sounds (M) Shows interest in adult spoken word and singing (M) Hears separate words (M) Imitates a few words (M) Likes to be read to	2 I. Shows interest and skills in early literacy activities (M) Looks through books (M) Names pictures in a book (M) Memorizes phrases of songs, books, and rhymes (M) Sings songs (M) Names action in pictures (M) Uses plurals and prepositions (M) Imitates adult language (M) Listens to stories (M) Requests to be read to (M) Recognizes signs and symbols (M) Pretends to write

DR. 4 Children will show physical and motor competence	DR. 4 Children will show physical and motor competence	DR. 4 Children will show physical and motor competence
1 I. Demonstrates an increased proficiency in motor skills based on interests and abilities Gross Motor (M) Lifts head (M) Holds head up (M) Rolls over (M) Crawls (M) Creeps or inches forward or backward (M) Drinks from cup with help (M) Turns to side (M) Hits or kicks an object to make a pleasing sight or sound continue Fine Motor (M) Grasps, releases, re-grasps, and releases object with accuracy (M) Transfers and manipulates objects with hands (M) Reaches for desired objects (M) Reaches and grasps toys (M) Pounds on things with hands and objects	1 I. Demonstrates an increased proficiency in motor skills based on interests and abilities Gross Motor (M) Pushes foot into shoe, arm into sleeve (M) Crawls (M) Pulls self up, stands and cruises holding furniture (M) Walks alone (M) Throws objects (M) Climbs stairs (M) Stoops and can walk backward a few steps (M) Sits up without support Fine Motor (M) Partially feeds self with fingers or spoon (M) Handles cup well with minimal spilling (M) Handles spoon well for self-feeding (M) Uses thumb and forefinger to pick up small items (M) Scoops and rakes with hand to manipulate or pick up objects, sand, food, etc. (M) Pounds with mallet or other object with intent and some precision (M) Uses marker on paper (M) Releases objects into container (M) Pushes and pulls objects (M) Carries objects (M) Pours from a container (e.g., water and sand) (M) Puts on simple garments such as caps or slippers	1 I. Demonstrates an increased proficiency in motor skills based on interests and abilities Gross Motor (M) Walks up and down stairs (M) Can jump one step (M) Kicks a ball (M) Stands on one foot (M) Stands and walks on tiptoes (M) Walks fast and well (M) Walks up stairs with foot on each step (M) Walks backward (M) Runs (M) Climbs (M) Throws a ball with aim (M) Uses paintbrush (M) Exercises increasing bladder and bowel control (M) Catches a big ball by trapping it with their arms Fine Motor (M) Draws a circle (M) Imitates a horizontal crayon stroke (M) Holds object with one hand and manipulates it with the other hand (e.g., winds up music box) (M) Scribbles with marker or crayon (M) Threads beads (M) Uses eating utensils to feed self (M) Pours liquids from small pitcher into cup (M) Pounds with mallet or other object with intent and precision (M) Increasing ability to dress and undress self

DR. 5 Children will be safe and healthy.	DR. 5 Children will be safe and healthy.	DR. 5 Children will be safe and healthy.
1 I. Children will have optimal health status (M) Immunizations are up to date (M) Regular health screening	1 I. Children will have optimal health status (M) Immunizations are up to date (M) Regular health screening	1 I. Children will have optional health status (M) Immunizations are up to date (M) Regular health screening
2 I. Will exhibit good health habits No appropriate child measures for this age group; however, there would be program measures	2 I. Will exhibit good health habits (M) Washes and dries hands with caregiver assistance	2 I. Will exhibit good health habits (M) Washes and dries hands alone (M) Helps clean tables before and after snacks and meals and assists with clean up after spills
3 I. Will show an emerging sense of safe behavior No appropriate child measures for this age group; however, there would be program measures	3 I. Will show an emerging awareness of safe behavior (M) Responds to limits or warnings from adults	3 I. Will show an emerging awareness of safe behavior (M) Understanding of safety concepts such as "hot" or "sharp" (M) Hold hands when crossing streets, in parking lots, etc (M) Stops dangerous behavior with verbal limits from caregiver

Note: How these indicators will be reflected in children's behavior and development will be affected by temperamental, cultural and individual differences and needs.

MS:mb
desiredr.ms
8/26/97

PRESCHOOL-AGE DESIRED RESULTS

KEY
C Category
DR Desired Results
I Indicator
M Measure
S Standard of Achievement (To Be Developed)

CATEGORY #1 - CHILD

DR-1 Children will be personally and socially competent

I-1 *Children demonstrate positive self-concept.*
- M - Conduct self as a powerful and creative doer
- M - Exhibit behavior that indicates child likes and accepts self
- M - Have respect for their family's culture, language, and traditions

I-2 *Children trust adults to take care of them.*
- M - Seek help from responsible adults
- M - When the child is distressed or hurt he/she asks for help from responsible adults

I-3 *Children are respectful of the people and things in their environment.*
- M - Follow classroom rules
- M - Relate to and are comfortable with peers and adults from diverse backgrounds

I-4 *Children positively engage with adults and peers.*
- M - Demonstrate cooperative play skills
- M - Attempt to negotiate with peers to resolve social conflicts

I-5 *Children demonstrate effective self-regulation of their own behavior.*
- M - Exhibit impulse control and self-regulation in relation to others
- M - Are aware of the impact of their own behavior on the behavior of others (cause-and-effect)
- M - Able to adapt themselves to the social rules of the group

DR-2 Children will be effective learners

I-1 *Children demonstrate complex play with toys and objects.*
- M - Use objects and materials in different and novel ways
- M - Can complete increasingly complex puzzles
- M - Can complete complex block structures, adding other props or substituting other materials

I-2 *Children demonstrate cognitive competence.*
- M - Demonstrate emerging classification skills
- M - Demonstrate emerging seriation skills

M - Demonstrate emerging number awareness
M - Demonstrate emerging awareness of space
M - Demonstrate emerging awareness about the concept of time
M - Demonstrate emerging awareness about conservation of matter

I-3 *Children demonstrate problem solving skills.*
M - Pursue multi-step tasks
M - Identify cause and effect relationships
M - Complete challenging activities

I-4 *Children demonstrate an interest in learning new things.*
M - Create new uses for materials and equipment
M - Try new activities, materials, and equipment
M - Enjoy exploring the environment

DR-3 Children will be competent in language and communication skills

I-1 *Children understand and respond to language.*
M - Follow simple and complex directions
M - Understand and respond to language
M - Engage in conversations

I-2 *Children demonstrate emerging literacy skills.*
M - Engage in language play and rhymes.
M - Enjoy books and pretend to read.
M - Aware that marks on a paper may represent written words.
M - Know some letter names (such as those in their name).
M - Recognize or know the name of symbol shapes.
M - Can create and tell stories.

DR-4 Children demonstrate physical and motor competence

I-1 *Children engage in physical activities based on interest and ability.*
M - Show fine-motor skills
M - Show gross-motor skills

DR-5 Children will be safe and healthy

I-1 *Children have optimal health status.*
M - File indicates that immunizations are up to date
M - File indicates that the child has a recent health screening

I-2 *Children demonstrate good health behavior.*
M - Wash hands before eating and after toileting
M - Cover mouth when sneezing
M - Brush teeth after meals

I-3 *Children understand and practice safe behavior.*
M - Look before crossing streets
M - Know how to handle emergencies (e.g. call 911, how to get help if lost)
M - Know last name, phone number, and parents' names

I-4 *Children demonstrate good nutritional habits.*
*measured at the program rather than the individual child level

CATEGORY #2 - FAMILY

DR-6 Family members will support children's development

I-1 *Family members support enhanced language and literacy skills of children.*
M - Read to children
M - Tell stories

I-2 *Family members demonstrate positive parenting behavior.*
M - Use positive discipline techniques
M - Use positive communication skills
M - Are positive role models

I-3 *Family members support children's emerging knowledge and interest.*

DR-7 Families will access community resources and contribute to community development

I-1 *The family utilizes social service resources effectively on behalf or their children and family.*
M - Family members increase their child's opportunity to participate in community programs and services

I-2 *The family shares information about the individual needs of their child.*
M - Family members give program information about their child on an on-going basis

DR-8 Families will become more economically sufficient

I-1 *Families who are employed, in training, seeking employment or job relate training are in child care and development services.*
M - Families receive child care/development services

CENTER-BASED AND FAMILY CHILD CARE HOME NETWORKS
DESIRED RESULTS: SCHOOL-AGE
CARE GROUP REPORT

C-1 CHILD

DR-1 Children will be personally and socially competent.

1-1. Demonstrate positive self-concept
- M. Exhibits behaviors that indicate child like and accepts self
- M. Has respect for their family's culture, language, and traditions
- M. Plays freely and has fun--alone or with others
- M. Expresses own individual identity and interests
- M. Forms positive attachments with adults and peers

1-2 Demonstrate effective social and interpersonal skills
- M. Uses effective problem solving skills in social situations
- M. Listens to another's point of view and tries to compromise
- M. Knows how to solve problems and resolutions are usually reasonable and fair
- M. Shows cooperative and team skills through play
- M. Forms positive and sustained relationships with peers and adults

1-3 Are respectful of the people and things in their environment
- M. Demonstrates respect for people of all cultural backgrounds
- M. Shows sympathy for each other
- M. Helps others
- M. Understands other's perspectives
- M. Participates in community services activities

1-4 Demonstrate effective self-regulation of their own behavior
- M. Follows classroom rules
- M. Cooperates and works well with others
- M. Controls and expresses emotions appropriately
- M. Appears relaxed and involved with others

1-5 Show an awareness of their feelings and the feelings of others
- M. Identifies and express own feelings in appropriate ways
- M. Understands the perspectives of others

DR-2 Children will be effective learners.

1-1 Demonstrate complex play
- M. Engages in free play and exploration
- M. Engages in reciprocal, cooperative play
- M. Engages in play that is planned and purposeful
- M. Participates in organized play and games, with specified or invented rules

1-2 Exhibit cognitive competence
- M. Chooses to participate in learning activities
- M. Shows sustained interest in long-term activities
- M. Uses math and numbers in every day experiences
- M. Uses reading and writing as a part of their every day activities
- M. Participates in enrichment and real-life learning experiences
- M. Uses computers and information technologies
- M. Completes homework assignments

1-3 Demonstrate problem-solving skills
- M. Pursues difficult tasks
- M. Uses skills and experiences to pursue goals
- M. Completes challenging activities
- M. Applies past experiences to present challenges

1-4 Demonstrate curiosity and creativity
- M. Pursues a variety of activities and opportunities
- M. Explores roles and surroundings through play
- M. Expresses self in original ways through arts, drama, play and other means
- M. Uses a range of media in a variety of ways
- M. Experiments with new materials

DR-3 Children will be competent in language and communication skills

1-1 Show growing abilities in communication and language
- M. Communicates needs and opinions effectively
- M. Follows simple and complex directions
- M. Uses written language for social interaction
- M. Uses oral language for social interaction
- M. Uses written language to express self
- M. Uses oral language to express self
- M. Demonstrates increased use of English for second language learners

1-2 Show interest and skills in reading and literacy
- M. Understands the meaning of written materials
- M. Creates a variety of forms of literature (i.e., stories, poems)
- M. Reads books and other written materials for pleasure and information
- M. Read a variety of books reflecting a range of cultures

DR-4 Children will show physical and motor competence

1-1 Demonstrate an increased proficiency in motor skills
- M. Uses fine motor skills competently
- M. Uses gross motor skills competently
- M. Exhibits body coordination

1-2 Engage in physical activities based on interests and abilities
- M. Participates in a range of physical activities
- M. Develops strength and endurance
- M. Exhibits athletic skills
- M. Exhibits physical fitness

DR-5 Children will be safe and healthy

1-1 Understand and practice safe behaviors
- M. Shows an awareness of personal safety issues
- M. Makes positive choices about personal safety
- M. Makes positive choices about personal health

1-2 Increase of children's personal safety in the local neighborhood
- M. Makes positive choices about participation in sexual activities
- M. Makes positive choices about gang involvement
- M. Makes positive choices about personal behaviors

1-3 Have optimal health status
- M. Shows a healthy balance between periods of rest and active behavior
- M. Demonstrates good health behaviors
- M. Engages in physical activities

1-4 Experience and understand good nutrition
- M. Understands the need for a balanced, varied diet
- M. Demonstrates a willingness to try a variety of healthy foods

C-2 FAMILY

DR-6 Family members will support children's development

1-1 Family members support enhanced language and literacy skills of children
- M. Family members read to and share stories with children
- M. Family members increase communication and language exchange with children
- M. Family members increase their knowledge of their child(ren)'s learning and development

1-2 Adult family members demonstrate positive parenting behaviors
- M. Adults show positive discipline practices
- M. Adults act as positive role models
- M. Adults use appropriate conflict resolution skills

1-3 Adult family members support children's emerging knowledge and interests
- M. Adults show interest in children's activities outside of the school-age care program
- M. Adults participate in children's activities
- M. Adults increase their participation in the program and its activities
- M. Adults participate in educational activities offered or arranged by program

DR-7 Families will access community resources

1-1 Family members become aware of and appropriately use community services
- M. Family members increase their utilization of community services on behalf of their children
- M. Family members increase their participation in and support for community programs and activities

1-2 The family shares information about the individual needs of their child
- M. Family provides information about their child to the program and other agencies on an on-going basis

DR-8 Families will move toward economic self-sufficiency

1-1 Family becomes more economically independent as a result of child care/development services
- M. Adults make more informed job-related decisions
- M. Adults show improved knowledge about job opportunities
- M. Adults show improved ability to plan, set goals
- M. Adults show competence in managing daily live and responsibilities
- M. Adults develop job skills, work ethic, and job search techniques
- M. Adults succeed in job acquisition, job advancement and retention

EXISTING MEASURE AND NEEDED ASSESSMENTS

CHILD

Needed Assessment Instruments:

- Checklists.
- Child portfolios (with guidelines for development and use).
- Observation instrument for SAC programs re: children (guidelines exist, but an instrument does not).
- Interviews, surveys, self-reports from children.
- Interviews, surveys of SAC program teachers and administrators.
- Interviews, surveys of school teachers and administrators.
- Interviews, surveys, conferences, observations re: parents.

FAMILY

Existing Measures:

- Family Eligibility Form ("Intake and Update Forms").

Needed Assessment Instruments:

- Surveys, interviews, conferences with parents
- Observations of parent/child interactions (primarily at program site).
- Child interviews.

COMMUNITY

Existing Measures:

- Neighborhood Council Reports
- Police Records
- School Vandalism Reports - for care centers serving multiple schools: identify primary feeder school to collect information from.
- Behavioral Referral Reports

Needed Assessment Instruments:

- School principal and district administrator interviews, surveys
- Observations, interviews (children, neighborhood)
- Surveys, interviews, conferences with parents
- Checklists

American Institutes
for Research

California Child Care and Development Compensation Study:

Towards Promising Policy and Practice

Executive Summary
November 27, 1996

by
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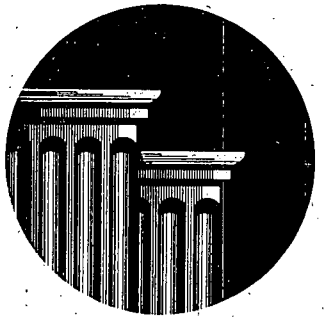

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