CENTER ON QUALITY IN HUMAN SERVICES

THE UNIVERSITY OF KANSAS

Kansas Early Head Start Evaluation

Final Technical Report

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SUBMITTED TO

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EXECUTIVE SUMMARY

The Kansas Early Head Start Evaluation Project was funded by a contract to the University of Kansas from the Kansas Department of Social and Rehabilitation Services (SRS) for $90,000. The contract ran from June 1, 2007 through June 30, 2008. It was designed to evaluate the Kansas Early Head Start (KEHS) system regarding several questions including detailed findings regarding the current KEHS system and recommendations regarding future changes or improvements to the KEHS system. For the purposes of this evaluation, only State funded programs, slots, and costs were evaluated.

The KEHS system currently provides services to several thousand children and parents each year through a mix of center and home-based services. Local programs and communities are quite varied in their contexts as well as their organizational structures. Local communities are also quite varied in their local risk factors and needs. Although funding to the local KEHS programs has been expanded due to an increase in State dollars, per-child funding varies widely across programs. Some programs receive as much as 16% more than the state average while others receive as much as 14% less than the state average. Many (50%) of the management level staff report being in their positions for ten (10) years or more. Programs are achieving outcomes consistent with the logically linked activities being provided as part of their service design.

Recommendations include changes to the ways in which data for the KEHS system is collected, analyzed, and reported. In addition, the evaluators recommend continuing to assess the issue of equitable funding through targeted increases, as well as additional commitments to funding for evaluation and continuous improvement processes. Finally, recommendations include creating more streamlined use of on-line data collection, automated analysis and reporting, and dedicated resources for local evaluation technical assistance.

SECTION 1. INTRODUCTION

A. The National Early Head Start System

Early Head Start (EHS) is a program for low-income families with infants and toddlers and pregnant women, and was created by the re-authorization of the Head Start Act in 1964. This legislation reflected the growing body of evaluation and research information from Head Start's decades of serving pregnant women and families with infants and toddlers through Parent-Child Centers and Migrant Head Start Programs. Early Head Start is intended to incorporate current research and best practice in providing services to low-income young children and families. The purposes of Early Head Start include: a) to promote healthy prenatal outcomes for pregnant women, b) to promote school readiness by enhancing children's physical, social, emotional and cognitive development, c) to assist parents as the primary first teacher to their children, and d) to help parents meet their own goals (including that of economic independence). Early Head Start is intended to be an intensive, comprehensive, child development program that should reinforce and respond to the unique strengths and needs of each individual child and family through weekly home visits and collaborative partnerships in community child care settings.

B. The Kansas Early Head Start System

Kansas was the first state in the nation to create a state-federal partnership to fund early childhood development through Early Head Start. In 1998, Governor Bill Graves and the1998 Legislature approved funding to support a state administered Early Head Start and Head Start initiative for pregnant women and children 0-3. Funds to support this initiative were a result of a transfer of federal TANF (Temporary Assistance to Needy Families) dollars to the Child Care and Development Fund. Federal dollars from the Department of Health and Human Services, Administration for Children, Region VII, also helped in the initial funding to support training

and technical assistance for this initiative. According to the Kansas Early Head Start (KEHS) web site, the KEHS system currently receives Child Care and Development Funds in the amount of $7,889,618 annually, as well as State General Funds in the amount of $1,852,779 annually (new in FY07). The new current funded enrollment is 1017 statewide. The new State General Funds (app. $1.8) million were recommended by Governor Kathleen Sebelius to help fund KEHS. This additional funding will allow the KEHS programs to reduce the current waiting list for children and families by 25% and increase enrollment slots in the existing 32 counties by 192.

With recent expansions, there are currently 14 Kansas Early Head Start (KEHS) programs, serving 38 counties in Kansas, receiving both state and federal funding to provide full-day, full-year care to children in Kansas. One new program was added in the most recent year (2006-2007). These KEHS programs serve families with incomes at or below the federal poverty level. Services are being delivered through home visits, center-based child care and family child care homes. In addition to the children funded to receive the direct services, current program grantees estimate that an additional 2800 children are being impacted by these EHS/HS services. This additional impact would include the children that are in the centers or family child care homes receiving child care services from providers who have received additional training as a result of partnering with the KEHS system.

Another goal of the KEHS initiative is to increase the availability of child care for infants and toddlers and to raise the quality of child care for all children in Kansas. According to the Kansas SRS web site, the KEHS state initiative includes delivering quality training to staff and child care providers in Kansas to encourage professional development and continuous program improvement. As an important part of this professional development, KEHS staff and other child

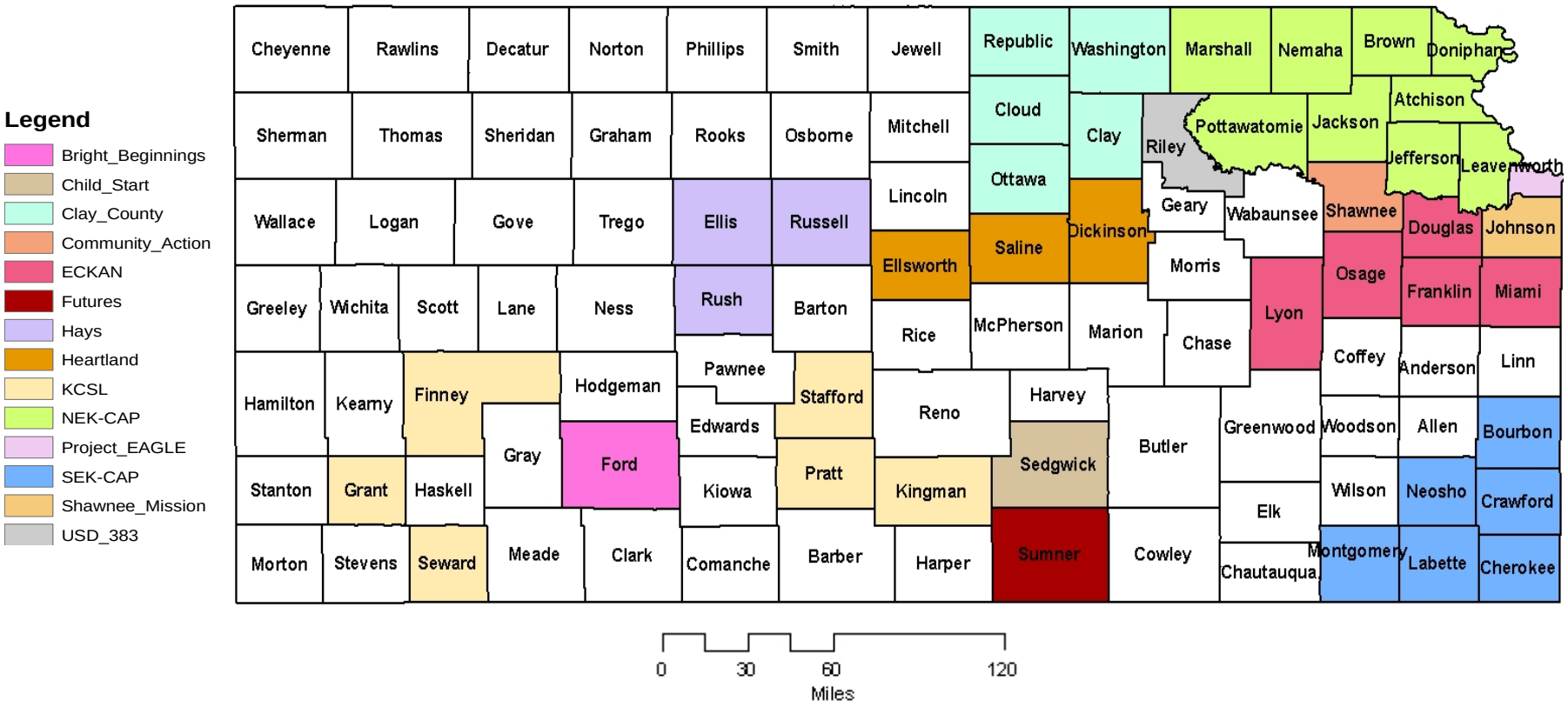
care providers receive 120 hours of intensive education and training to assist them in meeting the requirements for the Infant/Toddler Child Development Associate (CDA), or the Family Child Care or Home Visitor CDA. In addition to the training, participants are required to have 480 hours of experience working with children ages birth to 3 years. The CDA program consists of course work and field work as well as a final assessment before credentialing.

All KEHS services are voluntary. Ninety percent (90%) of the families must meet the Federal Poverty Guidelines of 100%. A minimum of ten percent (10%) of the enrollment is reserved for children with special needs. Child curriculum and monitoring visits are made on a bi-weekly or monthly schedule with child care facilities that contract with Early Head Start. KEHS outcomes have been developed using the Connect Kansas framework. The outcomes are: a) Pregnant Women and Newborns Thrive, b) Infants and Children Thrive, c) Children Live in Stable and Supported Families, and d) Children Enter School Ready to Learn. The map in Figure 1.1 illustrates how the KEHS programs are distributed geographically across the state.

C. The Kansas Early Head Start Policy Context

In 2001, the KEHS office received national recognition from the National Center for Children in Poverty. Kansas was recognized for their comprehensive services and their leadership (first in the nation to use a federal-state partnership to sponsor EHS services using Child Care Development Funds). The State of Kansas has recently committed additional State General Funds to help support the KEHS system. A Legislative Post Audit in 2007 found some reasons to perhaps consider moving the KEHS system to the Department of Education, and such a move has been considered and acted upon this year by the Kansas Legislature. In fact, Kansas law now requires that the State move toward a new cabinet level integration of early childhood programs by the year 2010.

Figure 1.1: Geographic locations of KEHS Programs



* This map only documents the Kansas State funded Early Head Start programs and counties.

SECTION 2. EVALUATION DESIGN AND METHODS

A. Design

1. Evaluation Questions

The Kansas Early Head Start Evaluation Project was funded by a contract to the University of Kansas from the Kansas Department of Social and Rehabilitation Services (SRS) for $90,000. The contract ran from June 1, 2007 through June 30, 2008. It was designed to evaluate the Kansas Early Head Start (KEHS) system regarding several questions including:

1) Detailed findings regarding the current KEHS system.
    a. Who are the beneficiaries of the system?
    b. What are the costs of the system?
    c. What activities are provided?
    d. What products are created?
    e. What are the characteristics of the 14 local contexts?
2) Recommendations regarding future changes or improvements to the KEHS system.
    a. How the current KEHS outcomes can be improved to better reflect current research in the field of child development and school-readiness,
    b. How the KEHS outcomes can be aligned with current national and state Head Start outcomes and indicators,
    c. How the current outcome and other system-wide data might suggest research-based program improvements, particularly in relation to such issues as level of intensity of service, staff turnover, staff supervision, caseload, and other issues to be collaboratively determined with the KEHS Director and partners, and

d. How the KEHS system might establish and maintain a continuous improvement cycle that would promote high levels of accountability as well as local and state use of program and other data to continuously and systematically evaluate and improve the KEHS system.

2. Data Sources

Program Information Report (PIR) Data. The Program Information Report (PIR) data set is a standardized set of information reported by every Kansas Early Head Start program. This data is generally sent by email, fax, or hard copy to the Director of the Kansas Early Head Start system for analysis, summary, and reporting purposes. The PIR data set includes a wide variety of data including demographic information regarding consumers served, staff characteristics, services provided, and others. The evaluators obtained program data for all state-funded programs for the fiscal years including 2005, 2006, and 2007.

Outcome Data. The Kansas Early Head system has adopted several outcomes for children and families in services. The evaluators obtained outcome data for all state-funded programs for the fiscal years including 2005, 2006, and 2007. Outcome data for the 2006-2007 fiscal year is significantly different from the previous two years, with modifications in how the outcomes and indicators were worded or counted (percentages versus raw numbers).

Program Funding and Child Slots Data. The state funding amounts for each Early Head Start program grant from the State of Kansas was obtained for all state-funded programs for the fiscal years including 2005, 2006, and 2007. In addition to the state funding data, the number of state-funded child slots was provided by the KEHS Program Manager for all three years and for all programs.

Community Assessment Data. The evaluators were also interested in assessing the extent to which local community contextual variables contribute to the overall impacts for Kansas Early Head Start programs. To evaluate this effect, the investigators collected local community contextual information for a number of variables and from a number of public data sources. This data included such things as community demographics, risk factors, and economic data. Where appropriate, these data have been updated for each year.

Survey Data. Throughout the process of the evaluation, the KU staff provided two important opportunities for providers and their constituencies to have input into the evaluation. Two surveys were created to collect information from the providers. First, a survey was used to collect provider ratings regarding a number of issues relative to the priority of the issue as well as its current status in the state. A second survey was used to collect qualitative information regarding issues like caseloads, staff supervision, service intensity, and staff turnover.

3. Data Entry

Spreadsheets. The overall goals for this evaluation project were to facilitate an integrated evaluation, as well as recommendations for a continuous improvement process for the Kansas Early Head Start system. With this in mind, the evaluators first developed a rough outline of a logic model or theory of action for Kansas Early Head Start. Then, each variable or data item in each of the data sources was coded for its future placement in an Excel spreadsheet. Spreadsheets were created to store the data in preparation for analysis. It is important to note that as the evaluators categorized data, some of the PIR data ultimately became outcome data, while other data originally included in the KEHS Outcome data sets was ultimately re-categorized into one of the other existing categories. This type of data categorization was done to allow for testing hypotheses regarding the initial KEHS logic model. This initial categorization of data also

allowed comparisons with national data sets previously collected as part of the national Early Head Start evaluation project. KEHS data categories ultimately included the following:

Table 2.1: Data categories for the KEHS system

Target Population	**System Factors**	**Inputs**	**Activities**	**Outcomes**
Children Families	Site/Program Area/Community	Funding EHS Slots Caseloads	Children Families	Children Families Providers

Entry. Once all decisions were completed regarding the data sets and their respective place in the overall logic model, all data was manually entered into the Excel spreadsheets. All data for each fiscal year was kept separate for analysis purposes. Two data entry staff entered different sets of data in different spreadsheets. These data sets were maintained on separate computers to maintain data integrity and security.

Accuracy Checking. The use of two different data entry staff allowed the evaluators to consistently check for accuracy of data entry. At random points in time, the staff would stop data entry and manually check all data entry. Ultimately, all of the data used in the analysis was checked against its original hard copy document by at least one data entry staff. Accuracy check information was logged and accumulated to ensure that the evaluators were not creating data inaccuracies that could cast doubt on findings. The results of this data accuracy checking are reported in the next section. Overall initial accuracy for the PIR and Outcomes data was 97.84% for all three years of data (20,292 entries). Overall initial accuracy for Community Assessment data was 99.31% for all three years (7,125 entries). All errors in data entry were corrected and data was rechecked to ensure 100% accuracy prior to (and during) analysis. Appendices 1-11 provide comprehensive data for each of the data categories outlined above, while Appendix 12 provides a summary of all of the original KEHS outcomes data.

B. Analytic Approaches

Data analysis was undertaken in a number of strategic and logical steps to provide the evaluators with both initial and comprehensive information regarding all variables in the data sets for all fiscal years. These steps are described in more detail below.

1. Initial Analysis of Variable Distributions

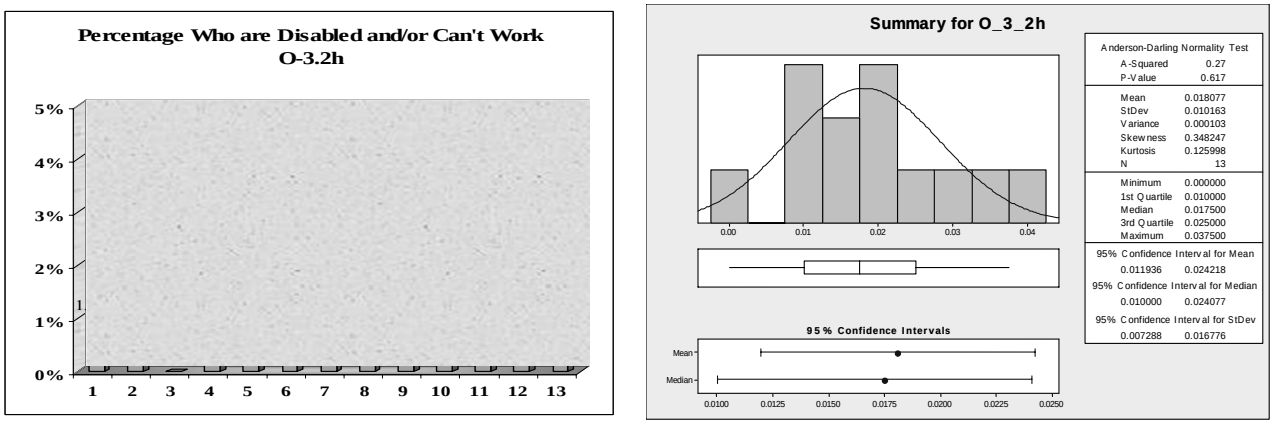
Each of the data entry staff were assigned a certain number of variables. Once the initial indicator data had been entered and checked for accuracy, initial graphs were prepared for each of the variables to visually demonstrate the numbers recorded for each of the programs. This allowed the evaluation staff to visually check the data for obvious accuracy or other data issues. It also allowed for an immediate visual inspection for missing data. These initial graphs proved instructive regarding both the low and high extremes for each variable. In some cases, these extremes lead the Evaluators to ask questions that required a secondary analysis of the distributions, as well as more intensive analysis such as an analysis of relationships between indicators (correlational and factor analysis). In other cases, these graphs assisted in checking for internal data entry accuracy.

2. Secondary Analysis of Variable Distributions

When the initial analysis of every variable had been completed for each year, the data and the accompanying graphs were used by the project data analyst to create a secondary analysis of each variable's distribution. This analysis was specifically focused on testing whether or not these variables were distributed normally and could therefore be subjected to further statistical analysis intended for such data distributions (parametric statistics). In Figure 2.1, the graph on the left demonstrates how the initial analyses allowed the evaluators to see how the data for this variable was distributed across the programs (numbered across the bottom axis to allow for

anonymity). The graph on the right (secondary analysis) takes this distribution, in this case from 0% to 4%, and shows how many programs were at each of those levels. The new distribution of variable values can be tested to see if it is a normal distribution. This hypothetical distribution appears as a line overlaid upon the bar graph. The first and second-level analyses and graphs promoted comparisons of distributions for normality and an estimate of how well the distributions would lend themselves to typical statistical methods (parametric statistics).

Figure 2.1: Examples of graphs from first and second level analyses



3. Factor Analysis

Using Statistical Application Software (SAS) to further analyze the data, the evaluation staff undertook a series of three separate factor analyses. The first of these analyses was to evaluate the relationships among the variables in each of the data categories (target population, system factors, inputs, activities, and outcomes). The goal here was to see what variables were most related to each other in each of the data categories as well as to see which variable combinations were most highly related to the overall category. The second analysis evaluated the relationships among all variables regardless of where they fell in categories. The goal of this second analysis was to simply look for all potential relationships among all variables, as well as to confirm the initial data categories and logic model used by the evaluators.

The final factor analysis evaluated the relationships between the non-outcome factors and the outcome factors identified in the first analysis. The goal of the third analysis was to more completely understand how previously identified factors or groupings of variables were related to outcome variables. A comprehensive analysis and presentation of all factors was completed for inspection of factorial relationships in the data. While these factor analyses help the evaluators to determine which indicators loaded into which factors across time and across programs, they did not indicate any information regarding the level of loading for each indicator. To accomplish this final analysis, coefficients of convergence were calculated for each of the indicators that loaded into all three years of data. These coefficients informed the evaluation regarding just how heavily each indicator was represented in each of the factors. A more complete description of the factor analyses can be found in Appendix 13.

SECTION 3. FINDINGS

A. Data Concerns

Throughout the data entry and analysis process, and as a result of discussing local and statewide data collection with programs and managers, the Evaluators raised several concerns about the KEHS data that deserve mentioning here as caveats to the interpretation of the findings and conclusions contained later in this report.

The findings from the factor analysis indicated several important issues. Perhaps most importantly, the indicators in the PIR and Outcomes data sets did not consistently demonstrate any relationship to each other over time, and had little consistency across programs, across time, or even within single programs. Some of the related findings include:

1. The means and standard deviations for the indicators were relatively inconsistent across most variables with very high standard deviations; therefore, many of the variables may

not be normally distributed. This makes it difficult to use typical statistical methods for analysis.

2. Data are not reported on the same scale (i.e., some values are percentages or are in binary form while others are actual values) For example, one variable is reported as "the ***percent*** of children w/ current child/Kan Be Healthy checks", while another variable is reported as "the ***number*** of children in Early Head Start that reported child abuse/neglect." Finally, the variable "curriculum, screening, & assessment is locally designed" is reported on a ***binary*** scale (1 = yes, 0 = no).
3. Some data may be entered incorrectly at the sites where it is collected. For instance, a data entry error may create a large outlier; and there is no data entry reliability scores from the sites to check this issue.
4. Some data may not be standardized across all sites (i.e., differences in populations served and staff experience may make direct comparisons across sites problematic.
5. Data are reported at the site level rather than at the individual child level (i.e., the evaluation includes data from 13 - 14 sites rather than from thousands of children. This is analogous to only having 13 – 14 participants. Therefore, despite having 505 variables the sample size is only 13 – 14. This restricts the confidence with which any conclusions can be drawn.

Any further analysis is restricted by this small sample size, the non-uniformity of the data, and by the suspected non-normality of many of the variables. However, the goal of the current analysis is a descriptive summary of the data so relaxing the statistical assumptions of further analysis is appropriate; provided that the software is able to provide reasonable estimates. A more detailed analysis of data concerns is provided on the following pages.

1. Data Collection and Accuracy

Inconsistent Local Data Collection. At the program level, it would be important to know that all of the Early Head Start programs were collecting things like PIR and Outcomes data in the same way, and that at some point in time, someone was checking to make sure that the data recorded in local data collection tools and systems was accurate. Since no information exists at this time to reflect accuracy levels or describe how data is collected, no assumptions can be made about accuracy.

Inconsistent Collection at the State Level. Data at the KEHS central office is collected by a number of different methods, including fax, email, and hard copy mailings. It is unclear how these different methods of collecting influence the accuracy of the data. In addition, the outcomes from year to year actually change, influencing the ability of the state and the programs to use information trends to document changes over time.

2. Data Reliability

Initial Inter-Rater Reliability. Some of the data used in the current system require that some level of assessment be done at local sites or programs. Data such as child and outcome data, early childhood language data, and child care program quality data are but a few examples of this information. There is no information related to how local program staff are trained to any degree of inter-rater reliability prior to actually collecting and using the data.

Ongoing Assessment and Training: There is no information related to how local program staff continue training over time. For instance, several of the outcomes and indicators require that local programs assess child, family, or home variables. No data exists to allow for an evaluation of how local program staff are trained over time, or use data on reliability to adjust local practices to maintain reliable measurement of child, family, and home assessment data. In

addition, it is not clear how local programs would undertake such training, who would provide the training so to ensure fidelity to standards, and how such training would be supported financially. Without such data, it is simply impossible to know if the data is being collected reliably and in a way that provides for valid conclusions and recommendations.

3. Validity of Findings and Conclusions

Internal Threats to Validity. There are many ways in which the validity of the findings related to these programs can be threatened. First, as described above, all of the ways in which data accuracy and reliability within the system are unchecked and unknown are important. Without any knowledge as to the accuracy and reliability of the data, the validity of any conclusions or findings cannot be estimated. Second, knowledge of how an agency or program has changed internally (i.e., staff, programs, funding, leadership) has a bearing on the ability of the agency to achieve its intended outcomes. No such local program data were available to the Evaluators, and therefore it is not clear how such variables affect program outcomes, or how these types of information are used to assess the validity of findings related to outcomes.

External Threats to Validity. There are two primary external threats to the validity of findings in this system. First, information or knowledge related to the target population should be used to consistently evaluate the meaning of outcome data. For instance, if certain outcomes are not being achieved, does it have anything to do with changes in the target population? Second, information related to the communities within which these programs operate is an important consideration. Changes in relation to demographics, local economies, etc., can and do impact an organization's capacity to affect its goals. Again, no information is available regarding how local programs (or the state) uses this information to evaluate the validity of findings related to outcomes.

B. Who is Served?

The PIR and Outcome data yielded 169 indicators of the Target Population-Children and 50 indicators of the Target Population-Families. One example of this data is provided in Table 3.1, which demonstrates the wide range of racial and ethnic diversity among the children and pregnant women served by programs (based on self-report). While some programs have large Hispanic and non-Hispanic Latino populations, others have much lower levels of Hispanic and Non-Hispanic Latino consumers (ranging from 3% to 35%). In addition, program services to Black/African American ranged from 0% to 24%. Similarly, programs serve differing numbers of children whose primary language is either English or Spanish. Finally, actual enrollment figures demonstrated a similar pattern to the number of funded slots, with a range of 73 to 323.

Similar variability exists among the providers when it comes to poverty, disabilities, age distributions, and other variables. Providers also varied in size and scope, from single county agencies to those providing services across 12 counties. Some were urban, while others were mostly rural in nature. While much of the populated areas of Kansas is served in some way by the KEHS programs, many rural counties remain unserved. This is particularly true of the Western and Central counties where much of the land is now considered frontier (less than 7 people per square mile). The KEHS provider system is also an interesting mix of organizational styles and types. Some are school-based programs, while others are embedded in community action programs, some are free-standing non-profit organizations, and still others are more integrated into a community-based child care setting and context. All of these differences make cross-agency comparisons difficult to undertake without understanding the local contexts

Table 3.1: Select local context risk factors (three year averages)

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Ages of children served 1 year old	21.67	79.67	26.00	20.00	15.67	18.67	22.00	71.67	27.00	56.67	22.33	69.00	55.33	35.00
Ages of children served 2 years old	19.67	67.67	23.67	23.67	15.67	15.67	18.33	49.67	22.00	54.33	25.00	65.67	51.67	35.33
Ages of children served 3 years old	5.00	56.00	15.33	20.67	10.00	7.33	16.00	13.00	0.00	7.00	12.33	57.67	50.67	9.00
Ages of children served 4 years old	0.00	0.00	0.00	11.33	3.67	0.00	0.00	0.00	0.00	0.00	0.00	41.33	10.33	0.33
Ages of children served 5 years and older	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of pregnant women enrolled	9.67	51.67	15.33	4.00	10.33	7.00	5.67	28.00	6.00	18.00	36.33	35.33	7.67	10.33
# of pregnant women enrolled under 18 years of age	3.33	12.67	1.00	0.33	2.33	2.00	1.67	19.33	1.00	1.67	6.33	0.67	0.33	0.33
# of children (& pregnant women) enrolled based on public assistance	7.00	39.33	10.33	27.00	10.33	15.33	34.67	41.33	0.00	14.33	28.67	120.67	60.00	20.67
# of children (& pregnant women) enrolled based on income eligibility	78.00	246.33	111.33	63.00	64.67	55.67	58.33	233.00	93.00	183.67	114.00	179.00	121.33	106.00
# of children (& pregnant women) enrolled over-income and ineligible for assistance	1.33	12.00	3.33	6.33	0.00	2.67	1.67	26.33	1.00	6.67	9.67	12.67	17.67	7.33
# of children enrolled due to status as a foster child	0.33	34.33	6.33	0.00	0.33	4.33	1.67	2.00	0.00	0.00	1.67	4.33	7.00	2.67
# of children enrolled HS/EHS second year	24.00	100.67	41.00	30.67	14.00	28.67	8.33	89.00	30.00	65.67	35.00	44.33	73.00	35.67
# of children enrolled HS/EHS three years or more	15.67	50.00	31.33	10.33	10.67	8.67	13.00	43.00	12.00	4.33	13.00	73.67	17.00	22.67

Table 3.1: Select local context risk factors (three year averages, continued)

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Average Family Size	3.42	3.18	2.90	2.98	3.12	3.10	2.86	2.93	3.22	3.08	2.99	3.24	2.97	3.09
Children in Poverty	16.00%	16.87%	14.66%	16.57%	17.10%	14.37%	15.41%	13.31%	16.44%	14.15%	13.80%	24.30%	21.23%	6.10%
Population in Poverty	12.40%	13.00%	9.74%	9.60%	14.50%	9.50%	11.53%	7.83%	12.17%	9.81%	20.60%	16.50%	13.90%	3.40%
School-Aged Mothers (%)	0.00%	3.77%	4.60%	3.87%	0.00%	1.90%	2.13%	2.31%	0.00%	2.12%	0.00%	0.00%	9.45%	1.03%
Children Approved for Free School Meals	65.91%	11.17%	23.58%	10.30%	0.00%	7.93%	7.74%	7.60%	15.43%	6.99%	10.25%	21.09%	36.76%	2.07%
Single Teen Mothers w/o H.S. Diploma	48.73%	22.39%	10.74%	19.58%	24.65%	15.10%	11.71%	13.64%	34.31%	10.80%	5.83%	35.57%	20.12%	7.03%
High School Graduates Post-Secondary	20.30%	28.00%	21.28%	28.00%	23.40%	21.40%	23.47%	21.53%	22.18%	21.02%	32.50%	16.50%	22.20%	50.70%
Childhood Deaths (per 100,000)	0.00	9.57	20.94	8.13	0.00	8.33	5.83	11.69	0.00	8.44	0.00	0.12	116.73	5.00
Immunized by age 2	60.37%	66.63%	70.26%	76.97%	54.21%	57.13%	73.85%	68.74%	67.19%	69.70%	41.68%	23.67%	57.16%	59.49%
Infant Mortalities (per 100,000)	0.00	3.00	4.50	3.13	0.00	1.00	1.34	3.24	0.00	2.36	0.00	0.00	41.53	1.77
Adequate or Better Prenatal Care	63.64%	80.36%	80.23%	82.96%	77.42%	84.04%	81.62%	82.81%	69.49%	81.44%	75.19%	64.74%	76.69%	88.29%
Low Birth Weight Babies (%)	6.52	5.21	4.22	5.74	4.40	4.67	7.91	3.30	5.54	6.67	3.77	5.27	5.20	4.10
Reported Child Abuse and Neglect (per 1000)	0.00	19.27	67.92	30.50	0.00	18.30	24.39	25.09	0.00	15.65	0.00	0.00	356.80	8.93
Substantiated Abuse and Neglect (per 1000)	0.00	3.77	12.22	5.30	0.00	2.47	3.61	4.89	0.00	2.54	0.00	0.00	109.37	1.70
Out of Home Placement (per 1000)	0.00	3.50	3.88	3.63	0.00	3.03	1.73	1.23	0.00	1.45	0.00	0.00	42.33	0.67

C. What are the Costs?

One critical variable in determining the capacity of human service agencies and programs to achieve their desired outcomes is the overall funding provided by governments and other sources. This evaluation used publicly available program funding data provided by the Director of the Kansas Early Head Start Program. This data included overall levels of state funds for the three years under study, as well as the overall number of child slots to be supported by these funds. For clarity, only state funds and state supported child slots are included in this cost analysis. No Federal or other funding sources or child slots have been included.

According to these data, Kansas Early Head Start programs have a wide diversity of funding levels, numbers of children served, and average funding per child. The names of the programs or centers have been omitted to protect their anonymity. Inspection of these funding and cost data can be an important and instructional exercise in evaluation of program costs or resources. For instance, Table 3.2 seems to indicate that Program #12 appears to get the largest share of the state dollars. This program is followed closely by Programs 8 and 2. If equity in funding is important, and this overall level of funding were the only data to be evaluated, then policy makers or funders might strive to ensure that all programs received the same amounts of overall funding.

However, each of these programs serves a wide range of number of child slots. Table 3.3 demonstrates how the number of slots served by each program follows the same general curve as the overall funding, with Programs 12, 8 and 2 serving the most children. By dividing the program funding by the number of slots, the Evaluators arrived at the average cost per child. This cost per child data is illustrated in Table 3.4. When viewed this way, Program 12 actually receives the lowest funding per child. Tables 3.4 and 3.5 illustrate how each of the programs

varies from the state average per child funding. This data indicates that Program 12 is about $1,200 (14%) per child less than the state average while Program 13 is nearly $1,400 (16%) above the state average. This range is approximately a 30% spread in funding per child across agencies. This analysis of funding allows policy makers and funders to consider how to best target funding to ensure that all programs receive the funds they need to achieve their intended outcomes.

These data are suggestive of the complexity of evaluating the costs and resources associated with the administration of human service programs such as Early Head Start. Vastly divergent programs, communities, program size, and funding levels provide state-level program managers and policy makers with challenges regarding equity, perceptions of fairness, misunderstanding of data, and limitations in their abilities to modify funding. Nevertheless, these data can provide a foundation for making rationale, data-based decisions regarding funding equity. These data represent a number of ways of evaluating costs and/or funding for the KEHS system. Certainly, a number of other issues are relevant to the evaluation of costs and resources, including local program costs for staff, local program costs regarding recruiting and training staff, staff retention rates, organizational costs for facilities and other overhead, and many more. All of these variables should be considered in future decisions about costs and resources for programs. The tables on the following pages are simply intended to be used for instructive purposes, and to promote critical and accurate thinking when it comes to making future decisions about funding for the KEHS programs. Given the disparities in funding across programs, and the variety of agencies, target populations, and local community contexts, this data should be considered as part of the overall formula for funding and program evaluation.

Table 3.2: KEHS Funding Data (3 year totals)

Agency/ Site	FY 04-05	FY 05-06	FY 06-07	Totals
1.	$365,240	$365,240	$461,740	$1,192,220
2.	$775,255	$775,255	$968,255	$2,518,765
3.	$425,711	$425,711	$522,211	$1,373,633
4.	$555,426	$555,426	$671,226	$1,782,078
5.	$381,463	$381,463	$477,963	$1,240,889
6.	$357,605	$357,605	$454,105	$1,169,315
7.	$365,240	$365,240	$461,740	$1,192,220
8.	$790,362	$790,362	$983,362	$2,564,086
9.	$642,224	$642,224	$786,974	$2,071,422
10.	$697,751	$697,751	$697,751	$2,093,253
11.	$668,935	$668,935	$813,685	$2,151,555
12.	$1,103,671	$1,103,671	$1,393,171	$3,600,513
13.	$760,735	$760,735	$905,485	$2,426,955
14.	$0	$0	$144,729	$144,729
Totals	**7,889,618**	**$7,889,618**	**$9,742,397**	**$25,521,633**

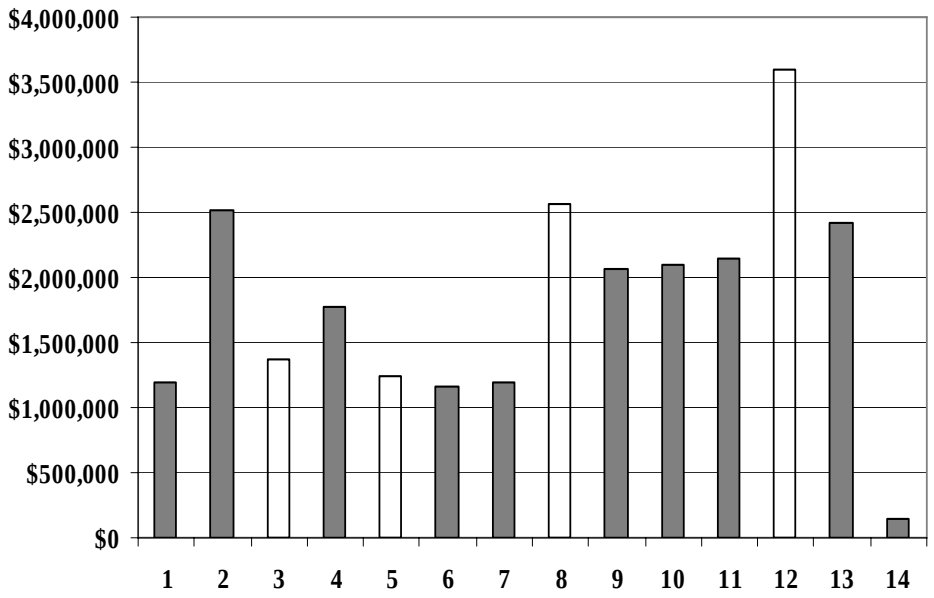


Table 3.3: KEHS Child Slot Data (3 year totals)

Agency/Site	FY 04-05	FY 05-06	FY 06-07	Total
1.	42	42	52	136
2.	72	72	92	236
3.	42	42	52	136
4.	54	54	66	174
5.	40	40	50	130
6.	41	41	51	133
7.	40	40	50	130
8.	88	88	108	284
9.	62	62	77	201
10.	68	68	68	204
11.	65	65	80	210
12.	132	132	162	426
13.	68	68	83	219
14.	0	0	15	15
Totals	**814**	**814**	**1,006**	**2,634**

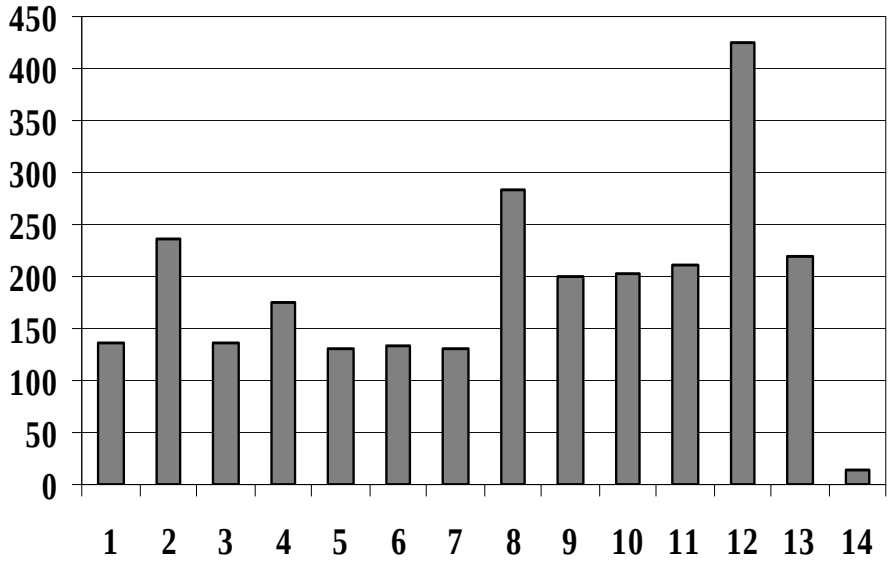


Table 3.4: KEHS Funding per Child Data (3 year averages)

Agency/Site	FY 04-05	FY 05-06	FY 06-07	Avg.
1.	$8,696	$8,696	$8,880	$8,766
2.	$10,767	$10,767	$10,525	$10,673
3.	$10,136	$10,136	$10,043	$10,100
4.	$10,286	$10,286	$10,170	$10,242
5.	$9,537	$9,537	$9,559	$9,545
6.	$8,722	$8,722	$8,904	$8,792
7.	$9,131	$9,131	$9,235	$9,171
8.	$8,981	$8,981	$9,105	$9,028
9.	$10,358	$10,358	$10,220	$10,306
10.	$10,261	$10,261	$10,261	$10,261
11.	$10,291	$10,291	$10,171	$10,246
12.	$8,361	$8,361	$8,600	$8,452
13.	$11,187	$11,187	$10,909	$11,082
14.	$0	$0	$9,649	$9,649
Averages	**$9,692**	**$9,692**	**$9,684**	**$9,689**

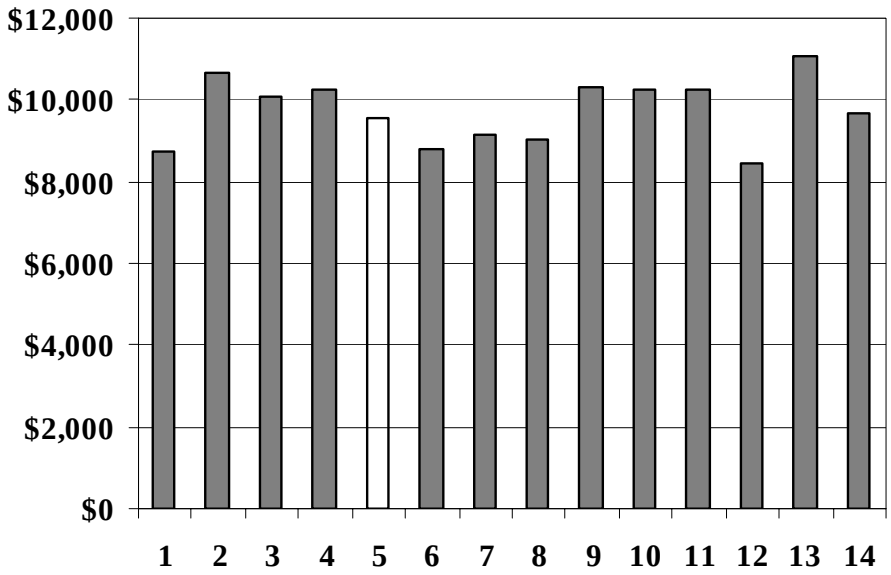
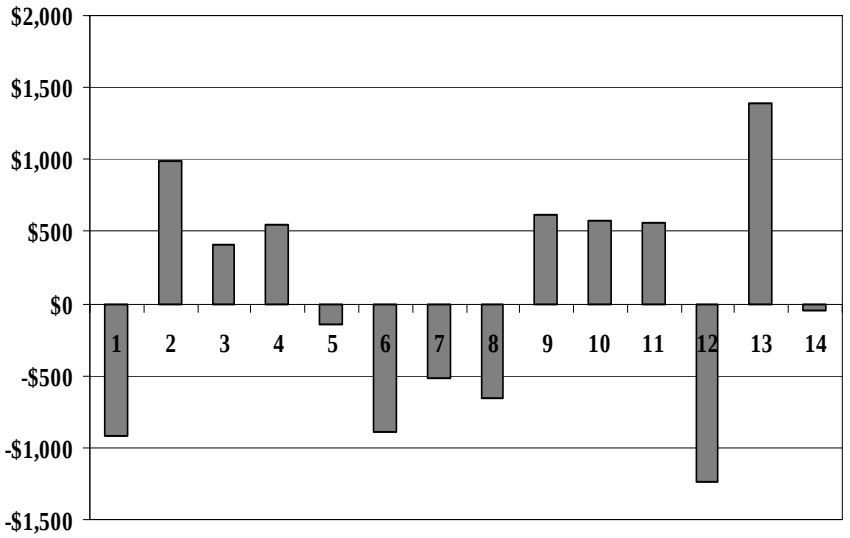


Table 3.5: Difference from State Average (per child funding, 3 year averages)

Agency/Site	FY 04-05	FY 05-06	FY 06-07	Avg.
1.	-$996	-$996	-$805	-$923
2.	$1,075	$1,075	$840	$983
3.	$444	$444	$358	$411
4.	$593	$593	$486	$553
5.	-$156	-$156	-$125	-$144
6.	-$970	-$970	-$780	-$897
7.	-$561	-$561	-$449	-$518
8.	-$711	-$711	-$579	-$661
9.	$666	$666	$536	$616
10.	$569	$569	$577	$572
11.	$599	$599	$487	$556
12.	-$1,331	-$1,331	-$1,084	-$1,237
13.	$1,495	$1,495	$1,225	$1,393
14.	$0	$0	-$36	-$41



D. Return on Investment

One important development in the field of evaluation and human services is the use of return on investment (ROI) to measure the impact of a particular program A recent analysis of data about the return on investment for high quality early childhood programs (Galinsky, 2006) provided insights into the expected value of programs like Early Head Start. This article includes valuable summaries of the services and activities of the programs, the expected outcomes of the programs, and the costs and returns on investments for three highly studied early childhood interventions. While these early childhood interventions are not identical to Early Head Start, their intended and actual outcomes are not dissimilar. Table 3.6 presents the outcomes listed by Galinsky (2006), the programs studied, and whether or not those outcomes were part of the study and were found to be statistically significant for participants in those programs.

Table 3.6: Outcomes for three early intervention programs

	High Scope Perry Preschool Project	Abecedarian Project	Chicago Child-Parent Centers
Special education services by age 15	Yes	Yes	Yes
Grade retention by age 15	No	Yes	Yes
Child maltreatment by age 17	N/A	N/A	Yes
Arrested by age 19	Yes	No	Yes
Highest grade completed by age 21/22/27 (mean)	Yes	Yes	Yes
High school completion by age 21/22/27 (mean)	Yes	Yes	Yes
Attend college by age 21/22/27	Yes	Yes	Yes
Employed at age 21/22/27	Yes	Yes	N/A
Monthly earnings at age 27	Yes	N/A	N/A

N/A = not available.
Source: J.A. Temple and A.J. Reynolds, in E. Zigler, W. Gilliam, and S. Jones (Eds.), *A vision for universal prekindergarten (*in press). New York: Cambridge University Press. As cited by Galinsky, E., 2006, *The Economic Benefits of High-Quality Early Childhood Programs: What Makes the Difference*?

When the findings from these studies of early childhood findings are combined, they provide a powerful body of evidence for the return on investment (ROI) in such programs. The actual estimates of ROI for each of these programs are detailed in Table 3.7.

Table 3.7: Return on investment (ROI) for three early intervention programs

	High Scope Perry Preschool Project (ages 27 and 40)	Abecedarian (age 22)	Chicago Child-Parent Centers (age 21)
Total benefit for each $1 invested (includes benefits to individual participants and to the public)	$8.74 (age 27) $17.07 (age 40)	$3.78	$10.15
Public benefit only for each $1 invested	$7.16	$2.69	$6.87

The Evaluators calculated the potential return on investment for the last year of funding and for all three years of funding studied for this project (2004-2007). To accomplish this, the number of unique children potentially served for all three years was calculated, taking the number of slots open, assuming 100% enrollment, and a 33% overlap from year to year in terms of children returning to programs. This allowed the Evaluators to estimate the total number of unique children served by each program and across all programs. These numbers were then multiplied by the ROI values listed previously to arrive at the estimates provided below. Tables 3.8, 3.9, and 3.10 provide the breakdowns of the potential program-level ROI, assuming certain program quality measures.

Table 3.8 : Potential return on investment for low, medium, and high rates

Funding Level	KEHS Funds	Low ($2.69)	Medium ($10.15)	High ($17.07)
2006-2007 Funds Only	$9,742,397	$25,828,839	$97,458,260	$163,902,709
3 Years of funds (2004-2007)	$25,521,633	$54,257,764	$204,727,252	$344,304,847

Important Caveat. The KEHS evaluation data lack accuracy and reliability estimates to allow confidence in the estimation of program services and impact, as well as information regarding program quality. In a national study of the Early Head Start (EHS) programs, such quality data was estimated and used to measure program impact. Without this kind of program quality data, interpretation of return on investment data should be undertaken with care, and used as suggestive rather than definitive information. The program components and elements used in the national study are listed in Appendix 16.

Table 3.9: Potential Return on Investment (FY 06-07child slots)

Agency/Site	Low ($2.69)	Medium (10.15)	High (17.07)
1.	$1,355,297	$5,113,854	$8,600,344
2.	$2,397,834	$9,047,588	$15,215,993
3.	$1,355,297	$5,113,854	$8,600,344
4.	$1,720,185	$6,490,661	$10,915,821
5.	$1,303,171	$4,917,168	$8,269,562
6.	$1,329,234	$5,015,511	$8,434,953
7.	$1,303,171	$4,917,168	$8,269,562
8.	$2,814,848	$10,621,082	$17,862,253
9.	$2,006,883	$7,572,438	$12,735,125
10.	$1,772,312	$6,687,348	$11,246,604
11.	$2,085,073	$7,867,468	$13,231,298
12.	$4,222,272	$15,931,623	$26,793,379
13.	$2,163,263	$8,162,498	$13,727,472
Total	**$25,828,839**	**$97,458,260**	**$163,902,709**

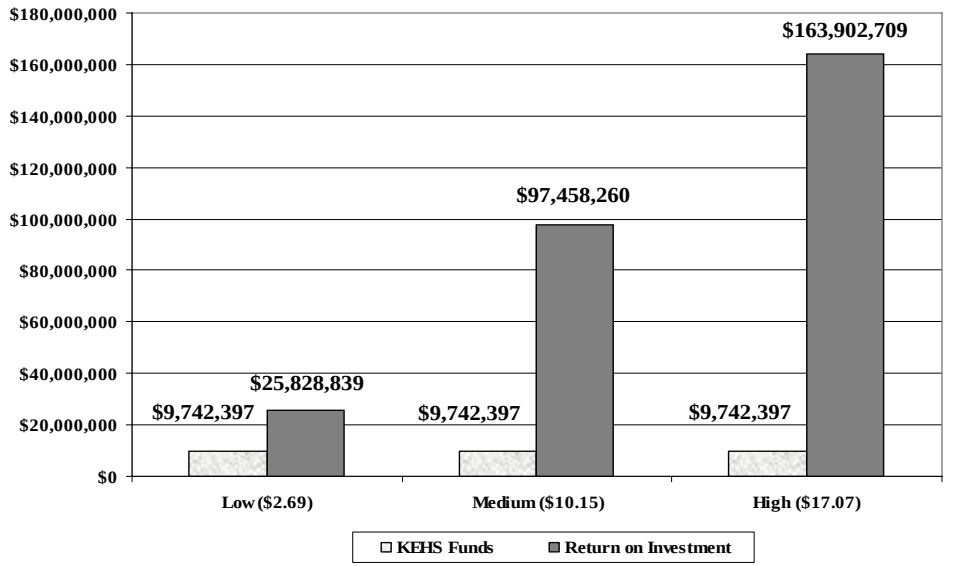
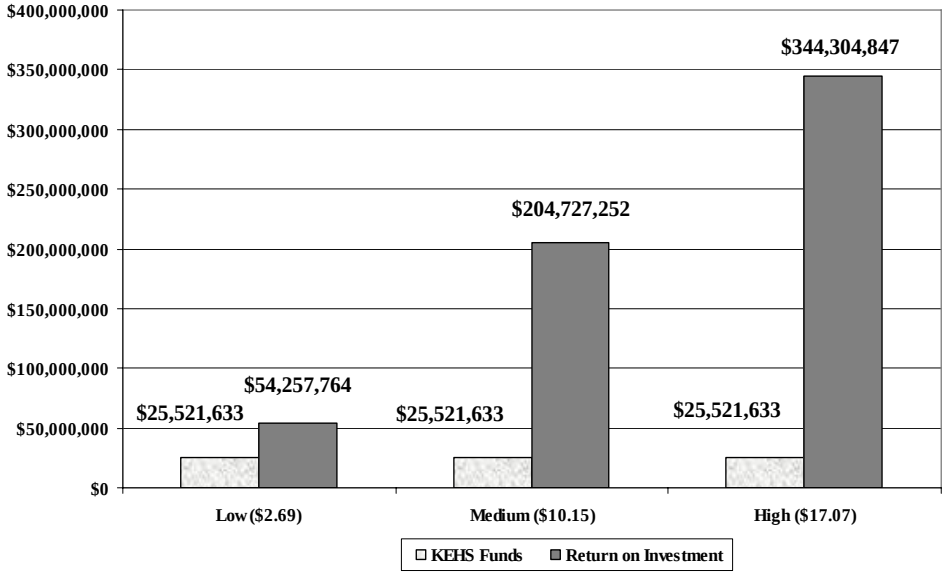


Table 3.10: Potential Return on Investment (all three years)

Agency/Site	Low ($2.69)	Medium (10.15)	High (17.07)
1.	$2,822,146	$10,648,618	$17,908,562
2.	$4,912,432	$18,535,755	$31,172,939
3.	$2,822,146	$10,648,618	$17,908,562
4.	$3,606,133	$13,606,786	$22,883,531
5.	$2,700,169	$10,188,371	$17,134,531
6.	$2,761,158	$10,418,494	$17,521,547
7.	$2,700,169	$10,188,371	$17,134,531
8.	$5,888,246	$22,217,730	$37,365,187
9.	$4,172,231	$15,742,803	$26,475,828
10.	$4,147,210	$15,648,394	$26,317,053
11.	$4,355,196	$16,433,174	$27,636,875
12.	$8,832,368	$33,326,594	$56,047,780
13.	$4,538,161	$17,123,544	$28,797,921
Total	**$54,257,764**	**$204,727,252**	**$344,304,847**



E. What Activities are Provided?

There are a total of 48 indicators in the current data collection system for children and family activities. Table 3.11 presents most of the information on Activities for children, while Table 3.12 provides similar information for Activities for parents/families. These data, like much of the KEHS data, demonstrate wide variability both within, and across providers. In addition, items that would have intuitively demonstrated strong correlations did not always do so. For instance, the Number of Home-Based Socialization Groups Operated demonstrated high levels of variability among the providers, and. this number of socialization groups did not necessarily correlate with the overall number of slots or counties served by programs. Also, the wide diversity and lack of correlation with slot numbers could bring into question the validity and accuracy of this data.

Similarly, the number of classes where programs work with child care partners, also demonstrates a wide variability, again either questioning the accuracy of the data, or the need for something like a data dictionary to ensure that data is entered using consistent definitions. Another explanation, however, is that some providers either do not partner with child care providers, or do not have child care partners in their area. This would be an important consideration for further interpretation.

The data in Tables 3.11 and 3.12 demonstrate that in general, the KEHS programs offer a variety of services for children including center-based classes, child care partnered classes, and home-based socializations among others. Similarly, many services are offered for parents and families including goal-setting, emergency and crisis intervention, housing assistance, transportation assistance, mental health assistance, adult education, and many more. In addition, many services are targeted, such as those for persons who are homeless, or for those in need of mental health assistance. These data indicate a rich and diverse network of providers across the State of Kansas.

Table 3.11: Activities for Children (3 year totals)

Item	Totals
# of classes operated by HS/EHS	14
# of double session classes operated by HS/EHS	0
# of classes operated by HS/EHS where a teacher has Assoc./ECE/related field	13
# of classes which HS/EHS children served by child care center partnership	329
# of double session classes which HS/EHS children served by child care center partnership	0
# of classes operated by child care center partner w/ teacher has Assoc./ECE/related or higher	116
# of family child care homes served HS/EHS children	68
# of home-based socialization groups operated	468
# of HS/EHS centers (no family child care homes)	74

Table 3.12: Activities for parents/families (3 year totals)

Item	Totals
# of families participating in family goal setting process	4,608
# of families receiving emergency/crisis intervention	2,033
# of families receiving housing assistance	1,679
# of families receiving transportation assistance	1,626
# of families receiving MH services	1,733
# of families receiving English as second language training	398
# of families receiving adult education	1,926
# of families receiving job training	812
# of families receiving substance abuse prevention/treatment	352
# of families receiving child abuse/neglect services	497
# of families receiving domestic violence services	328
# of families receiving child support assistance	557
# of families receiving health education	4,171
# of families receiving assistance to families of incarcerated individuals	431
# of families receiving parenting education	4,502
# of families receiving marriage education services	489
# of families that received at least 1 service listed above	4,728
# of families receiving WIC	3,715
# of HS/EHS programs designed to involve fathers/father figures	37
# of children whose fathers/father figures participated in activities	1,282
# of homeless families served	333
# of homeless children served	432
# of homeless families who acquired housing	191

F. What are the Sites and Communities Like?

Each Early Head Start program and site has a completely different set of staff, organizational strengths and weaknesses, and educational and training backgrounds. With 159 indicators of this type of local differences, the charts on this page demonstrate how sites and programs may be different, and therefore achieve different outcomes. For instance, programs have a highly variable number of home-based visitors. In addition to the absolute number of home-based visitors, it is also possible to evaluate the educational qualifications and college degree status for home visitors. A number of other interesting indicators of site and local contexts were evaluated. These included program-level characteristics such as the number of years the Executive Director has in their position and the number of staff hours worked for certain staff. These and many other characteristics of local programs were analyzed for their contributions to outcomes, as well as how they relate to other variables across programs.

In addition to the local program contexts being different, local program communities and service areas also are quite different. The evaluators collected local community information for the counties served by each program from a number of public data sources (e.g. Kids Count, Census Bureau). Programs are quite varied in their overall population and their overall increase/decrease in population. These data indicate that local contextual situations could mediate the successes of Early Head Start programs working with families in poverty. For instance, the data suggested that the program that appears to have the largest overall population, as well as the largest increase in population, also has the wealthiest community population (relative speaking) along with the lowest levels of racial and ethnic diversity. Appendices 3 and 4 provide comprehensive tables for the data for each provider and their respective sites and communities. Tables 3.13, 3.14, and 3.15 provide samples of the data that help to describe the program sites and communities.

Table 3.13: Percent of children (and pregnant women) by race (errors in totals across rows may reflect rounding of cell values)

Program	Hispanic/ Latino	non-Hispanic/ Latino	American Indian/ Alaska Native	Asian	Black/ African American	Native Hawaiian/ Pacific Islander	White	Bi-Racial/ Multi-Racial	Other	Un-specified
1	35%	15%	0%	0%	3%	0%	8%	6%	33%	0%
2	8%	42%	1%	2%	8%	0%	13%	21%	0%	5%
3	3%	47%	0%	1%	1%	0%	47%	1%	0%	0%
4	19%	31%	0%	0%	6%	0%	20%	5%	0%	19%
5	21%	29%	0%	0%	1%	0%	24%	5%	0%	21%
6	9%	41%	0%	0%	1%	1%	45%	4%	0%	0%
7	1%	49%	0%	0%	0%	0%	47%	3%	0%	0%
8	13%	37%	0%	0%	2%	0%	37%	6%	5%	0%
9	3%	48%	1%	0%	0%	0%	40%	7%	1%	0%
10	3%	47%	1%	0%	6%	0%	33%	8%	1%	1%
11	16%	34%	0%	1%	24%	0%	3%	5%	17%	0%
12	3%	47%	0%	0%	4%	0%	38%	7%	0%	0%
13	16%	34%	0%	0%	8%	0%	17%	10%	14%	0%

*Table 3.14: Population characteristics for each provider area **

Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Overall population	33,751	464,999	35,833	171,880	35,609	18,289	37,208	79,442	92,019	179,942	62,826	155,750	116,835	499,870
2. Children 0-4	3,017	35,260	1,952	11,586	2,471	1,746	2,108	5,022	8,443	11,770	3,495	12,656	7,516	33,618
3. Children 5-20	8,509	109,118	8,162	37,397	8,948	6,618	8,636	17,831	25,308	41,255	12,972	39,254	27,180	101,140
4. Adults 21-64	14,803	253,151	18,628	94,320	19,067	13,497	20,003	42,680	49,532	90,518	32,652	86,706	62,998	269,779
5. Over 65	3,566	50,064	8,449	23,341	4,183	4,014	6,612	12,408	10,161	24,383	4,729	18,520	19,928	45,069
6. Population under 18 (%)	30.90%	27.15%	20.99%	24.29%	23.53%	25.49%	20.10%	21.92%	27.23%	24.34%	17.60%	27.87%	23.30%	25.45%
7. Increase/Decrease of population	4.10%	4.03%	-5.66%	1.50%	-1.60%	-4.73%	-4.85%	-0.67%	-3.60%	0.37%	-0.50%	-1.50%	-2.90%	14.50%

Three year averages for each provider except item #7, which represents changes between 1990 and 2000 census data)

Table 3.15: Select local context risk factors (three year averages)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Average Family Size	3.42	3.18	2.90	2.98	3.12	3.10	2.86	2.93	3.22	3.08	2.99	3.24	2.97	3.09
Children in Poverty	16.00%	16.87%	14.66%	16.57%	17.10%	14.37%	15.41%	13.31%	16.44%	14.15%	13.80%	24.30%	21.23%	6.10%
Population in Poverty	12.40%	13.00%	9.74%	9.60%	14.50%	9.50%	11.53%	7.83%	12.17%	9.81%	20.60%	16.50%	13.90%	3.40%
School-Aged Mothers (%)	0.00%	3.77%	4.60%	3.87%	0.00%	1.90%	2.13%	2.31%	0.00%	2.12%	0.00%	0.00%	9.45%	1.03%
Children Approved for Free School Meals	65.91%	11.17%	23.58%	10.30%	0.00%	7.93%	7.74%	7.60%	15.43%	6.99%	10.25%	21.09%	36.76%	2.07%
Single Teen Mothers w/o H.S. Diploma	48.73%	22.39%	10.74%	19.58%	24.65%	15.10%	11.71%	13.64%	34.31%	10.80%	5.83%	35.57%	20.12%	7.03%
High School Graduates Post-Secondary	20.30%	28.00%	21.28%	28.00%	23.40%	21.40%	23.47%	21.53%	22.18%	21.02%	32.50%	16.50%	22.20%	50.70%
Childhood Deaths (per 100,000)	0.00	9.57	20.94	8.13	0.00	8.33	5.83	11.69	0.00	8.44	0.00	0.12	116.73	5.00
Immunized by age 2	60.37%	66.63%	70.26%	76.97%	54.21%	57.13%	73.85%	68.74%	67.19%	69.70%	41.68%	23.67%	57.16%	59.49%
Infant Mortalities (per 100,000)	0.00	3.00	4.50	3.13	0.00	1.00	1.34	3.24	0.00	2.36	0.00	0.00	41.53	1.77
Adequate or Better Prenatal Care	63.64%	80.36%	80.23%	82.96%	77.42%	84.04%	81.62%	82.81%	69.49%	81.44%	75.19%	64.74%	76.69%	88.29%
Low Birth Weight Babies (%)	6.52	5.21	4.22	5.74	4.40	4.67	7.91	3.30	5.54	6.67	3.77	5.27	5.20	4.10
Reported Child Abuse and Neglect (per 1000)	0.00	19.27	67.92	30.50	0.00	18.30	24.39	25.09	0.00	15.65	0.00	0.00	356.80	8.93
Substantiated Abuse and Neglect (per 1000)	0.00	3.77	12.22	5.30	0.00	2.47	3.61	4.89	0.00	2.54	0.00	0.00	109.37	1.70
Out of Home Placement (per 1000)	0.00	3.50	3.88	3.63	0.00	3.03	1.73	1.23	0.00	1.45	0.00	0.00	42.33	0.67

G. What Outcomes are Achieved?

Accomplishing program outcomes is generally considered the ultimate measure of success for human service agencies. In the case of this KEHS evaluation, measuring achievement of outcomes is somewhat problematic for a couple of technical reasons. First, there was no control group against which the KEHS samples could be compared. This type of control group generally allows for statistical measurements that promote valid conclusions about outcomes. Second, there are generally no standards against which the current numbers could be compared. These standards would allow the evaluators to measure the extent to which programs were generally achieving expectations. In general this evaluation relied upon descriptive data and historical data to arrive at some assumptions regarding child and family outcomes.

In addition to the technical issues raised above, two other issues created some confusion and difficulty in the interpretation of the outcomes data. First, some of the indicators changed in terms of wording or definitions across time. This was especially true in the 2007-2008 data, where several of the indicators were redefined from either a number to a percentage. Additionally, some of the indicators were somewhat re-worded, potentially changing the ways in which the data are reported and therefore analyzed. Second, these changes create a lack of continuity for some of the indicators. Such continuity in meaning, collection, and reporting is central to the development of evaluation and continuous quality improvement systems. Whenever possible, the evaluators used the available data for analysis. On occasion, however, changes in definitions or wording make the reporting of outcomes totals impossible. Given these constraints, it is possible to report that the providers are addressing the intended outcomes with logically linked activities (as reported in the previous sections). Outcomes data are provided in Table 3.16.

Table 3.16: Outcomes data for each of the KEHS outcomes and indicators (3 year totals and averages)

OUTCOME #1: PREGNANT WOMEN AND NEWBORNS THRIVE	
1.1 % of pregnant women who sought prenatal care within the first 45 days of enrollment	88.29%
1.2 % of pregnant women who delivered an infant 5.5 lbs or greater	79.68%
1.3 # of pregnancies that were multiple births	14.29%

OUTCOME #2 INFANTS AND CHILDREN THRIVE	
2.1 # of child care center teachers working toward a CDA or higher level of education	**1,820 ***
a) % waiting to enroll in a CDA, Child Development Associate, class	11.66%
b) % making progress toward a CDA	24.09%
c) % that have acquired a CDA	18.79%
d) % that have an AA in ECE or related field	13.61%
e) % that have a BA/BS in ECE or related field	13.30%
f) % that have a MA/MS in ECE or related field	1.19%
g) % that are working toward a 2 year degree	6.88%
h) % that are working toward a 4 year degree	7.18%
i) % that have another degree or credential	2.36%
j) % of child care centers that are accredited	7.55%
2.2 # of family child care providers working toward a CDA or higher level of education	**460 ***
a) % waiting to enroll in a CDA, Child Development Associate, class	2.64%
b) % making progress toward a CDA	19.96%
c) % that have acquired a CDA	31.80%
d) % that have an AA in ECE or related field	5.73%
e) % that have a BA/BS in ECE or related field	5.80%
f) % that have a MA/MS in ECE or related field	1.10%
g) % that are working toward a 2 year degree	4.51%
h) % that are working toward a 4 year degree	1.25%
i) % that have another degree or credential	1.88%
j) % of family child care homes that are accredited	10.49%
2.3 % of child care providers that have scored 5 or higher on the Thelma Harmes Rating Scale	68.13%
2.4 % of children determined to be up-to-date on all immunizations	68.66%
% of children that are current by age w/ immunizations **2005 only**	78.43%
2.5 % of children current on well child/KAN Be Healthy checks	82.91%

*** These are totals for three years of service across all programs.**

Table 3.16: Outcomes data for each of the KEHS outcomes and indicators (3 year totals and averages)

OUTCOME #3 CHILDREN LIVE IN STABLE AND SUPPORTED FAMILIES	
3.1 Single Parents:	**3,688 ****
a) % who are employed part time	7.21%
b) % who are employed full time	37.97%
c) % who are enrolled in school	13.35%
d) % who are enrolled in school and employed	16.71%
e) % who are receiving SSI	3.98%
f) % who are receiving SSI and employed	0.85%
g) % who are unemployed	16.95%
h) % who are disabled and/or cannot work	2.19%
i) % who were enrolled in a job training program during this quarter	1.60%
3.2 Two-Parent Families:	**5,866 ****
a) % who are employed part time	21.93%
b) % who are employed full time	50.42%
c) % who are enrolled in school	6.97%
d) % who are enrolled in school and employed	5.54%
e) % who are receiving SSI	1.70%
f) % who are receiving SSI and employed	5.20%
g) % who are unemployed	12.82%
h) % who are disabled and/or cannot work	1.55%
i) % who were enrolled in a job training program during this quarter	0.79%
3.3 % of infants and toddlers who live in an environment conducive to learning	77.26%
3.4 % of preschoolers who live in an environment conducive to learning	64.57%
3.5 % of children enrolled in EHS reported for child abuse and/or neglect	5.56
3.6 % of children reported for child abuse and/or neglect with a substantiated report	1.83

OUTCOME #4 CHILDREN ENTER SCHOOL READY TO LEARN	
4.1 % of children who demonstrate appropriate progress in the domain of Intellectual Dev.	88.28%
4.2 % of children who demonstrate appropriate progress n the domain of Social-Emotional Dev.	89.91%
4.3 % of children who demonstrate appropriate progress in the domain of Motor Skills Dev.	88.90%
4.4 % of children who demonstrate age appropriate language	81.44%

**** These are totals for two years of service across all programs since the 2005 data were only reported in percentages and no raw numbers were available.**

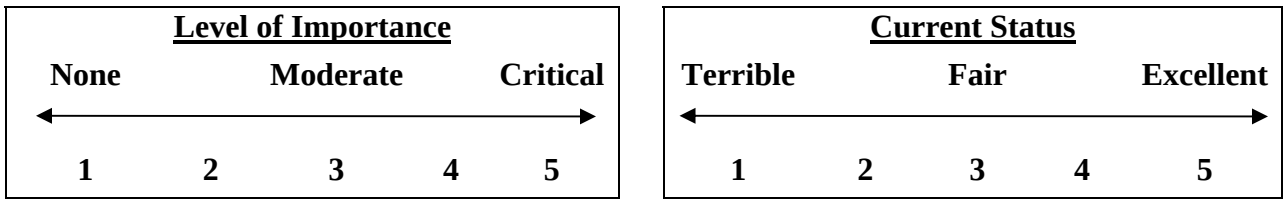
4. RECOMMENDATIONS

A. Guidance from the Field

Early in the evaluation process, the KU evaluation staff contacted all KEHS programs and requested a list of contact persons who might be both knowledgeable and willing to comment on the status of the programs in Kansas, as well as priorities for the future. Eight (8) of the 14 current providers offered a list of contacts. KU evaluation staff contact the individuals on these lists and provided a brief survey to each person. This survey asked the respondents to rate each of 11 areas in terms of importance and current status. Thirty six (36) surveys were returned from the contacts at the eight (8) programs. The rating scales for each set of issues are included below. The issues being rated on the survey included:

1. Quantity of Early Head Start services
2. Quality of Early Head Start services
3. Collaboration among Early Head Start providers
4. Collaboration among other early childhood providers
5. Collaboration between community and Early Head Start providers
6. Public awareness of current and future Early Head Start services
7. Levels of funding for Early Head Start services
8. Use of existing Early Head Start funds
9. Use of evaluation of services to document needs and successes of Early Head Start
10. Political support for current and future Early Head Start efforts
11. Duplication of services regarding Early Head Start and other services

Figure 4.1: Rating scales for level of importance and current status



The KU evaluation staff used the respondents' ratings to calculate the average or mean scores for the Level of Importance and Current Status. In addition, the difference between the two scores, that is, the difference between the perceptions of importance and current status, was

calculated to estimate the items where the greatest discrepancy may exist (Discrepancy Scores). The three highest ratings for Level of Importance, the three lowest ratings for Current Status, and the three highest Discrepancy Scores were used for purposes of updates and this final report. These ratings are contained in Table 4.1. These items can, and should be used in future direction-setting, funding, and policy-making regarding the KEHS system. Direction from the front line staff, management, consumers, and partners is critical to the future of any human service system, and particularly one as focused on consumer and community participation as the KEHS system. Table 4.1 provides a listing of the three items rated as most important, the three items rated as having the worst current status, and the items that had the highest discrepancy between the priority and currant status ratings.

Table 4.1: Highest importance, lowest status, and highest discrepancy scores

Importance	Status	Discrepancy
Quality of Early Head Start services	Public awareness of current and future Early Head Start services	Duplication of services regarding Early Head Start and other services
Levels of funding for Early Head Start services	Levels of funding for Early Head Start services	Political support for current and future Early Head Start efforts
Political support for current and future Early Head Start efforts	Collaboration between community and Early Head Start providers	Use of evaluation of services to document needs and successes of Early Head Start

B. Evaluation Questions

Recommendations regarding future changes or improvements to the KEHS system are intended to answer the four questions outlined in the contract and summarized in Item 2 in the Introduction to this document. These questions and their answers are described in some detail on the following pages.

Question 1: How can the current KEHS outcomes be improved to better reflect current research in the field of child development and school-readiness?

1. Commit Regular Funding for Research and Evaluation. Perhaps the single most important option for improving the relationship of outcomes to research is to dedicate ongoing funding to the development and implementation of research and evaluation capacity within the system. At least one local provider indicated that it spends perhaps 20% of its early childhood budget on collecting, analyzing and reporting data. Recognizing the need to allocate funds for each provider to help with data costs is the starting point for the rest of the recommendations in this section. While increasing funds in times of financial distress may seem hard, it is precisely this timing which makes it more relevant. Being able to account for outcomes, and more importantly explain them and plan for them, seems to be the best way to manage public funding.
2. Develop and Sustain a Research and Evaluation Advisory Group. Most of the areas served by the KEHS system are also served by a number of Universities, Colleges, Community Colleges, and other institutions of learning. In addition, many private and public organizations providing evaluation and research exist. With funding and collaboration, KEHS should consider forming a long-standing collaborative with many of these research and evaluation partners to assist in the building of capacity in the system. This group could be a standing or rotating group with a wide variety of constituencies including consumers, advocates, researchers and evaluators, and providers.
3. Build and Sustain Research and Evaluation Capacity. Developing and implementing a Research and Evaluation Advisory Group could provide technical assistance and energy to assist with building capacity. This assistance might take the form of technology advice and assistance, research and evaluation design, and most importantly the ongoing pursuit of how

the KEHS data compare so other current literature on child development and school-readiness.

4. Develop and Implement Continuous Evaluation and Improvement Cycles. The data used in this evaluation demonstrate some of the potential problems inherent in systems that do not adopt continuous evaluation and improvement cycles. First, while the KEHS system operates with highly qualified staff and providers, the system itself is not driven by an operational theory or logic model. These theories or models not only allow for testing of specific relationships between the activities and outcomes of the program, but also outline the data sets needed to accomplish such evaluation. Second, because there is no regular cycle for review of the data by all interested parties, including analysis of trend data and problems with the data itself, the data set can drift and change over time. These changes make the analysis of progress difficult or impossible. Second, having a regular time for changes in the data sets and systems allows reporters (providers) to adapt to the systems and build capacity while also readying for the eventual changes. With participation from the field, these changes can feel like something that belongs to them, rather than to a state or federal agency. In summary, adopting a theory of change that outlines the data sets needed to evaluate the programs, maintaining data sets for specified times, and regularly reviewing and updating the system based on feedback from the field will immensely improve the quality of the data and therefore the quality of the conclusions that may be directly attributed to such data.

Question 2: How the KEHS outcomes can be aligned with current national and state Head Start outcomes and indicators?

Much can be done in the future to align the KEHS outcomes and indicators with other data sets including the national and state Head Start data sets. In addition to the suggestions

included in the response to Question 1, two additional methods for improved alignment are described here.

1. Integrate State and Federal Outcomes and Indicators. Ultimately, the outcomes and recommendations from both nationally funded Early Head Start and Head Start evaluations are relevant to this project. A summary of the national Early Head Start outcomes is contained in Appendix 14 for all child and parent outcomes. These represent a beginning point for validated child and parent/family outcomes. In these tables, the items listed as indicators are the items listed in the national evaluation as "Outcomes". The evaluators re-labeled these as indicators and provided outcome names for collections of similar indicators. Appendix 15 provides a comparison of how the current KEHS outcomes and logic model align with the nationally validated set of indicators. In addition, it will be important in the coming years to fully integrate all other state-level outcomes and indicators as they relate to the KEHS system. For instance, a new initiative the Kansas Early Childhood Comprehensive System (KECCS) is an effort to align all early childhood outcomes and indicators. Unfortunately, it does not fully account for current KEHS outcomes or indicators, and future changes in the KEHS system will need to be integrated into this new system as it emerges.
2. Standardize and Align Child Assessments. Current national Head Start outcomes systems include a number of domains and indicators that are required to be measured three (3) times per year. Such data allow some agencies in Kansas to develop and use developmental trends for each child, as well as aggregate trends for all children within their services. Current KEHS outcomes data are not assessed in this way and are reported 4 times per year. Perhaps one of the simplest changes to the current system is to align the KEHS outcomes so that they match the national Head Start domains and choose research-based indicators within each of

those domains to reflect downward extensions of each domain. This would create a continuous outcomes system for all children birth to five years of age across both systems. Some current providers in Kansas have already adopted such a system, using portfolios for children with Head Start domains and 0-3 extensions of those national domains.

3. Aligning Early Head Start, Head Start Domains and School Readiness Measures. Perhaps one of the most useful evaluation and accountability efforts might be the alignment of all Early Head Start, Head Start, and public school readiness indicators into a continuous set of domains and indicators. This would allow the various systems, whether locally integrated or not, to collect and share at least aggregate data on children and families. Such shared information should lead to improved services, greater capacity to anticipate child and family needs, and more efficient allocation of local resources within and across service settings. The Kansas Early Childhood Comprehensive System mentioned earlier also included school readiness indicators that will need to be aligned with current and future outcomes and indicators.
4. Create Research and Evaluation Partnerships. Many of the children and families being served by the KEHS system are also served in other human service systems. This is especially true of the Kansas Department of Social and Rehabilitation Services (other departments besides KEHS) including areas like foster care, developmental disabilities, and mental health. In addition, the Kansas State Department of Education either serves, or will serve many or most of these children in public school systems either through special education or regular education options. Developing shared data and evaluation systems across departments or across agencies can provide opportunities for improved data collection, analysis, interpretation, and strategic planning.

Question 3: How the current outcome and other system-wide data might suggest research-based program improvements, particularly in relation to such issues as level of intensity of service, staff turnover, staff supervision, caseload, and other issues to be collaboratively determined with the KEHS Director and partners?

1. Funding. Perhaps the most pressing program improvement area might be funding. While addressing funding needs and equities may not seem easy, few providers or consumers would argue that funding levels can make a difference. Data indicated a substantial and systematic set of inequities in the funding for agencies in Kansas. Current data indicate that without taking any funding from current providers, raising all providers to the current state average would cost nearly $400,000 in new money for the next year alone just to create equity (see Table 4.2). Of course, continuing to provide equity would require a maintenance of this new money as well as establishing ways to measure and monitor provider funding per child.

Table 4.2: Agency funding differences from state averages and funds needed for equity

Agency/Site	FY 04-05	FY 05-06	FY 06-07	Avg. Dollar Difference from State Average	Avg. % Different from State Average	Funds to Achieve State Average
1.	-$996	-$996	-$805	-$923	-9.53%	$47,996
2.	$1,075	$1,075	$840	$983	10.15%	0
3.	$444	$444	$358	$411	4.24%	0
4.	$593	$593	$486	$553	5.70%	0
5.	-$156	-$156	-$125	-$144	-1.49%	$7,200
6.	-$970	-$970	-$780	-$897	-9.26%	$45,747
7.	-$561	-$561	-$449	-$518	-5.35%	$25,900
8.	-$711	-$711	-$579	-$661	-6.82%	$71,388
9.	$666	$666	$536	$616	6.36%	0
10.	$569	$569	$577	$572	5.90%	0
11.	$599	$599	$487	$556	5.74%	0
12.	-$1,331	-$1,331	-$1,084	-$1,237	-12.77%	$200,394
13.	$1,495	$1,495	$1,225	$1,393	14.37%	0
14.	$0	$0	-$36	-$41	-0.42%	$615
Totals	$0	$0	$0	$0	$0	$399,240

In addition, none of the program costs data were available to the evaluators. A more comprehensive evaluation of costs would be helpful, particularly given the tremendous diversity of communities and cultures represented by the different Early Head Start programs in Kansas. Further economic analyses might include evaluating differences in such items as costs incurred in finding and retaining staff, other retention costs such as retraining, agency overhead rates, local matching funds, collaborations with other agencies, how agencies divide program administration costs internally, and other services within the agencies that overlap in terms of shared administrative costs. In addition, it could be critical to know how local costs of doing business (labor and other costs) are correlated with any of the funding variables.

2. Caseloads. Some data was available from the current KEHS data sets that could be used to calculate the estimated caseload for each of the providers as well as overall average caseload across the state. These caseloads were calculated by dividing the total number of reported Home Visitors by the total number of state-funded child slots. These caseloads ranged from a low of 3.22 to a high of 11.78 with a state average of 8.51. In addition, a follow-up survey was sent to the providers with specific questions addressing things like caseloads. The responses to this survey indicate that in general, agencies report their caseloads somewhere in the 10:1 to 12:1 range. Of course the caseload is somewhat dependent upon the type of program (home-based, center-based, etc.). Ultimately, the value of certain caseloads should be based on how highly the caseloads correlate with outcomes and other variables. These relationships can be studied within the context of the previously mentioned research and evaluation capacity building process. In addition, the issue of intensity of service is directly related to the caseload issue. In the follow-up survey (see Appendix 17 for actual responses

to this and the other issues), it was evident that there exists no systematic measure of caseload or service intensity, but providers also had many opinions about what these things might mean. These included things like the length, frequency, and duration of contacts within certain types of programs. Establishing common measures of caseload and service intensity would help in future efforts to evaluate program impact.

3. Staff Turnover and Supervision. Both of these issues were also addressed in the follow-up survey as well (see Appendix 17). The respondents' comments made it clear that there are currently no consistently applied definitions or methods for measuring staff turnover or supervision, nor are there standards for what might constitute high and low performance in these areas. It would also be difficult to compare these agencies with other human service agencies or even with each other, since each provider serves a unique local area with its own unique challenges in recruiting and retaining staff. Survey comments indicated that agencies utilize a variety of methods to provide supervision, varying in frequency from monthly to annually. In addition, turnover rates varied from 6% to nearly 46% in a year. Methods for calculation of this variable are unknown. As with the caseload and service intensity issues, simply establishing some common definitions and methods would assist in reducing confusion, providing data that can be used to evaluate program impact, and identifying ways to offer technical assistance and support.

Question 4: How the KEHS system might establish and maintain a continuous improvement cycle that would promote high levels of accountability as well as local and state use of program and other data to continuously and systematically evaluate and improve the KEHS system?

1. Re-organize Current Data Tools. The current KEHS data collection, analysis and reporting tools are organized around previous administrative reporting systems or perhaps previously established logical assumptions. Re-organizing the data tools to collect, analyze, and report

the data according to a logically linked set of variables according to a logic model or theory would greatly facilitate ongoing evaluation and continuous improvement processes. This may be as simple as re-structuring existing data collection tools and data storage systems (spreadsheets) so that data analysis can be facilitated. This may also increase the capacity-building around the state as providers begin to collect and report data with logical assumptions about the data more explicitly open for examination across time, within and across organizations. In addition, it will be important for the state to move quickly to more appropriately structured data systems that utilize technology to collect, analyze, and report in real-time. These options are not generally expensive to implement, and can offer real-time analysis and reporting for a variety of constituencies including the providers themselves, as well as for consumers, funders, policy-makers, advocates, and others. This type of real-time system can generally be created without much of an up-front investment, but must be a part of the overall commitment to continuously upgrading the accountability and evaluation systems for the KEHS providers. This would also include providing funding directly to the providers to enhance their abilities to report data in a timely way and utilize that data for local decision making and for feedback to consumers and staff.

2. Standardized Data Collection. Standardizing data collection methods would obviously address some of the concern regarding how local programs implement systems for collecting the varied data required of them by state and federal mandates. Methods such as online data entry can influence accuracy a great deal by recognizing and correcting extreme numbers, incorrect responses, and looking for likely errors. Short and long-term planning should include the consideration of an online data entry system for all programs with standardized data definitions.

3. Standardized Initial and Ongoing Training in Assessments. Whenever data collection processes require that local program staff undertake some form of assessment related to children, families, or programs, it would be helpful to have some standardized trainings that require demonstration of mastery of some minimal set of skills. Measurement of inter-rater reliability for these assessments helps to sort out the reliability and validity of measures and findings. Since many of the agencies providing data for this evaluation reported turnover rates in the double-digit range, ongoing training is a must. This would include not only the assessments used in the field regarding the children and families in the KEHS system, but the data systems used to collect this service data as well.
4. Use of Contextual Information. Perhaps one of the best ways to ensure the validity of outcome findings (beyond having accurate and reliable information) is to systematically use contextual information to interpret consumer outcomes. Contextual information should be accurately and reliably measured and reported to all interested parties, and all parties must undertake a systematic interpretation of this data to determine if there are suggestions of relationships between these contextual variables and outcome variables. If resources permit, it is always helpful to have external evaluation consultation to confirm or deny any such interpretations.
5. Use of Theory or Logic Models to Drive Evaluation and Improvement. As mentioned previously, using an explicit theory of the program, as well as program logic models can be immensely useful in testing program impacts, planning for data systems and costs, and for promoting a strong public understanding of how the program is supposed to work. Figures 4.2 and 4.3 provide a sample logic model for a continuous assessment process as well as for the overall KEHS program.

Figure 4.2: Simplified logic model for a continuous assessment process

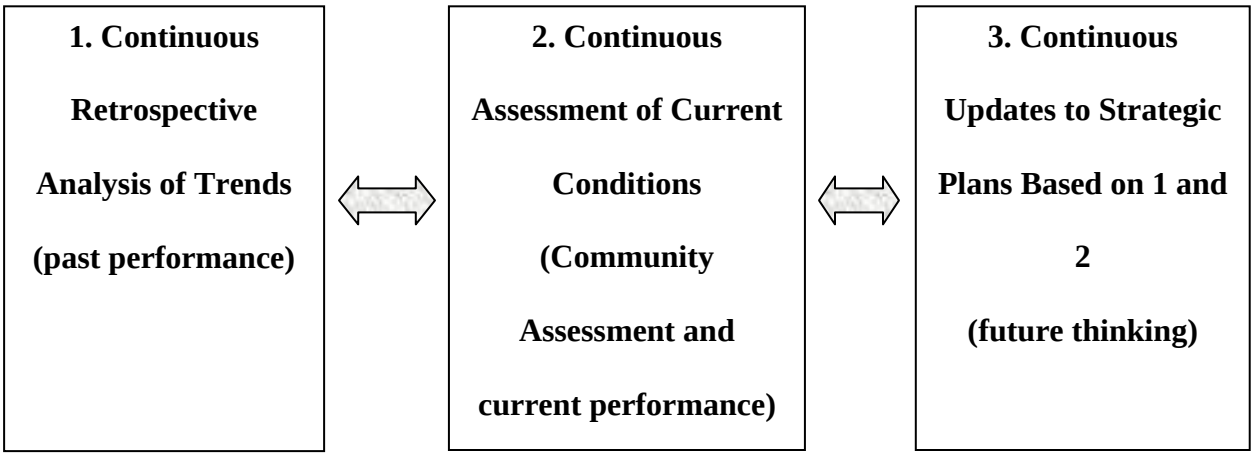
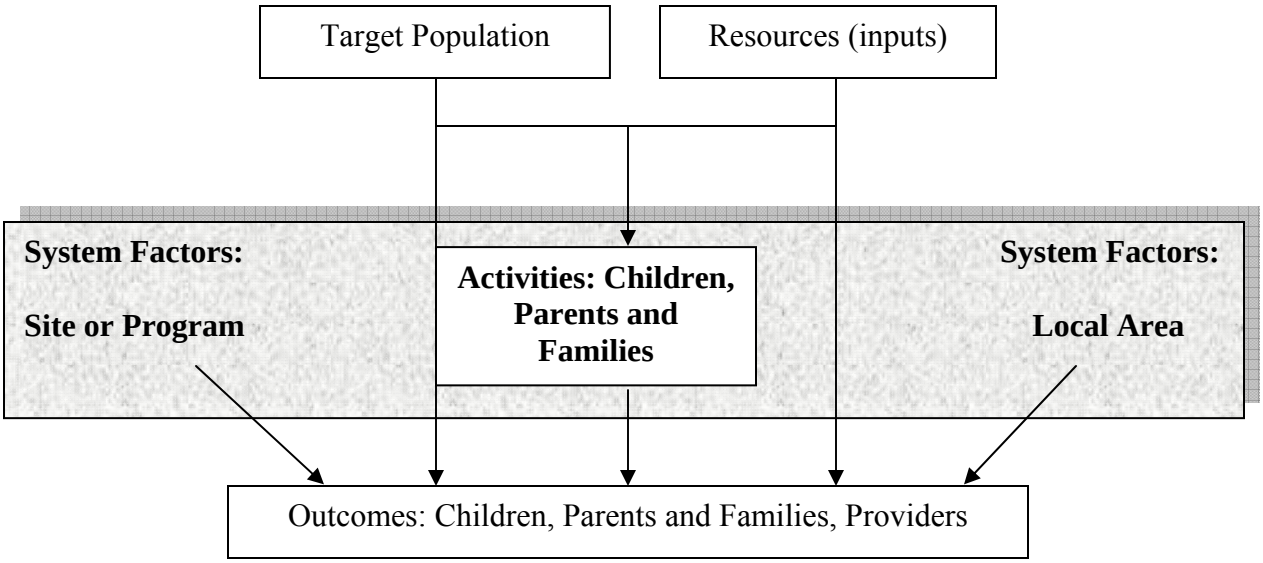


Figure 4.3: Logic model for the data sets needed for continuous assessment process



Appendix 1: Target Population – Children

Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Averages
AFC funded HS/EHS enrollment	44.67	100.00	70.33	0.00	43.33	44.33	56.67	75.00	40.00	139.00	10.00	120.00	142.00	12.00	64.10
Non-ACF # of HS/EHS Enrollment regardless of HS eligibility	0.00	92.00	0.00	66.00	0.00	0.00	10.00	105.00	15.00	0.00	68.00	80.00	0.00	83.00	37.07
Non-ACF # of HS children receive services complying to HS Perform. Standards	0.00	72.00	0.00	54.00	0.00	0.00	0.00	84.00	n/a	0.00	68.00	65.00	0.00	68.00	31.62
Non-ACF # of children not HS eligible	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	n/a	0.00	0.00	0.00	0.00	0.00	0.00
Total funded HS/EHS enrollment	44.67	178.67	70.33	58.00	43.33	44.33	60.00	166.00	55.00	139.00	78.00	190.00	142.00	85.00	96.74
Center based program 5 days/week Full day enrollment Funded Enrollment	0.00	56.33	0.00	6.00	18.33	0.00	0.00	63.00	6.00	21.67	11.33	55.33	0.00	0.00	17.00
Center based program 5 days/week Full day enrollment Average Annual Days	0.00	238.33	0.00	141.00	250.67	0.00	0.00	255.00	225.00	253.33	166.67	248.33	0.00	0.00	127.02
Center based program 5 days/week Part day enrollment Funded Enrollment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Center based program 5 days/week Part day enrollment Average Annual Days	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Center based program 5 days/week Double session enrollment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Center based program 4 days/week Full day enrollment Funded Enrollment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Center based program 4 days/week Full day enrollment Average Annual Days	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Center based program 4 days/week Part day enrollment Funded Enrollment	4.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.33
Center based program 4 days/week Part day enrollment Average Annual Days	48.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.43
Center based program 4 days/week Double session enrollment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Home-Based Program	38.67	33.33	70.33	42.00	12.67	44.33	60.00	92.33	49.00	96.00	58.00	134.00	142.00	40.33	65.21
Combination Program Funded Enrollment	0.00	66.67	0.00	10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	44.67	8.67
Combination Program Average Annual Days	0.00	111.67	0.00	84.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	255.00	32.21
Family Child Care Funded Enrollment	1.33	22.33	0.00	0.00	10.67	0.00	0.00	10.67	0.00	21.33	8.67	0.67	0.00	0.00	5.40
Family Child Care Average Annual Days	86.67	248.67	0.00	0.00	250.67	0.00	0.00	255.00	0.00	253.33	166.67	81.67	0.00	0.00	95.90
Locally Designed Options Funded Enrollment	0.00	0.00	0.00	0.00	1.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.12
Locally Designed Options Average Annual Days	0.00	0.00	0.00	0.00	6.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.48
Total Funded Enrollment by Program Option	44.67	178.67	70.33	58.00	43.33	44.33	60.00	166.00	55.00	139.00	78.00	190.00	142.00	85.00	96.74
Total Pregnant Women in Funded Enrollment (EHS programs only)	2.33	51.67	15.00	0.00	3.33	5.33	4.33	0.00	0.00	2.67	27.33	0.00	2.33	1.00	8.24
# of children served in HS/EHS from center-based program	0.00	120.67	0.00	15.67	38.00	0.00	0.00	98.67	0.00	7.67	30.00	66.00	0.00	59.67	31.17
# of children enrolled in HS/EHS programs of 8 or more hours/day	0.00	120.67	0.00	15.67	38.00	0.00	0.00	104.67	10.00	1.33	33.67	66.00	0.00	59.67	32.12
Total Actual Enrollment	86.67	332.00	131.33	96.33	75.33	78.00	96.33	302.67	94.00	204.67	154.00	316.67	206.00	136.67	165.05
# of children in preschool programs, infants & toddlers in EHS & Migrant programs	86.00	286.00	109.00	101.00	74.00	69.00	99.00	296.00	88.00	215.00	119.00	304.00	220.00	156.00	158.71
# of children (& pregnant women) enrolled Month 1	35.50	180.00	72.50	54.00	41.00	41.50	55.50	157.00	n/a	142.50	80.50	186.00	124.50	79.50	96.15
# of children (& pregnant women) enrolled Month 2	41.50	180.50	77.00	54.00	40.00	41.50	56.50	167.00	n/a	148.00	81.50	187.50	125.50	80.00	98.50
# of children (& pregnant women) enrolled Month 3	41.00	177.50	79.50	54.00	40.00	40.50	58.50	171.00	n/a	143.00	81.00	187.00	132.00	79.50	98.81
Ages of children served under 1	30.67	77.00	51.00	16.67	20.00	29.33	34.33	140.33	39.00	68.67	58.00	47.67	30.33	46.67	49.26
Ages of children served 1 year old	21.67	79.67	26.00	20.00	15.67	18.67	22.00	71.67	27.00	56.67	22.33	69.00	55.33	35.00	38.62
Ages of children served 2 years old	19.67	67.67	23.67	23.67	15.67	15.67	18.33	49.67	22.00	54.33	25.00	65.67	51.67	35.33	34.86
Ages of children served 3 years old	5.00	56.00	15.33	20.67	10.00	7.33	16.00	13.00	0.00	7.00	12.33	57.67	50.67	9.00	20.00
Ages of children served 4 years old	0.00	0.00	0.00	11.33	3.67	0.00	0.00	0.00	0.00	0.00	0.00	41.33	10.33	0.33	4.79
Ages of children served 5 years and older	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of pregnant women enrolled	9.67	51.67	15.33	4.00	10.33	7.00	5.67	28.00	6.00	18.00	36.33	35.33	7.67	10.33	17.52
# of pregnant women enrolled under 18 years of age	3.33	12.67	1.00	0.33	2.33	2.00	1.67	19.33	1.00	1.67	6.33	0.67	0.33	0.33	3.79
# of children (& pregnant women) enrolled based on public assitance	7.00	39.33	10.33	27.00	10.33	15.33	34.67	41.33	0.00	14.33	28.67	120.67	60.00	20.67	30.69
# of children (& pregnant women) enrolled based on income eligibility	78.00	246.33	111.33	63.00	64.67	55.67	58.33	233.00	93.00	183.67	114.00	179.00	121.33	106.00	121.95
# of children (& pregnant women) enrolled over-income and ineligible for assistance	1.33	12.00	3.33	6.33	0.00	2.67	1.67	26.33	1.00	6.67	9.67	12.67	17.67	7.33	7.76
# of children enrolled due to status as a foster child	0.33	34.33	6.33	0.00	0.33	4.33	1.67	2.00	0.00	0.00	1.67	4.33	7.00	2.67	4.64
# of children enrolled HS/EHS second year	24.00	100.67	41.00	30.67	14.00	28.67	8.33	89.00	30.00	65.67	35.00	44.33	73.00	35.67	44.29
# of children enrolled HS/EHS three years or more	15.67	50.00	31.33	10.33	10.67	8.67	13.00	43.00	12.00	4.33	13.00	73.67	17.00	22.67	23.24
# of children (& pregnant women) Hispanic/Latino	67.33	84.33	8.33	37.67	26.33	10.67	7.67	70.00	79.00	10.00	10.00	103.33	8.33	37.33	40.02
# of children (& pregnant women) non-Hispanic/Latino	19.33	247.67	123.00	58.67	49.00	67.33	88.67	232.67	15.00	194.67	144.00	213.33	197.67	99.33	125.02
# of children (& pregnant women) American Indian/Alaska Native	0.33	8.67	0.00	0.67	0.00	0.33	0.00	1.00	1.00	3.33	2.67	0.67	1.67	0.67	1.50
# of children (& pregnant women) Asian	0.00	6.67	1.33	0.00	0.00	0.00	0.00	0.67	5.00	0.33	0.33	1.00	1.67	0.33	1.24
# of children (& pregnant women) Black/African American	4.00	58.33	5.00	16.00	2.00	0.67	1.67	13.67	1.00	8.00	17.67	158.33	15.33	24.00	23.26
# of children (& pregnant women) Native Hawaiian/Pacific Islander	0.00	4.00	0.67	0.00	0.00	0.67	0.00	0.00	0.00	0.00	0.33	0.67	0.33	0.33	0.50
# of children (& pregnant women) White	15.67	99.33	117.00	36.33	34.33	70.67	83.33	227.33	8.00	161.00	103.33	24.67	156.33	54.33	85.12
# of children (& pregnant women) Bi-Racial/Multi-Racial	11.00	89.00	2.67	9.67	12.67	5.67	5.33	34.00	0.00	26.67	21.33	24.33	30.00	20.67	20.93
# of children (& pregnant women) Other	37.33	1.00	0.00	0.00	6.00	0.00	6.00	26.00	78.00	0.67	3.00	35.33	0.00	11.33	14.62

Appendix 1: Target Population – Children continued

Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Averages
# of children (& pregnant women) Unspecified	18.33	65.00	4.67	33.67	20.33	0.00	0.00	0.00	1.00	1.00	5.33	71.67	0.67	25.00	17.62
# whose primary language is English	45.67	240.33	130.00	62.67	65.00	78.00	92.00	244.33	38.00	202.33	151.67	219.33	203.33	101.00	133.83
# whose primary language is Spanish	41.00	89.00	0.67	33.67	8.00	0.00	4.33	57.67	51.00	1.33	2.33	83.67	1.67	30.00	28.88
# whose primary language is Native Central, South, or Mexican American	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.33	0.02
# whose primary language is Caribbean	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# whose primary language is Middle Eastern/South Asian	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.67	0.00	0.00	0.26
# whose primary language is East Asian	0.00	2.67	0.67	0.00	0.00	0.00	0.00	0.67	5.00	0.67	0.00	1.00	0.33	0.33	0.81
# whose primary language is Native North American/Alaska Native	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# whose primary language is Pacific Island	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.33	0.00	0.00	0.02
# whose primary language is European/Slavic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# whose primary language is African	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.67	0.33	3.00	0.79
# whose primary language is Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.07
# whose primary language is Unspecified	0.00	0.00	0.00	0.00	2.33	0.00	0.00	0.00	0.00	0.33	0.00	0.00	0.00	2.00	0.33
# of children (& pregnant women) dropped out & didn't re-enroll	26.00	169.33	37.00	28.33	23.00	20.67	36.33	91.67	52.00	70.00	64.33	97.00	56.67	41.00	58.10
# of children who dropped out was replaced	24.33	117.33	32.67	28.33	23.00	19.00	36.33	88.33	43.00	70.00	60.67	97.00	45.33	39.33	51.76
# of children who were enrolled for less than 45 days	5.00	41.33	4.67	4.67	4.67	4.33	3.33	24.67	21.00	16.67	14.33	2.33	12.00	16.67	12.55
# of children received services from HS/EHS, but left program before it began	0.00	1.00	2.00	10.67	0.00	0.00	1.33	0.00	0.00	8.33	0.00	7.33	13.33	0.00	3.14
# of HS/EHS children who need full-year/full-day child care	42.00	168.00	59.33	27.33	46.33	42.00	48.67	137.33	18.00	84.00	57.33	111.00	96.67	59.67	71.26
# of children who received full-year/full-day services by HS/EHS	25.00	138.33	33.67	16.00	44.00	30.00	38.33	94.33	10.00	49.00	44.33	79.67	38.67	59.67	50.07
# of children who need full-year/full-day child care at a family child care home	9.00	8.33	24.33	3.33	3.67	19.67	16.00	19.00	1.00	20.00	5.67	0.67	18.00	0.00	10.62
# of children who need full-year/full-day child care at a child care center or classroom	16.33	9.33	16.67	0.67	10.33	15.33	4.00	62.00	0.00	21.67	1.67	53.00	31.00	12.33	18.17
# of children who need full-year/full-day child care at home or another home	16.00	12.00	16.00	6.33	1.33	6.00	5.33	21.33	5.00	8.00	4.33	0.00	28.67	0.00	9.31
# of children who need full-year/full-day child care at a public school pre-Kindergarten	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.33	0.67	0.00	0.33	0.00	0.17
# of children who need full-year/full-day child care from other	0.00	3.67	0.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.67	0.33	0.00	0.50
# of HS/EHS children who receive child care subsidy	25.33	156.33	23.67	13.33	14.00	27.33	40.00	85.00	0.00	16.33	7.67	16.33	54.67	0.33	34.31
# of children w/ health insurance at Enrollment	59.00	250.00	106.67	83.67	58.00	68.00	89.33	240.00	68.00	176.00	108.00	252.33	185.67	107.67	132.31
# of children w/ health insurance at End of Enrollment Year	62.00	259.00	107.33	86.67	59.33	68.33	89.00	255.33	63.00	181.00	115.33	273.00	192.00	114.00	137.52
# of children w/ health insurance in Medicaid/EPSDT at enrollment	10.67	225.67	59.33	33.00	34.33	57.33	75.67	207.33	57.00	144.33	73.00	234.67	73.67	87.67	98.12
# of children w/ health insurance in Medicaid/EPSDT at end of Enrollment Yr.	15.00	232.00	86.00	35.00	34.33	58.67	75.00	219.00	54.00	146.33	86.67	249.00	77.33	95.33	104.55
# of children w/ health insurance in State CHIP at enrollment	41.00	0.67	6.67	44.67	21.33	2.00	1.67	6.67	0.00	8.00	15.00	5.33	48.67	13.00	15.33
# of children w/ health insurance in State CHIP at End of Enrollment Year	40.33	0.67	5.33	45.33	19.33	2.00	2.67	6.33	0.00	10.33	8.33	7.33	48.67	7.00	14.55
# of children w/ health insurance in State CHIP & Medicaid at Enrollment	2.67	0.67	29.67	0.67	0.00	0.00	0.00	0.00	0.00	0.00	3.00	2.67	52.33	0.00	6.55
# of children w/ health insurance in State CHIP & Medicaid at End of Enrollment Yr.	1.00	0.67	7.00	0.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.67	55.00	0.00	4.86
# of children w/ health insurance in State-only insurance program at Enrollment	0.00	0.00	0.33	0.67	0.00	0.33	0.00	0.00	1.00	0.00	1.00	2.33	5.00	0.00	0.76
# of children w/ health insurance in State-only insurance program at End of Enrollment Yr.	0.00	0.00	0.00	0.67	0.00	0.00	0.00	0.00	1.00	0.00	0.00	3.00	4.67	0.00	0.67
# of children w/ private health insurance at Enrollment	4.67	23.00	10.33	4.67	2.00	8.33	11.33	25.00	10.00	19.33	8.67	5.00	3.33	7.00	10.19
# of children w/ private health insurance at End of Enrollment Yr.	5.67	25.67	8.67	5.00	5.33	7.67	10.67	28.67	8.00	20.33	13.00	6.33	3.33	11.33	11.40
# of children w/ other health insurance at Enrollment	0.00	0.00	0.33	0.00	0.33	0.00	0.67	1.00	0.00	4.33	7.33	2.33	2.67	0.00	1.36
# of children w/ other health insurance at End of Enrollment Yr.	0.00	0.00	0.33	0.00	0.33	0.00	0.67	1.33	0.00	4.00	7.33	3.67	3.00	0.33	1.50
# of children w/ no health insurance at Enrollment	18.00	30.33	9.33	8.67	7.00	3.00	1.33	34.67	20.00	10.67	9.67	29.00	12.67	18.67	15.21
# of children w/ no health insurance at End of Enrollment Yr.	15.00	21.33	8.67	5.67	5.67	2.67	1.67	19.33	25.00	5.67	2.33	8.33	6.33	12.33	10.00
# of children w/ continuous medical care at Enrollment	52.33	252.33	111.33	89.33	62.33	66.67	90.67	233.00	74.00	180.00	106.67	252.67	187.00	53.67	129.43
# of children w/ continuous medical care at End of Enrollment Yr.	59.67	259.33	111.00	89.67	62.33	66.33	90.67	248.33	85.00	183.67	116.33	268.33	197.33	118.00	139.71
# of children receiving medical services through Indian Health Service at Enrollment	0.00	4.33	0.33	0.00	0.00	0.00	0.00	0.00	0.00	2.33	0.00	0.00	0.00	0.00	0.50
# of children receiving medical services through Indian Health Service at End of Enrolled Yr.	0.00	4.67	0.00	0.67	0.00	0.00	0.00	0.00	0.00	2.67	0.33	0.00	0.00	0.67	0.64
# of children receiving medical services by migrant community health ctr at Enrollment	1.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.12
# of children receiving medical services by migrant comm. health ctr at End of Enrolled Yr.	1.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.12
# of children up to date for age appropriate health care	53.67	217.67	89.00	82.67	59.67	44.67	78.67	241.67	67.00	164.67	102.67	249.00	170.33	106.33	123.40
# of children w/in 12 months needing medical treatment	12.33	25.33	10.33	11.67	16.33	1.33	22.33	241.67	0.00	43.67	1.67	128.33	36.00	7.67	39.90
# of children w/in 12 months received medical treatment	6.00	24.67	9.67	11.67	12.33	1.33	21.33	241.67	0.00	41.67	1.67	128.33	32.00	7.67	38.57
# of children receiving medical treatment for anemia	2.67	7.67	0.33	0.00	1.67	1.33	1.00	1.00	0.00	0.67	0.33	0.33	5.00	1.67	1.69
# of children receiving medical treatment for asthma	0.33	12.33	4.33	7.33	1.33	2.67	1.00	3.00	0.00	6.67	2.33	11.00	4.33	3.00	4.26
# of children receiving medical treatment for hearing difficulties	3.00	4.00	5.67	6.00	5.67	2.00	3.67	14.67	0.00	4.00	1.33	2.33	17.00	3.67	5.21
# of children receiving medical treatment for overweight	0.00	15.67	0.33	0.33	0.33	0.33	2.33	0.00	0.00	0.33	0.00	0.00	0.67	0.00	1.45
# of children receiving medical treatment for vision problems	1.33	8.00	2.33	6.00	1.33	1.33	5.33	9.67	0.00	2.33	0.33	0.00	7.33	1.00	3.31
# of children receiving medical treatment for high lead levels	0.33	1.00	0.67	1.33	1.33	0.00	0.33	1.67	0.00	2.00	0.33	1.33	6.33	0.33	1.21

Appendix 1: Target Population – Children continued

Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Averages
# of children receiving medical treatment for diabetes	0.00	0.00	0.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.33	0.00	0.00	0.00	0.07
# of children up to date for age appropriate immunizations at Enrollment	61.33	269.67	77.33	88.00	56.00	27.67	82.67	245.33	45.00	146.67	104.33	223.33	169.00	98.33	121.05
# of children up to date for age appropriate immunizations at End of Enrollment Yr.	66.00	235.00	91.00	88.67	58.33	49.00	85.00	233.67	45.00	152.33	108.00	248.67	171.00	108.33	124.29
# of children w/ all possible immunizations, but not up to age appropriate at Enrollment	0.33	3.33	31.33	3.67	4.00	22.33	0.67	8.67	43.00	20.33	6.67	58.00	7.33	7.67	15.52
# of children w/ all possible immunizations, but not up to age appropriate at End of Enrollmen	0.33	2.33	24.00	3.00	4.33	12.33	1.67	14.33	43.00	20.67	4.00	32.67	15.00	5.33	13.07
# of children w/ ongoing source of dental care at Enrollment	24.67	221.00	104.00	46.33	13.00	24.33	28.00	60.00	55.00	93.67	44.00	26.67	169.67	23.33	66.69
# of children w/ ongoing source of dental care at End of Enrollment Yr.	33.67	230.67	104.67	55.67	15.33	28.00	57.00	73.33	85.00	152.67	59.00	50.33	191.67	93.33	87.88
# of children completing a dental examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children completing a dental examination received preventive care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children completing a dental examination diagnosed needing treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children completing a dental examination diagnosed receiving treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children receiving dental screenings through well-baby exams	45.00	170.67	94.33	86.00	48.00	29.67	65.00	223.00	62.00	147.33	116.00	263.00	6.67	103.00	104.26
# of children who received dental exams	39.67	96.67	23.33	26.33	21.33	3.00	33.33	46.00	44.00	96.00	52.67	81.33	134.00	84.67	55.88
# of children whom Mental Health consulted w/ program staff about behavior/mental health	15.33	161.67	4.00	13.00	32.67	11.67	3.67	8.67	1.00	44.67	3.00	119.67	9.33	12.00	31.45
# of children whom MH consulted 3 or more times w/ program staff	1.33	77.00	3.67	5.33	9.67	3.67	2.00	4.33	0.00	11.00	2.00	20.67	5.33	4.67	10.76
# of children whom MH consulted w/ parent/gaurdian on behavior/mental health	33.33	29.67	5.00	7.67	3.00	10.67	1.67	7.33	0.00	10.00	2.67	64.33	4.67	4.00	13.14
# of children whom MH consulted 3 or more times w/ parent/guardian	0.67	16.00	4.33	5.00	0.33	4.00	1.00	4.00	0.00	1.67	1.33	4.67	3.33	2.67	3.50
# of children whom MH gave individual MH assesments	33.67	193.67	4.67	3.67	0.00	7.00	0.33	2.00	32.00	4.67	1.33	0.00	3.33	111.33	28.40
# of children whom MH facilitated referral for MH services	3.00	23.67	4.00	1.67	1.67	10.00	0.33	3.33	0.00	5.00	0.67	2.67	3.33	1.33	4.33
# of children referred for MH services outside HS	3.00	26.33	4.00	0.67	3.67	7.67	0.33	1.33	0.00	5.00	0.67	2.00	3.00	1.33	4.21
# of children referred for MH services outside HS received MH services	2.00	17.33	4.00	0.67	1.67	5.00	0.00	0.67	0.00	2.67	0.67	1.33	3.00	0.67	2.83
# of children determined to have a disability prior to HS/EHS enrollment yr.	1.67	15.67	17.33	10.33	4.33	10.00	6.00	26.33	6.00	18.67	4.67	14.00	26.67	9.33	12.21
# of children determined to have a disability prior to HS/EHS during the enrollment yr.	2.33	10.00	7.67	11.00	2.00	7.33	7.67	10.00	3.00	14.67	5.33	30.00	4.00	3.33	8.45
# of children determined to have a disability	4.00	25.67	25.00	21.33	6.33	17.33	13.67	36.33	9.00	33.33	10.00	44.00	30.67	12.67	20.67
# of children determined to have a disability w/ IEP or IFSP	3.67	25.67	20.67	20.67	6.33	17.00	13.67	36.33	9.00	29.33	9.00	43.33	30.33	12.67	19.83
# of children determined to have a disability receiving special education or related services	3.67	24.67	20.67	20.67	6.33	15.00	13.67	36.33	9.00	16.33	8.67	43.33	30.33	12.67	18.67
# of children determined to have a disability not receiving special education or related services	0.33	1.00	3.00	0.67	0.67	0.33	1.00	0.33	0.00	13.33	0.67	5.00	1.67	0.00	2.00
# of children diagnosed w/ health impairment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children diagnosed w/ health impairment receiving special services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children diagnosed w/ emotional/behavioral disorder	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children diagnosed w/ emotional/behavioral disorder receiving special services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children diagnosed w/ speech/language impairment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children diagnosed w/ speech/language impairment receiving special services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children diagnosed w/ mental retardation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children diagnosed w/ mental retardation receiving special services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children diagnosed w/ hearing impairment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children diagnosed w/ hearing impairment receiving special services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children diagnosed w/ orthopedic impairment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children diagnosed w/ orthopedic impairment receiving special services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children diagnosed w/ visual impairment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children diagnosed w/ visual impairment receiving special services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children diagnosed w/ learning disabilities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children diagnosed w/ learning disabilities receiving special services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children diagnosed w/ autism	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children diagnosed w/ autism receiving special services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children diagnosed w/ traumatic brain injury	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children diagnosed w/ traumatic brain injury receiving special services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children diagnosed w/ non-categorical/developmental delay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children diagnosed w/ non-categorical/developmental delay receiving special services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children diagnosed w/ multiple disabilties	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children diagnosed w/ multiple disabilties receiving speical services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children receiving services under Individuals w/ Disabilities Educations Act (IDEA) Part C	4.00	24.67	21.00	20.67	5.67	11.67	13.33	36.00	9.00	32.00	8.67	27.00	29.00	12.67	18.24
# of local school districts in HS service area	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of local school districts in HS service area w/ agreement to transition services for children &	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children enrolled in HS projected to enter Kindergarten	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of children enrolled in EHS and entering HS	8.33	17.33	17.33	9.00	5.67	7.00	9.33	26.00	11.00	32.33	9.00	18.67	26.00	17.00	15.29
# of children enrolled in EHS and entering other early childhood program	1.33	27.67	1.33	3.33	3.33	2.33	2.00	9.67	2.00	18.33	3.67	4.33	6.33	0.00	6.12
# of children w/ completed screenings for developemntal, sensory, & behavioral concerns	63.67	280.33	102.67	89.67	63.67	32.33	57.67	259.33	54.00	161.33	114.33	281.33	150.33	105.00	129.69
# of children w/ screenings for developmental, sensory, & behavioral concerns needing follow-	15.33	29.67	5.33	16.67	6.67	1.67	2.67	22.00		31.00	10.00	31.67	9.33	41.00	17.15

Appendix 2: Target Population – Family

Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Averages
# of pregnant women w/ health insurance	5.67	36.67	12.33	3.00	8.33	5.33	5.33	21.67	2.00	15.67	32.67	25.00	5.67	9.33	13.48
# of pregnant women w/ no health insurance	4.00	15.00	3.00	1.00	2.00	1.67	0.33	6.33	4.00	2.33	3.67	10.33	2.00	1.00	4.05
# of pregnant women w/ prenatal & postpartum health care	5.67	42.33	12.33	3.67	10.33	7.00	5.67	17.67	1.00	13.67	36.00	35.00	7.33	7.67	14.67
# of pregnant women w/ mental health interventions	4.00	30.67	0.33	1.00	2.67	0.67	3.33	14.33	2.00	2.33	5.67	10.00	1.00	1.67	5.69
# of pregnant women w/ prenatal education on fetal development	9.67	41.33	15.33	4.00	9.33	7.00	5.67	24.00	4.00	17.67	36.33	35.33	6.67	10.33	16.19
# of pregnant women w/ information on benefits of breastfeeding	9.67	41.33	15.33	4.00	9.33	7.00	5.67	23.67	4.00	17.67	36.33	34.00	6.00	10.33	16.02
# of pregnant women enrolled in prenatal health at 1st trimester	1.00	14.33	3.33	1.33	2.67	0.33	1.33	5.67	0.00	4.67	5.67	15.00	1.67	0.67	4.12
# of pregnant women enrolled in prenatal health at 2nd trimester	4.67	16.00	5.33	1.67	5.00	2.33	1.67	9.67	1.00	7.33	16.67	10.00	3.33	4.33	6.36
# of pregnant women enrolled in prenatal health at 3rd trimester	4.00	21.33	6.67	1.00	2.67	4.33	2.67	12.67	5.00	6.00	14.00	10.33	2.67	5.33	7.05
# of pregnant women identified as "high risk"	1.33	19.33	4.67	1.33	4.33	3.33	1.67	9.33	0.00	6.67	4.33	6.67	3.67	2.00	4.90
# of pregnant women received dental exams &/or treatment	3.33	21.33	6.00	2.33	5.67	2.33	4.33	8.67	2.00	11.00	12.67	13.33	5.00	1.00	7.07
# of HS/EHS families served	69.33	205.00	88.67	64.00	57.67	57.00	80.67	244.00	76.00	154.33	115.67	180.00	177.33	107.33	119.79
# of HS/EHS 2-parent families served	28.67	75.33	46.67	39.67	26.33	24.33	33.67	111.00	47.00	84.67	45.00	78.67	78.67	41.00	54.33
# of HS/EHS single-parent families served	40.67	129.67	42.00	24.33	31.33	32.67	47.00	133.00	29.00	69.67	70.67	101.33	98.67	66.33	65.45
# of 2-parent families where both parents/guardians are employed	10.00	14.67	21.00	13.67	14.00	9.00	21.67	47.00	4.00	13.67	12.33	35.33	27.00	18.00	18.67
# of 2-parent families where 1 parent/guardian is employed	15.00	47.00	22.67	16.67	11.67	11.00	9.00	58.33	40.00	50.00	27.00	32.33	38.33	20.33	28.52
# of 2-parent families where both parents/guardians are not employed	3.67	13.67	3.00	9.33	0.67	4.33	3.00	5.67	3.00	21.00	5.67	11.00	13.33	2.67	7.14
# of 1-parent families where the parent/guardian is employed	23.67	65.67	25.33	10.67	20.33	17.00	36.00	60.33	14.00	33.00	38.33	52.67	57.33	42.00	35.45
# of 1-parent families where 1 parent/guardian is not employed	17.00	64.00	16.67	13.67	11.00	15.67	11.00	72.67	15.00	36.67	32.33	48.67	41.33	24.33	30.00
# of 2-parent families where both parents/guardians are in job training or school	0.00	0.00	0.67	0.00	3.00	1.00	2.00	0.67	2.00	2.00	3.00	1.67	5.67	0.00	1.55
# of 2-parent families where 1 parent/guardian is in job training or school	3.00	9.33	3.67	2.00	6.67	2.33	6.67	9.67	16.00	7.33	12.67	9.67	6.33	3.00	7.02
# of 2-parent families where neither parent/guardian is in job training or school	25.67	66.00	42.33	37.67	16.67	21.00	25.00	100.67	29.00	75.33	29.33	67.33	66.67	38.00	45.76
# of 1-parent families where the parent/guardian is in job training or school	11.67	28.67	6.67	3.33	15.00	5.00	18.33	47.33	0.00	6.67	24.67	20.00	13.33	7.00	14.83
# of 1-parent families where the parent/guardian is not job training or school	29.00	101.00	35.33	21.00	16.33	27.67	28.67	85.67	29.00	63.00	46.00	81.33	85.33	59.33	50.62
# of families where parent/guardian's education is less than high school graduate	41.67	99.67	19.33	34.67	8.67	11.00	14.00	99.67	49.00	25.67	16.33	64.67	25.00	20.67	37.86
# of families where parent/guardian's education is a high school graduate or GED	25.33	43.67	32.33	22.00	14.00	19.00	26.67	65.00	25.00	67.00	38.33	45.67	74.67	35.67	38.17
# of families where parent/guardian's education is some college, vocational school, or Assoc. degree	2.33	59.67	34.33	7.00	27.33	24.67	32.00	78.67	2.00	57.00	56.00	65.33	63.00	48.67	39.86
# of families where parent/guardian's education is Bachelor's or advanced degree	0.00	2.00	2.67	0.33	7.67	2.33	8.00	0.67	0.00	4.67	5.00	4.33	14.67	2.33	3.90
# of families receiving cash benefits or other services under the TANF program	11.67	31.00	16.67	27.33	6.33	12.33	13.67	37.00	5.00	35.00	31.00	56.67	49.67	31.33	26.05
# of families receiving SSI	1.00	26.00	9.00	8.67	5.00	6.67	2.33	16.00	0.00	12.67	7.67	22.00	16.00	12.00	10.36

Appendix 3: System Factors - Site

Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Averages
# of HS/EHS staff hours worked	11.00	66.67	60.33	20.00	14.67	13.33	20.00	25.33	20.00	34.67	17.67	32.67	24.00	57.33	29.83
# of contracted staff hours worked	2.67	26.67	3.33	16.00	36.00	5.00	0.00	44.00	0.00	4.00	15.67	63.67	0.67	24.33	17.29
# of HS/EHS staff who were HS/EHS parents	3.00	6.00	1.33	1.67	1.00	3.33	2.00	1.67	6.00	9.33	1.00	1.67	1.33	2.33	2.98
# of contracted staff who were HS/EHS parents	0.67	1.33	0.33	3.67	1.00	0.33	0.00	5.00	0.00	0.00	0.00	1.00	0.00	2.00	1.10
# of HS/EHS staff who left program & were replaced	3.67	13.00	3.00	5.33	1.67	3.33	2.00	2.67	4.00	4.00	2.67	3.00	4.67	7.33	4.31
# of contracted staff who left program & were replaced	0.33	8.00	0.67	7.33	10.33	0.00	0.00	7.67	0.00	0.00	0.00	11.67	0.00	3.67	3.55
# of volunteers	97.00	570.67	165.67	105.00	103.00	216.33	88.00	222.67	111.00	275.00	66.00	156.67	267.67	84.33	180.64
# of volunteers who were HS/EHS parents	88.00	271.67	134.67	69.67	53.67	141.00	63.33	185.67	94.00	166.00	61.00	83.33	174.33	3.67	113.57
# of management staff at executive director	4.00	4.00	0.00	1.00	4.00	4.00	4.00	4.00	3.00	1.00	0.00	0.00	1.00	4.00	2.43
# of years management staff at executive director	3.00	23.00	0.00	18.67	34.33	24.00	14.00	8.00	2.00	3.00	0.00	0.00	7.00	1.00	9.86
annual Salary of management staff at executive director	$87,901	$79,676	$0.00	$69,446	$79,117	$90,333	$93,335	$91,648	$87,000	$67,136	$0.00	$0.00	$75,150	$68,333	$63,505.36
% of annual Salary of management staff at executive director funded by HS	0.00%	0.00%	0.00%	32.00%	0.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	40.00%	5.19%
# of management staff as HS/EHS director	3.67	4.00	3.33	3.00	3.67	4.00	4.00	4.00	3.00	1.00	3.00	4.00	1.00	4.00	3.26
# of years management staff as HS/EHS director	1.33	16.00	5.00	15.00	2.33	10.00	3.00	17.00	7.00	21.00	12.00	16.00	7.00	1.33	9.57
annual Salary of management staff as HS/EHS director	$75,284	$69,517	$42,317	$47,963	$45,308	$49,417	$73,272	$83,431	$70,000	$68,055	$50,952	$93,180	$60,962	$52,399	$63,004.10
% of annual Salary of management staff as HS/EHS director funded by HS	25.00%	98.33%	33.33%	50.00%	85.00%	13.33%	10.00%	100.00%	25.00%	33.00%	100.00%	80.00%	39.67%	49.33%	53.00%
# of management staff as child dev. & educ. Manager	3.00	3.00	0.00	3.00	2.00	3.00	4.00	3.00	3.00	3.00	3.00	4.00	3.67	3.67	2.95
# of years management staff as child dev. & educ. Manager	8.33	11.00	0.00	2.00	0.67	6.00	8.00	8.67	1.00	7.00	8.00	2.33	3.67	2.00	4.90
annual Salary of management staff as child dev. & educ. Manager	$44,873	$53,774	$0.00	$38,435	$22,333	$31,690	$55,668	$58,296	$31,000	$39,254	$42,883	$37,683	$43,038	$45,602	$38,894.95
% of annual Salary of management staff as child dev. & educ. manager funded by HS	66.67%	100.00%	0.00%	50.00%	30.00%	83.33%	26.67%	100.00%	100.00%	33.00%	100.00%	98.67%	83.33%	43.33%	65.36%
# of management staff as health services manager	2.33	2.67	0.00	3.00	3.00	3.00	3.67	2.33	2.00	1.00	3.00	3.00	2.00	4.00	2.50
# of years management staff as health services manager	2.33	4.33	0.00	1.67	13.33	15.00	5.00	11.00	6.00	2.00	8.00	5.00	15.00	2.00	6.48
annual Salary of management staff as health services manager	$23,196	$36,859	$0.00	$42,099	$37,490	$56,294	$49,582	$48,782	$35,887	$29,570	$45,000	$46,963	$40,329	$40,064	$38,008.33
% of annual Salary of management staff as health services manager funded by HS	58.33%	100.00%	0.00%	50.00%	87.33%	25.00%	40.00%	100.00%	10.00%	33.00%	33.33%	98.67%	53.33%	50.00%	52.79%
# of management staff as family & community partnerships manager	1.00	3.33	0.00	3.67	1.67	3.00	4.00	2.67	2.00	1.00	3.00	4.00	2.00	4.00	2.52
# of years management staff as family & community partnerships manager	29.00	1.67	0.00	1.67	4.67	3.33	8.00	7.33	8.00	8.00	3.00	3.67	1.33	1.33	5.79
annual Salary of management staff as family & community partnerships manager	$48,964	$32,148	$0.00	$37,729	$28,265	$31,262	$44,792	$57,513	$35,188	$40,619	$33,349	$52,367	$30,102	$38,000	$36,449.83
% of annual Salary of management staff as family & comm. Partner. managerfunded by HS	33.33%	100.00%	0.00%	50.00%	79.33%	66.67%	40.00%	100.00%	10.00%	33.00%	66.67%	98.67%	43.33%	40.67%	54.40%
# of avg. hrs. worked/week by lead person responsible for coordinating disabilty services	20.67	18.33	0.67	5.00	5.00	2.67	8.33	5.00	5.00	5.67	1.67	40.00	26.67	40.00	13.19
Total # of Teachers	1.33	27.67	0.00	15.00	16.67	0.00	0.00	23.00	2.00	10.00	3.33	41.67	0.00	26.33	11.93
Total # of AssistantTeachers	1.67	22.33	0.00	0.00	9.67	0.00	0.00	15.67	1.00	1.33	10.33	22.00	0.00	21.33	7.52
Total # of Home-based Visitors	6.33	13.33	10.00	5.33	3.33	6.33	15.33	15.33	5.00	10.33	9.67	11.33	14.67	8.67	9.64
Total # of Family Child Care Teachers	0.67	6.67	0.00	0.00	5.00	0.00	0.00	3.33	0.00	7.67	2.67	0.67	0.00	0.00	1.90
Total # of Child Development Supervisors	0.33	7.33	0.00	1.33	0.00	0.00	0.00	2.33	1.00	0.67	0.67	0.67	0.00	1.33	1.12
Total # of Home-Based Supervisors	1.33	3.67	0.33	1.00	0.67	1.00	0.33	2.00	1.00	1.00	1.00	2.00	1.33	1.00	1.26
Staff credentials of Teachers w/ Associate Degree, ECE/Related	0.33	4.33	0.00	0.67	2.00	0.00	0.00	6.00	1.00	2.33	0.00	7.67	0.00	2.67	1.93
Staff credentials of Asst.Teachers w/ Associate Degree, ECE/Related	0.33	1.00	0.00	0.00	0.00	0.00	0.00	0.33	1.00	0.00	0.00	1.00	0.00	0.33	0.29
Staff credentials of Home-Based Visitors w/ Assocaite Degree, ECE/Related	1.33	0.00	2.00	1.00	1.00	0.67	1.00	1.00	0.00	3.00	0.00	0.00	0.67	0.33	0.86
Staff credentials of Family Child Care Teachers w/ Associate Degree, ECE/Related	0.00	1.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.33	0.00	0.00	0.00	0.00	0.17
Staff credentials of Child Dev. Supervisors w/ Assocaite Degree, ECE/Related	0.00	0.67	0.00	0.00	0.00	0.00	0.00	1.33	0.00	0.33	0.00	0.00	0.00	0.00	0.17
Staff credentials of Home-Bawsed Supervisors w/ Associate Degree, ECE/Related	0.33	0.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.33	0.00	0.00	0.00	0.00	0.07
Staff credentials of Teachers enrolled in Bachelor program, ECE/Related	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.33	0.00	0.00	0.17
Staff credentials of Asst.Teachers enrolled in Bachelor program, ECE/Related	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Staff credentials of Home-based Visitors enrolled in Bachelor program, ECE/Related	0.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.02
Staff credentials of Family Child Care Teachers enrolled in Bachelor program, ECE/Related	0.00	0.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.05
Staff credentials of Child Dev. Supervisors enrolled in Bachelor program, ECE/Related	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Staff credentials of Home-Based Supervisors enrolled in Bachelor program, ECE/Related	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Staff credentials of Teachers w/Bachelor degree, ECE/Related	1.00	2.33	0.00	2.00	10.33	0.00	0.00	2.00	0.00	1.67	3.33	1.33	0.00	2.00	1.86
Staff credentials of Asst.Teachers w/ Bachelor degree, ECE/Related	0.00	0.67	0.00	0.00	0.33	0.00	0.00	0.67	0.00	0.00	0.67	0.00	0.00	0.00	0.17
Staff credentials of Home-based Visitors w/ Bachelor degree, ECE/Related	0.33	12.00	3.33	4.00	0.67	3.67	6.00	11.67	0.00	3.00	7.67	7.67	7.33	5.00	5.17
Staff credentials of Family Child Care Teachers w/ Bachelor degree, ECE/Related	0.00	0.67	0.00	0.00	1.67	0.00	0.00	0.00	0.00	0.00	0.00	0.33	0.00	0.00	0.19
Staff credentials of Child Dev. Supervisors w/ Bachelor degree, ECE/Related	0.00	4.67	0.00	1.00	0.00	0.00	0.00	0.00	1.00	0.33	0.00	0.00	0.00	1.00	0.57
Staff credentials of Home-Based Supervisors w/ Bachelor degree, ECE/Related	0.67	1.67	0.00	1.00	0.33	0.00	0.00	2.00	1.00	0.33	1.00	0.67	1.00	0.67	0.74
Staff credentials of Teachers w/Graduate degree, ECE/Related	0.00	0.67	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.33	0.00	0.67	0.19
Staff credentials of Asst.Teachers w/ Graduate degree, ECE/Related	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Staff credentials of Home-based Visitors w/ Graduate degree, ECE/Related	0.00	0.33	0.00	0.33	0.67	0.00	3.33	1.00	0.00	0.00	0.00	0.67	1.00	0.00	0.52
Staff credentials of Family Child Care Teachers w/ Graduate degree, ECE/Related	0.00	0.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.05
Staff credentials of Child Dev. Supervisors w/ Graduate degree, ECE/Related	0.00	0.33	0.00	0.33	0.00	0.00	0.00	0.00	0.00	0.00	0.67	0.67	0.00	0.33	0.17

Appendix 3: System Factors – Site continued

Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Averages
Staff credentials of Home-Based Supervisors w/ Graduate degree, ECE/Related	0.00	0.33	0.00	0.00	0.33	0.00	0.33	0.00	0.00	0.00	0.00	0.67	0.00	0.00	0.12
Staff credentials of Teachers w/ CDA or State Equivalent	0.00	10.33	0.00	4.00	1.33	0.00	0.00	11.33	0.00	3.33	0.00	22.00	0.00	11.33	4.55
Staff credentials of Asst.Teachers w/ CDA or State Equivalent	0.00	0.67	0.00	0.00	0.00	0.00	0.00	4.33	0.00	0.00	1.33	6.33	0.00	4.00	1.19
Staff credentials of Home-based Visitors w/ CDA or State Equivalent	1.00	1.00	2.67	0.00	0.00	0.00	3.33	0.00	3.00	1.33	1.00	0.00	0.33	0.00	0.98
Staff credentials of Family Child Care Teachers w/ CDA or State Equivalent	0.00	2.00	0.00	0.00	2.67	0.00	0.00	2.00	0.00	2.00	2.67	0.33	0.00	0.00	0.83
Staff credentials of Child Dev. Supervisors w/ CDA or State Equivalent	0.00	0.67	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.12
Staff credentials of Home-Based Supervisors w/ CDA or State Equivalent	0.33	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.10
Staff Teachers w/o degrees enrolled in ECE/Related degree	0.00	1.33	0.00	1.00	0.00	0.00	0.00	6.33	0.00	0.33	0.00	3.00	0.00	0.00	0.86
Staff Asst. Teachers w/o degrees enrolled in ECE/Related degree	0.00	0.33	0.00	0.00	0.00	0.00	0.00	3.00	0.00	0.00	0.00	0.67	0.00	0.00	0.29
Staff Home-based Visitors w/o degrees enrolled in ECE/Related degree	0.00	0.67	0.00	0.00	0.00	0.00	0.00	0.00	3.00	0.33	0.33	0.00	0.00	0.00	0.31
Staff Family Child Care Teachers w/o degrees enrolled in ECE/Related degree	0.00	1.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.33	0.00	0.00	0.00	0.00	0.17
Staff Child Dev. Supervisors w/o degrees enrolled in ECE/Related degree	0.00	0.33	0.00	0.00	0.00	0.00	0.00	0.67	0.00	0.00	0.00	0.00	0.00	0.00	0.07
Staff Home-Based Supervisors w/o degrees enrolled in ECE/Related degree	0.00	0.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.05
Staff Teachers w/o degrees w/o CDA or equivalent training	0.00	1.67	0.00	2.67	1.00	0.00	0.00	1.00	0.00	0.00	0.00	1.67	0.00	0.67	0.62
Staff Asst. Teachers w/o degrees w/o CDA or equivalent training	1.00	6.67	0.00	0.00	9.00	0.00	0.00	1.33	0.00	0.00	1.33	3.00	0.00	1.00	1.67
Staff Home-based Visitors w/o degrees w/o CDA or equivalent training	0.67	0.00	0.00	0.00	1.00	0.00	0.33	0.67	1.00	0.00	0.00	0.00	0.00	0.33	0.29
Staff Family Child Care Teachers w/o degrees w/o CDA or equivalent training	0.67	0.00	0.00	0.00	0.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.07
Staff Child Dev. Supervisors w/o degrees w/o CDA or equivalent training	0.00	0.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.02
Staff Home-Based Supervisors w/o degrees w/o CDA or equivalent training	0.00	0.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.02
Staff Teachers w/o degrees in any type of CDA training	0.00	2.67	0.00	2.67	0.33	0.00	0.00	2.33	1.00	1.67	0.00	3.67	0.00	0.67	1.07
Staff Asst. Teachers w/o degrees in any type of CDA training	0.00	2.33	0.00	0.00	0.33	0.00	0.00	8.67	0.00	0.00	2.00	7.33	0.00	4.67	1.81
Staff Home-based Visitors w/o degrees in any type of CDA training	0.00	0.00	1.67	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00	0.00	1.33	0.00	0.36
Staff Family Child Care Teachers w/o degrees in any type of CDA training	0.00	1.67	0.00	0.00	0.33	0.00	0.00	0.33	0.00	0.67	0.00	0.00	0.00	0.00	0.21
Staff Child Dev. Supervisors w/o degrees in any type of CDA training	0.00	0.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.02
Staff Home-Based Supervisors w/o degrees in any type of CDA training	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Staff credentials of Teachers of a child care center partnering w/ HS/EHS	0.00	27.67	0.00	15.00	16.67	0.00	0.00	20.33	0.00	5.33	3.33	41.67	0.00	26.33	11.17
Staff credentials of Asst. Teachers of a child care center partnering w/ HS/EHS	0.00	21.00	0.00	0.00	9.67	0.00	0.00	13.33	0.00	1.33	10.33	22.00	0.00	21.33	7.07
Staff credentials of Home-based Visitors of a child care center partnering w/ HS/EHS	0.00	4.33	0.00	0.00	1.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.45
Staff credentials of Family Child Care Teachers of a child care center partnering w/ HS/EHS	0.00	6.67	0.00	0.00	5.00	0.00	0.00	3.33	0.00	4.00	2.67	0.67	0.00	0.00	1.60
Staff credentials of Child Dev. Supervisors of a child care center partnering w/ HS/EHS	0.00	7.33	0.00	0.00	0.00	0.00	0.00	2.33	0.00	0.00	0.00	0.00	0.00	1.33	0.79
Staff credentials of Home-based Supervisors of a child care center partnering w/ HS/EHS	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.07
Avg Annual Teacher Salary w/ Ass. Degree in ECE or related field	$9,263	$21,893	$0	$15,049	$16,293	$0	$0	$21,070	$20,800	$18,280	$0	$23,391	$0	$21,190	$11,945.00
Avg Annual Teacher Salary w/ Bachelor's Degree in ECE or related field	$17,397	$28,191	$0	$13,004	$16,640	$0	$0	$26,968	$0	$12,539	$13,333	$25,450	$0	$23,337	$12,632.69
Avg Annual Teacher Salary w/ Graduate Degree in ECE or related field	$0	$10,511	$0	$0	$16,813	$0	$0	$0	$0	$0	$0	$12,292	$0	$16,467	$4,005.93
Avg Annual Teacher Salary w/ Child Dev. Ass. credential or State Equiv. in ECE or related field	$0	$19,506	$0	$17,324	$10,400	$0	$0	$15,849	$0	$18,137	$0	$20,297	$0	$19,760	$8,662.38
Avg. Teacher Salary (annual)	$17,403	$21,769	$0	$17,495	$16,573	$0	$0	$21,791	$20,800	$18,364	$13,333	$21,465	$0	$20,118	$13,507.95
Avg. Teacher Salary (hourly)	$10.67	$10.47	$0.00	$8.65	$8.00	$0.00	$0.00	$11.82	$10.00	$9.79	$6.33	$10.30	$0.00	$9.57	$6.83
Avg. Asst. Teacher Salary (annual)	$7,570	$16,370	$0	$0	$3,571	$0	$0	$13,944	$19,760	$4,160	$10,000	$17,062	$0	$16,282	$7,765.62
Avg. Asst. Teacher Salary (hourly)	$6.00	$7.87	$0.00	$0.00	$3.43	$0.00	$0.00	$6.75	$10.00	$2.00	$5.00	$8.19	$0.00	$8.00	$4.09
Avg. Home-based Visitor Salary (annual)	$23,272	$26,629	$24,849	$28,158	$22,044	$26,094	$23,511	$30,135	$19,127	$28,083	$32,192	$31,252	$27,822	$26,901	$26,433.48
Avg. Home-based Visitor Salary (hourly)	$14.10	$12.80	$12.12	$13.54	$10.62	$12.66	$14.26	$14.35	$9.00	$14.49	$15.98	$15.03	$13.97	$12.70	$13.26
# of Direct Child Dev. Staff: Hispanic/Latino	5.33	11.67	0.00	5.00	1.33	0.00	0.67	1.67	5.00	0.00	1.33	17.00	4.00	9.67	4.48
# of Direct Child Dev. Staff: non-Hispanic/non-Latino	4.67	58.33	10.00	15.33	33.33	6.33	14.67	55.67	3.00	29.33	24.67	58.67	10.67	46.67	26.52
# of Direct Child Dev. Staff: American Indian/Alaska Native	0.00	1.00	0.00	0.33	0.00	0.33	0.33	0.00	0.00	0.00	0.33	0.33	0.00	0.00	0.19
# of Direct Child Dev. Staff: Asian	0.00	2.00	0.00	0.00	7.33	0.00	0.00	0.00	0.00	0.00	0.33	0.67	0.00	0.67	0.79
# of Direct Child Dev. Staff: Black/African American	0.67	13.33	0.00	3.33	0.67	0.00	0.00	2.67	0.00	1.00	3.33	29.33	1.00	10.00	4.67
# of Direct Child Dev. Staff: Native Hawaiian/Pacific Islander	1.33	0.33	0.67	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.33	0.00	0.67	0.45
# of Direct Child Dev. Staff: White	3.33	40.33	6.33	4.67	24.67	6.00	14.67	54.00	3.00	27.67	21.67	28.67	13.67	41.00	20.69
# of Direct Child Dev. Staff: Bi-Racial/ Multi-Racial	1.00	1.67	3.00	5.67	0.33	0.00	0.00	0.00	0.00	0.00	0.00	7.00	0.00	0.00	1.33
# of Direct Child Dev. Staff: Other	3.67	0.00	0.00	0.67	0.00	0.00	0.33	0.67	5.00	0.00	0.00	0.67	0.00	0.00	0.79
# of Direct Child Dev. Staff: Unspecified	0.00	11.33	0.00	2.67	1.67	0.00	0.00	0.00	0.00	0.67	0.33	8.67	0.00	4.00	2.10
# of child dev. Staff proficient in another language other than English	4.67	9.33	0.00	4.33	0.67	0.00	0.67	1.33	6.00	1.00	1.00	15.67	0.33	3.67	3.48
# of teachers who left program during the year	0.33	13.67	0.00	8.67	9.00	0.00	0.00	4.33	2.00	1.33	1.67	13.00	0.00	4.00	4.14
# of teachers who left program during the year for higher salary in same field	0.00	8.00	0.00	4.33	5.33	0.00	0.00	1.33	0.00	0.33	1.00	1.67	0.00	1.00	1.64
# of teachers who left program during the year for change in job field	0.33	3.00	0.00	1.00	1.67	0.00	0.00	0.00	2.00	0.00	0.00	5.67	0.00	3.00	1.19
# of teachers who left program during the year for other reasons	0.00	2.67	0.00	3.33	2.00	0.00	0.00	3.00	0.00	1.00	0.67	5.67	0.00	0.00	1.31
# of teacher vacancies unfilled for 3 months or longer	0.00	1.67	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.33
# of teachers hired due to turnover	0.33	13.67	0.00	6.67	5.00	0.00	0.00	3.33	2.00	1.33	1.67	8.67	0.00	4.00	3.33
# of family & community partnership staff - family workers	0.00	13.33	0.00	6.33	0.00	0.00	0.00	0.00	0.00	0.00	3.33	7.33	1.33	8.33	2.86

Appendix 3: System Factors – Site continued

Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Averages
# of family & community partnership staff - community partnership supervisors	0.00	3.67	0.00	1.00	0.33	0.33	0.00	0.00	0.00	0.00	0.33	1.33	0.33	2.00	0.67
# of FCP staff w/ a family caseload - family workers	0.00	13.33	0.00	6.33	0.00	0.00	0.00	0.00	0.00	0.00	3.33	7.33	0.67	8.00	2.79
# of FCP staff w/ a family caseload - community partnerships supervisors	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.33	0.00	1.00	0.17
# of family & community partnerships w/ GED/High School diploma - Family workers	0.00	0.67	0.00	1.33	0.00	0.00	0.00	0.00	0.00	0.00	0.33	0.00	0.33	0.00	0.19
# of family & com. partnerships w/ GED/High School diploma - Community Partner. Superervisor	0.00	0.67	0.00	0.00	0.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.33	0.00	0.10
# of family & community partnerships w/ related Assoc. degree - Family workers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.33	0.33	0.05
# of family & community partnerships w/ related Assoc. degree - Comm. Partner. Supervisor	0.00	0.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.02
# of family & community partnerships w/ related Bach. degree - Family workers	0.00	7.67	0.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00	4.67	0.67	5.00	1.86
# of family & community partnerships w/ related Bach.. degree - Comm. Partner. Supervisor	0.00	1.67	0.00	0.33	0.00	0.33	0.00	0.00	0.00	0.00	0.33	0.67	0.00	0.67	0.29
# of family & community partnerships w/ related Graduate degree - Family workers	0.00	0.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00	2.33	0.33
# of family & community partnerships w/ related Graduate degree - Comm. Partner. Supervisor	0.00	0.33	0.00	0.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.67	0.00	1.33	0.21
# of family & community partnerships in training for related degree/credential - Family workers	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.67	0.33	0.00	0.14
# of family & comm. partner. in training for related degree/credential - Comm. Partner. Sup.	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.33	0.00	0.10
# of family workers w/ less than 1 year experience	0.00	4.33	0.00	2.33	0.00	0.00	0.00	0.00	0.00	0.00	2.00	2.33	0.67	4.00	1.12
# of family workers w/ 1-5 years experience	0.00	6.00	0.00	3.33	0.00	0.00	0.00	0.00	0.00	0.00	1.00	4.33	0.67	4.33	1.40
# of family workers w/ 6-10 years experience	0.00	2.33	0.00	0.67	0.00	0.00	0.00	0.00	0.00	0.00	0.33	0.67	0.00	0.00	0.29
# of family workers w/ more than 10 years	0.00	0.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.05
average # of hours/operating month a MH professional on site	7.33	23.33	7.00	2.33	6.00	12.00	0.67	240.00	5.00	8.00	3.67	27.33	2.33	77.67	30.19
# of LEAs in service area	1.00	1.00	3.00	1.00	1.00	1.00	2.00	1.00	1.00	5.33	1.00	1.00	1.00	1.00	1.52
# of LEAs that program has agreement w/ to coordinate services for children w/ disabilities	0.33	1.00	2.33	1.00	1.00	1.00	2.00	1.00	1.00	5.33	1.00	1.00	1.00	0.67	1.40

Appendix 4: System Factor - Area

Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Averages
Overall population	33,751	464,999	35,833	171,880	35,609	18,289	37,208	79,442	92,019	179,942	62,826	155,750	116,835	499,870	141,732
Children 0-4	3,017	35,260	1,952	11,586	2,471	1,746	2,108	5,022	8,443	11,770	3,495	12,656	7,516	33,618	10,047
Children 5-20	8,509	109,118	8,162	37,397	8,948	6,618	8,636	17,831	25,308	41,255	12,972	39,254	27,180	101,140	32,309
Adults 21-64	14,803	253,151	18,628	94,320	19,067	13,497	20,003	42,680	49,532	90,518	32,652	86,706	62,998	269,779	76,310
Over 65	3,566	50,064	8,449	23,341	4,183	4,014	6,612	12,408	10,161	24,383	4,729	18,520	19,928	45,069	16,816
Population under 18 (%)	30.90%	27.15%	20.99%	24.29%	23.53%	25.49%	20.10%	21.92%	27.23%	24.34%	17.60%	27.87%	23.30%	25.45%	24.30%
Increase/Decrease of population	4.10%	4.03%	-5.66%	1.50%	-1.60%	-4.73%	-4.85%	-0.67%	-3.60%	0.37%	-0.50%	-1.50%	-2.90%	14.50%	-0.11%
Live births	637	7,837	373	2,543	555	309	441	1,073	1,681	2,495	984	2,859	1,749	7,655	2,228
Ethnicity: White	36.70%	69.89%	96.59%	73.25%	63.76%	92.21%	95.21%	88.44%	75.69%	90.25%	50.70%	25.81%	86.49%	84.26%	73.52%
Ethnicity: Black	1.65%	10.53%	0.63%	10.48%	2.69%	1.21%	0.83%	2.46%	0.79%	2.71%	6.11%	19.20%	4.22%	3.95%	4.82%
Ethnicity: American Indian	0.44%	1.11%	0.41%	1.38%	0.38%	0.87%	0.40%	0.41%	0.55%	2.61%	0.43%	0.34%	2.67%	0.39%	0.88%
Ethnicity: Asian/Pacific Islander	1.59%	3.77%	0.25%	1.09%	1.72%	0.20%	0.70%	0.99%	0.82%	0.51%	2.13%	1.41%	0.73%	3.74%	1.40%
Ethnicity: Hispanic origin	58.75%	12.22%	1.57%	11.12%	29.31%	4.21%	2.23%	6.25%	21.50%	2.50%	4.45%	17.89%	3.43%	5.81%	12.95%
Square miles	1099	999	3,695	550	851	1,182	2,503	2,284	4,907	5,515	610	151	2,474	477	1,950
Urban/rural designation	d-s rural	urban		urban	semi-urbe	d-s rural					semi-urba	urban		urban	
# of Households	10,852	176,444	15,440	68,978	13,691	9,888	15,948	31,820	32,453	67,490	24,854	66,560	48,504	174,570	54,107
Married households w/children	7,360	93,021	6,873	35,285	6,550	5,612	6,406	15,026	22,419	36,261	9,107	23,462	25,544	100,507	28,102
Single Households Female Headed (Children under 18)	1,172	12,192	1,082	8,291	1,619	896	1,383	2,983	3,928	5,984	1,780	11,651	4,565	12,650	5,013
Single Households Male Headed (children under 18)	516	4,111	440	2,337	449	350	348	948	1,493	1,992	375	2,995	1,942	4,040	1,595
Households with 65 and over	3,132	33,674	7,449	21,666	4,149	4,007	6,116	11,311	9,110	22,054	4,708	18,416	6,219	45,041	14,075
Housing units available (statistical abstract)	11,650	202,166	17,932	73,768	14,757	10,877	17,877	34,609	35,760	68,758	23,397	65,892	54,765	181,612	58,130
Housing units occupied	10,852	180,666	15,440	68,920	13,691	9,888	15,948	31,820	32,453	63,582	22,137	59,700	48,476	174,570	53,439
Housing units vacant	798	21,500	2,492	4,848	1,066	989	1,929	2,789	3,307	5,176	1,260	6,192	6,289	7,042	4,691
Housing units rented	3,818	62,924	3,432	22,437	5,339	2,310	5,177	9,137	10,167	16,427	11,683	22,173	14,339	48,380	16,982
Housing units owned	7,034	117,742	12,008	46,483	8,352	7,578	10,771	22,683	22,286	47,155	10,454	37,527	34,137	126,190	36,457
Mean rent	$469	$547	$336	$541	$448	$429	$382	$415	$446	$419	$523	$498	$413	$759	$473
Housing units lacking plumbing	61	568	85	216	94	39	58	72	153	244	60	251	223	471	185
Housing units lacking kitchen facilities	72	1,000	83	339	67	57	108	115	159	279	38	244	315	676	254
Housing units without telephone service	466	4,926	574	1,916	660	321	389	851	1,729	1,690	340	2,410	2,644	1,100	1,430
# persons who use public transportation	70	1,467	37	787	70	22	25	171	94	249	125	964	113	813	358
Average Family Size (#)	3.42	3.18	2.90	2.98	3.12	3.10	2.86	2.93	3.22	3.08	2.99	3.24	2.97	3.09	3.08
Children in Poverty (%)	16.00%	16.87%	14.66%	16.57%	17.10%	14.37%	15.41%	13.31%	16.44%	14.15%	13.80%	24.30%	21.23%	6.10%	15.74%
Population in Poverty (%)	12.40%	13.00%	9.74%	9.60%	14.50%	9.50%	11.53%	7.83%	12.17%	9.81%	20.60%	16.50%	13.90%	3.40%	11.75%
School-Aged Mothers (%)	0.00%	3.77%	4.60%	3.87%	0.00%	1.90%	2.13%	2.31%	0.00%	2.12%	0.00%	0.00%	9.45%	1.03%	2.23%
Children Approved for Free School Meals (%)	65.91%	11.17%	23.58%	10.30%	0.00%	7.93%	7.74%	7.60%	15.43%	6.99%	10.25%	21.09%	36.76%	2.07%	16.20%
Median Household Income	$36,602	$49,367	$38,364	$43,705	$34,377	$44,251	$34,254	$42,621	$38,883	$41,506	$34,177	$33,266	$36,247	$68,142	$41,126
% of State Median Family Income	73.76%	90.28%	70.99%	88.07%	69.27%	82.37%	66.40%	77.34%	77.35%	83.64%	68.87%	67.04%	66.04%	137.06%	79.89%
Per capita income	$15,721	$20,907	$17,217	$20,904	$15,724	$18,305	$17,788	$17,807	$16,726	$17,276	$16,349	$16,005	$15,725	$30,919	$18,384
Average Hourly Wage	$13.96	$19.29	$10.22	$17.07	$12.73	$12.24	$12.44	$13.15	$13.77	$13.75	$13.37	$19.49	$12.97	$21.04	$14.68
Unemployment rate	0.00%	5.60%	2.12%	2.70%	4.20%	3.20%	2.33%	2.17%	2.60%	2.76%	4.30%	5.20%	2.90%	1.70%	2.98%
Early Head Start Availability (slots per 100)	13.37	3.90	30.63	3.73	11.37	24.30	38.72	27.98	1.24	149.80	16.83	6.20	12.38	5.27	24.69
Head Start Availability (slots per 100)	116.73	36.17	114.39	80.97	58.23	99.70	93.50	129.01	93.28	886.67	72.63	67.20	81.14	34.13	140.27
Child Care Availability (%)	0.00%	8.53%	34.04%	11.27%	0.00%	7.07%	11.01%	11.44%	0.00%	7.13%	0.00%	0.00%	23.71%	10.63%	8.92%
Infant Toddler child care availability (KACCRA)	0	0	0	0	0	0	0	0	0	0	0	0	2,019	0	144
Single Teen Mothers w/o H.S. Diploma (%)	48.73%	22.39%	10.74%	19.58%	24.65%	15.10%	11.71%	13.64%	34.31%	10.80%	5.83%	35.57%	20.12%	7.03%	20.01%
High School Graduates (%)	89.96%	79.81%	94.19%	82.70%	85.38%	93.38%	91.50%	90.19%	86.40%	91.75%	94.38%	80.06%	87.74%	93.48%	88.64%
High School Graduates Post-Secondary (%)	20.30%	28.00%	21.28%	28.00%	23.40%	21.40%	23.47%	21.53%	22.18%	21.02%	32.50%	16.50%	22.20%	50.70%	25.18%
Childhood Deaths (per 100,000)	0.00	9.57	20.94	8.13	0.00	8.33	5.83	11.69	0.00	8.44	0.00	0.12	116.73	5.00	13.91
Immunized by age 2 (%)	60.37%	66.63%	70.26%	76.97%	54.21%	57.13%	73.85%	68.74%	67.19%	69.70%	41.68%	23.67%	57.16%	59.49%	60.50%
Infant Mortalities (per 100,000)	0.00	3.00	4.50	3.13	0.00	1.00	1.34	3.24	0.00	2.36	0.00	0.00	41.53	1.77	4.42

Appendix 4: System Factors – Area continued:

Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Averages
Adequate or Better Prenatal Care (%)	63.64%	80.36%	80.23%	82.96%	77.42%	84.04%	81.62%	82.81%	69.49%	81.44%	75.19%	64.74%	76.69%	88.29%	77.78%
# Disabled Age 5+	5,399	410,935	6,733	30,728	5,720	4,485	6,212	13,416	13,822	28,294	5,710	35,384	24,300	48,627	45,698
# Disabled Under 5 (3.5% of population under 5)	106	1,234	68	406	86	61	74	176	296	412	122	443	263	1,177	352
# Disabled 5-20	590	109,614	549	3,614	670	496	613	1,425	1,474	2,875	951	3,854	1,596	5,834	9,583
# Disabled 21-64	3,394	251,864	3,176	18,026	3,371	2,523	2,966	7,361	8,709	15,866	3,108	22,453	6,727	28,776	27,023
# Disabled over 65	1,415	20,290	3,008	9,088	1,679	1,466	2,633	4,630	3,798	9,553	1,651	9,077	4,268	14,017	6,184
Food insufficiency (4.1% of population)	1,384	19,065	1,469	7,047	1,460	750	1,252	3,257	3,293	7,378	2,576	6,386	4,790	20,495	5,757
Low Birth Weight Babies (%)	6.52	5.21	4.22	5.74	4.40	4.67	7.91	3.30	5.54	6.67	3.77	5.27	5.20	4.10	5
Reported Child Abuse and Neglect (per 1000)	0.00	19.27	67.92	30.50	0.00	18.30	24.39	25.09	0.00	15.65	0.00	0.00	356.80	8.93	40.49
Substantiated Abuse and Neglect (per 1000)	0.00	3.77	12.22	5.30	0.00	2.47	3.61	4.89	0.00	2.54	0.00	0.00	109.37	1.70	10.42
Out of Home Placement (per 1000)	0.00	3.50	3.88	3.63	0.00	3.03	1.73	1.23	0.00	1.45	0.00	0.00	42.33	0.67	4.39
Teen Violent Death Rate (per 100,000)	0.00	37.13	137.73	59.53	68.70	43.13	17.50	58.21	30.62	84.58	30.20	91.40	284.20	29.03	69.43
Children with some functional MH impairment (21%)	2,420	30,319	2,124	10,286	2,398	1,756	2,256	4,799	7,088	1,237	3,458	10,901	7,286	28,299	8,188
Children with significant MH impairment (11%)	1,268	15,882	1,113	5,388	1,256	920	1,182	2,514	3,713	648	1,811	5,710	9,920	14,823	4,725
Children with extreme MH impairment (5%)	576	7,219	506	2,449	571	418	537	1,143	1,688	295	823	2,596	4,146	6,738	2,122

Appendix 5: Inputs

Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Averages
Number of EHS Slots	49	85	49	62	67	48	49	101	31	72	68	75	165	78	71.36
Program Cost for EHS/HS	$432,947	$910,117	$493,761	$637,376	$628,143	$425,105	$432,947	$925,912	$264,912	$744,231	$702,638	$771,148	$1,427,104	$863,635	$689,998.18
Costs per Child	$8,883.27	$10,672.98	$10,145.17	$10,280.59	$9,471.28	$8,905.36	$8,843.01	$9,127.53	$8,920.80	$10,337.96	$10,333.03	$10,282.46	$8,598.32	$11,079.25	$9,705.79
Difference From State Avg.	-$841.97	$947.74	$419.93	$555.35	-$253.96	-$819.87	-$882.23	-$597.71	-$793.38	$612.73	$607.79	$557.22	-$1,126.92	$1,354.01	-$18.66

Appendix 6: Caseloads

Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Averages
# of Home Visitors	6.33	13.33	10.00	5.33	3.33	6.33	15.33	15.33	5.00	10.33	9.67	11.33	14.67	8.67	9.64
# of EHS slots	48.67	85.33	48.67	62.00	66.67	47.67	49.33	101.33	47.00	72.00	68.00	75.00	165.33	78.00	72.50
# of Cases per Home Visitor	7.78	6.40	4.87	11.67	19.17	7.54	3.22	6.94	9.40	6.97	7.05	6.61	11.78	9.79	8.51

Appendix 7: Activities - Children

Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Averages
# of classes operated by HS/EHS	0.67	0.00	0.00	0.00	0.00	0.00	0.00	1.67	1.00	2.00	0.00	0.00	0.00	0.00	5.33
# of double session classes operated by HS/EHS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of classes operated by HS/EHS where a teacher has Assoc./ECE/related field	0.33	0.00	0.00	0.00	0.00	0.00	0.00	1.67	1.00	2.00	0.00	0.00	0.00	0.00	5.00
# of classes which HS/EHS children served by child care ctr partnership	0.00	30.33	0.00	5.67	5.67	0.00	0.00	17.67	0.00	3.67	3.33	29.00	0.00	14.33	109.67
# of double session classes which HS/EHS children served by child care ctr partnership	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# of classes operated by child care ctr partner w/ teacher has Assoc/ECE/related or higher	0.00	7.33	0.00	2.00	5.33	0.00	0.00	6.33	0.00	1.00	3.33	9.33	0.00	4.00	38.67
# of family child care homes served HS/EHS children	0.67	6.00	0.00	0.00	4.33	0.00	0.00	3.33	0.00	5.33	2.67	0.33	0.00	0.00	22.67
# of home-based socialization groups operated	24.00	4.00	5.00	2.67	1.67	14.33	22.33	29.33	5.00	9.67	4.67	11.00	9.67	16.00	159.33
# of HS/EHS centers (no family child care homes)	0.33	6.33	0.00	1.67	1.00	0.00	0.00	3.00	1.00	2.33	0.00	6.67	0.00	3.00	25.33
Creative Curriculum model for your center-based services/program as primary foundation (1=yes, 0=no)	0.00	1.00	0.00	1.00	1.00	0.00	0.00	1.00	0.00	1.00	0.33	1.00	0.33	1.00	0.55
Creative Curriculum model for your center-based services/program as primary foundation (1=yes, 0=no)	0.67	0.00	0.33	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.14
Creative Curriculum model for your center-based services/program as primary foundation (1=yes, 0=no)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.33	0.00	0.00	0.00	0.02
Creative Curriculum model for your home-based services/program as primary foundation (1=yes, 0=no)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.07
Parents as Teachers curriculum model for your home-based services/program as primary foundation (1=yes, 0=no)	0.67	0.00	0.67	1.00	1.00	0.00	0.00	1.00	1.00	1.00	1.00	1.00	0.00	1.00	0.67
Born to Learn curriculum model for your home-based services/program as primary foundation (1=yes, 0=no)	0.00	0.00	0.00	0.00	0.00	1.00	1.00	0.33	0.00	0.00	0.00	0.00	0.33	0.00	0.19
Partners In Parenting Ed. curriculum model for your home-based services/program as primary foundation (1=yes, 0=no)	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.07
Denver II curriculum model for your home-based services/program as primary foundation (1=yes, 0=no)	1.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.14
Denver II is instrument program uses for developmental screening (1=yes, 0=no)	0.67	0.00	0.67	0.50	1.00	1.00	0.67	1.00	1.00	0.67	1.00	1.00	1.00	1.00	0.80
Ages & Stages Questionnaire is instrument program uses for developmental screening (1=yes, 0=no)	0.00	1.00	0.00	0.33	0.00	0.00	0.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.12
Parents as Teachers is instrument program uses for developmental screening (1=yes, 0=no)	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.07
Parents as Teachers tool used for child assessments (1=yes, 0=no)	0.50	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.11
Developmental Milestones tool used for child assessments (1=yes, 0=no)	0.67	0.00	1.00	1.00	0.00	0.00	0.00	0.67	1.00	0.67	0.00	1.00	0.00	1.00	0.50
Assessment, Evaluation, & Programming System tool used for child assessments (1=yes, 0=no)	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.07
Early Learning Accomplishment Profile tool used for child assessments (1=yes, 0=no)	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.07
Ages & Stages tool used for child assessments (1=yes, 0=no)	0.00	0.00	0.00	0.00	0.00	0.67	0.33	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.14
Denver II tool used for child assessments (1=yes, 0=no)	0.00	0.00	0.00	0.00	0.00	0.00	0.67	0.00	0.00	0.33	0.00	0.00	0.00	0.00	0.07
Portfolio tool used for child assessments (1=yes, 0=no)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.07
curriculum, screening, & assessment is locally designed (1=yes, 0=no)	0.00	0.00	0.00	0.00	0.00	0.00	0.33	0.50	0.00	0.00	0.00	0.00	1.00	0.00	0.13

Appendix 8: Activities - Families

Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Totals
# of families participating in family goal setting process	67.00	201.00	87.67	48.00	56.67	52.00	78.33	224.00	54.00	147.67	115.67	179.33	165.33	91.50	1,568
# of families receiving emergency/crisis intervention	15.67	132.00	25.00	24.00	10.67	28.00	19.00	206.67	2.00	52.67	45.33	70.67	13.67	32.50	678
# of families receiving housing assistance	8.67	69.00	11.00	9.33	18.33	14.67	13.67	153.67	8.00	40.33	33.33	131.67	30.67	25.00	567
# of families receiving transportation assistance	16.67	60.67	5.33	22.67	9.33	13.00	6.00	204.67	3.00	22.00	29.33	119.67	26.33	7.00	546
# of families receiving MH services	7.67	134.67	18.00	11.33	10.00	15.00	20.33	130.00	1.00	18.00	31.67	126.67	19.33	29.00	573
# of families receiving English as second language training	9.67	37.33	1.00	6.33	0.67	1.67	0.33	46.00	19.00	1.67	1.33	14.67	0.33	3.00	143
# of families receiving adult education	29.00	95.33	36.33	10.00	5.00	16.33	26.00	176.67	26.00	34.00	38.33	122.67	17.00	32.50	665
# of families receiving job training	5.67	60.33	11.67	7.33	5.33	13.00	11.67	73.67	3.00	16.00	8.00	41.00	7.67	10.00	274
# of families receiving substance abuse prevention/treatment	1.67	15.00	4.33	2.33	0.33	4.33	4.00	52.33	0.00	5.00	2.00	18.33	5.67	2.50	118
# of families receiving child abuse/neglect services	1.33	29.33	5.67	28.33	5.67	7.33	2.33	34.00	0.00	9.33	2.33	23.33	8.33	7.00	164
# of families receiving domestic violence services	0.67	14.33	6.33	1.33	1.00	4.67	6.67	24.33	0.00	7.00	4.67	29.67	3.00	5.50	109
# of families receiving child support assistance	7.00	24.33	11.00	1.67	6.67	9.67	11.00	51.67	0.00	10.67	34.00	1.67	9.33	9.50	188
# of families receiving health education	35.67	190.33	77.00	63.00	57.67	43.67	39.00	237.00	17.00	138.00	115.67	158.67	150.33	67.50	1,391
# of families receiving assistance to families of incarcerated individuals	1.67	80.33	2.67	0.67	2.00	2.00	0.00	20.00	1.00	8.67	2.33	16.67	4.00	2.50	145
# of families receiving parenting education	60.67	190.33	86.00	63.00	57.67	47.67	49.67	235.67	21.00	137.00	115.67	177.33	168.00	96.50	1,506
# of families receiving marriage education services	1.67	27.00	17.67	3.67	1.67	7.00	2.33	79.00	2.00	5.00	11.00	0.67	3.67	2.00	164
# of families that received at least 1 service listed above	66.00	201.00	88.00	63.00	57.67	51.33	80.67	240.33	40.00	148.00	115.67	177.33	168.67	96.50	1,594
# of families receiving WIC	59.00	160.00	79.33	48.00	44.00	41.67	49.00	196.00	68.00	113.00	107.67	115.33	131.33	64.50	1,277
# of HS/EHS programs designed to involve fathers/father figures (1=yes, 0=no)	1.00	1.00	1.00	0.67	0.67	0.67	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	13
# of children whose fathers/father figures participated in activities	15.33	15.67	39.00	8.33	3.67	19.67	16.33	51.00	49.00	109.33	15.67	34.33	65.00	10.50	453
# of homeless families served	7.00	41.67	1.33	3.33	3.67	2.33	0.00	6.33	0.00	8.67	1.33	17.00	10.67	9.00	112
# of homeless children served	10.33	49.67	1.67	4.67	3.67	5.00	0.00	8.33	0.00	11.00	2.00	27.67	9.67	12.50	146
# of homeless families who acquired housing	2.67	22.67	0.33	2.67	0.67	1.67	0.00	5.33	0.00	5.00	0.33	12.00	6.00	5.50	65

Appendix 9: Outcomes – Children

Description		1	2	3	4	5	6	7	8	9	10	11	12	13	14	Averages
% of children w/ updated immunizations	O-2.4	70.84%	62.06%	58.30%	66.51%	76.82%	68.34%	78.30%	70.78%	75.16%	59.45%	78.39%	76.17%	52.31%	67.87%	68.66%
% of children w/ updated immunizations for their age	O-2.4a	86.75%	91.00%	74.75%	68.75%	93.50%	78.75%	95.50%	85.50%	0.00%	84.75%	94.75%	86.75%	74.00%	83.25%	78.43%
% of children w/ current child/Kan Be Healthy checks		81.20%	88.64%	86.83%	88.09%	86.76%	67.43%	91.43%	67.20%	73.65%	89.20%	93.31%	89.81%	76.79%	80.40%	82.91%
# of children in EHS reported child abuse/neglect		1.33	1.00	3.00	1.67	4.67	10.67	1.33	9.67	0.50	7.00	2.67	11.67	18.33	4.33	5.56
# of children reported child abuse/neglect w/ substaniated report		0.00	0.33	1.00	0.00	0.33	4.00	1.33	4.33	0.00	3.00	1.33	5.00	5.00	0.33	1.86
% of children demonstrating progress in Intellectual Development		93.28%	77.41%	93.74%	85.10%	85.37%	79.02%	92.83%	91.09%	99.32%	82.93%	94.56%	88.76%	83.62%	88.94%	88.28%
% of children demonstrating progress in Social-Emotional Development		93.55%	81.70%	95.21%	86.56%	88.80%	78.15%	93.11%	90.44%	99.32%	90.64%	94.11%	93.61%	82.36%	91.11%	89.91%
% of children demonstrating progress in Motor Skills Development		93.30%	78.75%	92.86%	84.23%	87.29%	78.77%	93.01%	90.15%	100.00%	88.77%	95.29%	90.29%	84.03%	87.84%	88.90%
% of children demonstrating age appropriate language		88.13%	70.06%	87.16%	81.02%	83.44%	84.71%	91.65%	73.02%	72.73%	82.83%	92.30%	80.98%	71.60%	80.55%	81.44%

Appendix 10: Outcomes - Families

Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Averages
% of pregnant women w/ prenatal care w/in first 45 days	96.88%	92.88%	100.00%	87.50%	87.38%	100.00%	100.00%	87.50%	0.00%	100.00%	97.75%	100.00%	86.13%	100.00%	88.29%
% of pregnant women delivering 5.5 or greater infant	91.67%	57.58%	91.67%	53.57%	100.00%	76.79%	53.47%	88.89%	100.00%	77.75%	90.92%	91.39%	90.25%	51.59%	79.68%
# of multiple birth pregnancies	0.00	0.00	0.00	0.67	0.00	0.00	0.00	0.00	0.00	0.33	1.00	0.00	0.00	0.00	0.14

Appendix 11: Outcomes – Providers

Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Averages
% of child care providers who scored 5 or higher	53.23%	81.66%	96.67%	82.22%	90.08%	80.67%	83.81%	92.77%	0.00%	91.25%	71.60%	26.18%	80.22%	23.51%	68.13%

Appendix 12: Outcomes Summary

Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Averages
Outcome #1 PREGNANT WOMEN & NEWBORNS THRIVE															
1.1 % of pregnant women who sought prenatal care within the first 45 days of enrollment	96.88%	92.88%	100.00%	87.50%	87.38%	100.00%	100.00%	87.50%	0.00%	100.00%	97.75%	100.00%	86.13%	100.00%	88.29%
1.2 % of pregnant women who delivered an infant 5.5 lbs or greater	91.67%	57.58%	91.67%	53.57%	100.00%	76.79%	53.47%	88.89%	100.00%	77.75%	90.92%	91.39%	90.25%	51.59%	79.68%
1.3 # of pregnancies that were multiple births	0.00%	0.00%	0.00%	66.67%	0.00%	0.00%	0.00%	0.00%	0.00%	33.33%	100.00%	0.00%	0.00%	0.00%	14.29%
OUTCOME #2 INFANTS AND CHILDREN THRIVE															
2.1 # of child care center teachers working toward a CDA or higher level of education	9.00	168.00	43.00	58.67	43.67	34.67	37.67	167.67	5.00	37.00	98.67	203.00	60.33	129.00	78.24
a) # waiting to enroll in a CDA, Child Development Associate, class	16.67%	14.83%	1.52%	20.68%	0.79%	35.19%	22.24%	1.41%	0.00%	6.09%	0.40%	11.38%	14.08%	17.88%	11.66%
b) # making progress toward a CDA	10.00%	12.60%	46.10%	17.79%	1.85%	32.62%	11.86%	12.09%	60.00%	29.70%	1.46%	16.92%	51.41%	32.90%	24.09%
c) # that have acquired a CDA	8.33%	29.35%	18.47%	21.73%	2.65%	9.01%	29.64%	41.43%	0.00%	38.57%	3.91%	37.96%	19.03%	3.02%	18.79%
d) # that have an AA in ECE or related field	19.44%	11.80%	16.85%	5.09%	15.22%	11.49%	0.79%	17.18%	40.00%	15.24%	3.74%	15.62%	6.67%	11.41%	13.61%
e) # that have a BA/BS in ECE or related field	19.44%	12.40%	14.62%	13.27%	65.89%	9.07%	9.76%	1.98%	0.00%	5.88%	17.91%	3.64%	8.80%	3.55%	13.30%
f) # that have a MA/MS in ECE or related field	0.00%	3.20%	0.00%	0.86%	3.70%	0.98%	0.00%	0.00%	0.00%	0.00%	3.08%	0.34%	0.00%	4.56%	1.19%
g) # that are working toward a 2 year degree	24.44%	14.80%	2.44%	6.36%	2.56%	1.04%	4.96%	20.85%	0.00%	1.36%	1.17%	10.26%	0.00%	6.11%	6.88%
h) # that are working toward a 4 year degree	1.67%	1.03%	0.00%	2.54%	7.33%	3.72%	6.07%	0.00%	0.00%	0.00%	64.27%	0.88%	0.00%	13.08%	7.18%
i) # that have another degree or credential	0.00%	0.61%	0.00%	3.36%	0.00%	0.00%	13.07%	5.05%	0.00%	3.16%	4.05%	0.68%	0.00%	3.02%	2.36%
j) # of child care centers that are accredited	27.78%	20.59%	0.00%	0.00%	11.54%	0.00%	9.88%	14.07%	0.00%	0.00%	0.57%	5.79%	12.50%	3.02%	7.55%
2.2 # of family child care providers working toward a CDA or higher level of education	15.00	24.67	26.67	0.00	15.67	29.33	41.00	13.00	0.00	28.00	21.67	2.00	25.33	0.00	17.31
a) # waiting to enroll in a CDA, Child Development Associate, class	8.42%	6.68%	0.88%	0.00%	0.00%	11.14%	0.00%	0.00%	0.00%	9.87%	0.00%	0.00%	0.00%	0.00%	2.64%
b) # making progress toward a CDA	37.62%	21.49%	43.17%	0.00%	17.68%	40.95%	31.03%	10.26%	0.00%	30.04%	32.38%	11.11%	3.70%	0.00%	19.96%
c) # that have acquired a CDA	15.15%	32.84%	30.85%	0.00%	57.47%	24.74%	43.42%	60.53%	0.00%	52.13%	47.80%	5.56%	74.73%	0.00%	31.80%
d) # that have an AA in ECE or related field	19.74%	6.68%	13.73%	0.00%	0.00%	4.44%	15.54%	11.11%	0.00%	2.38%	0.00%	5.56%	1.08%	0.00%	5.73%
e) # that have a BA/BS in ECE or related field	8.42%	8.33%	0.00%	0.00%	24.84%	9.02%	0.00%	0.00%	0.00%	0.00%	0.00%	11.11%	19.41%	0.00%	5.80%
f) # that have a MA/MS in ECE or related field	0.00%	11.32%	0.00%	0.00%	0.00%	0.00%	2.96%	0.00%	0.00%	0.00%	0.00%	0.00%	1.08%	0.00%	1.10%
g) # that are working toward a 2 year degree	6.67%	8.04%	8.47%	0.00%	0.00%	4.96%	3.21%	27.90%	0.00%	3.86%	0.00%	0.00%	0.00%	0.00%	4.51%
h) # that are working toward a 4 year degree	0.00%	1.39%	2.90%	0.00%	0.00%	3.85%	3.85%	0.00%	0.00%	0.00%	5.56%	0.00%	0.00%	0.00%	1.25%
i) # that have another degree or credential	1.75%	4.30%	0.00%	0.00%	0.00%	4.24%	0.00%	0.00%	0.00%	1.71%	14.27%	0.00%	0.00%	0.00%	1.88%
j) # of family child care homes that are accredited	12.40%	32.46%	0.00%	0.00%	19.66%	12.38%	0.00%	5.56%	0.00%	0.00%	12.50%	25.00%	26.85%	0.00%	10.49%
2.3 % of child care providers that have scored 5 or higher on the Thelma Harmes Rating Scale	53.23%	81.66%	96.67%	82.22%	90.08%	80.67%	83.81%	92.77%	0.00%	91.25%	71.60%	26.18%	80.22%	23.51%	68.13%
2.4 % of children determined to be up-to-date on all immunizations	70.84%	62.06%	58.30%	66.51%	76.82%	68.34%	78.30%	70.78%	75.16%	59.45%	78.39%	76.17%	52.31%	67.87%	68.66%
% of children that are current by age w/ immunizations **2005 only**	86.75%	91.00%	74.75%	68.75%	93.50%	78.75%	95.50%	85.50%	0.00%	84.75%	94.75%	86.75%	74.00%	83.25%	78.43%
2.5 % of children current on well child/KAN Be Healthy checks	81.20%	88.64%	86.83%	88.09%	86.76%	67.43%	91.43%	67.20%	73.65%	89.20%	93.31%	89.81%	76.79%	80.40%	82.91%

Appendix 12: Outcomes Summary continued

Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Averages
OUTCOME #3 CHILDREN LIVE IN STABLE AND SUPPORTED FAMILIES															
3.1 Single Parents:	100.50	247.50	63.00	52.00	82.50	78.50	128.50	178.50	24.00	86.00	163.00	222.50	234.50	195.00	132.57
a) % who are employed part time	6.16%	3.00%	11.33%	5.76%	5.77%	11.65%	10.78%	3.46%	4.17%	9.72%	2.84%	12.11%	11.58%	2.64%	7.21%
b) % who are employed full time	28.99%	56.25%	40.56%	28.58%	33.37%	31.40%	35.06%	49.86%	37.50%	50.17%	32.61%	20.71%	32.23%	54.28%	37.97%
c) % who are enrolled in school	20.87%	24.12%	8.61%	10.36%	20.00%	16.55%	11.27%	16.17%	4.17%	10.77%	17.18%	10.01%	10.12%	6.66%	13.35%
d) % who are enrolled in school and employed	21.06%	10.79%	21.25%	5.20%	25.63%	13.22%	32.10%	20.08%	16.67%	11.28%	21.02%	9.76%	12.34%	13.51%	16.71%
e) % who are receiving SSI	2.87%	1.75%	0.83%	10.80%	4.59%	7.64%	2.01%	2.33%	0.00%	3.39%	3.26%	8.44%	5.74%	2.04%	3.98%
f) % who are receiving SSI and employed	0.97%	0.17%	0.00%	1.51%	0.84%	2.87%	0.33%	0.75%	0.00%	2.33%	0.00%	0.17%	0.42%	1.54%	0.85%
g) % who are unemployed	14.58%	2.42%	15.27%	28.55%	7.04%	10.59%	7.89%	6.25%	37.50%	12.75%	20.77%	33.14%	25.64%	14.96%	16.95%
h) % who are disabled and/or cannot work	3.25%	0.92%	1.15%	6.92%	3.67%	3.64%	0.00%	1.11%	0.00%	1.50%	0.17%	3.17%	1.78%	3.40%	2.19%
i) % who were enrolled in a job training program during this quarter	1.25%	1.25%	2.42%	1.92%	0.00%	2.20%	3.98%	0.00%	0.00%	1.00%	1.67%	2.84%	2.00%	1.89%	1.60%
3.2 Two-Parent Families:	119.36	74.68	107.37	149.36	91.36	90.37	110.73	178.35	107.00	197.36	142.01	239.02	267.37	152.68	144.79
a) % who are employed part time	22.30%	24.92%	29.76%	26.40%	17.32%	13.26%	23.95%	25.85%	2.80%	30.76%	19.06%	23.62%	22.24%	24.74%	21.93%
b) % who are employed full time	33.15%	55.79%	39.82%	153.33%	45.31%	41.31%	34.25%	52.74%	58.88%	40.77%	37.58%	32.87%	35.92%	44.12%	50.42%
c) % who are enrolled in school	8.30%	9.17%	5.31%	2.35%	11.74%	7.18%	6.82%	4.89%	8.41%	4.01%	11.77%	7.48%	4.88%	5.32%	6.97%
d) % who are enrolled in school and employed	3.70%	4.93%	4.99%	1.35%	7.23%	7.64%	7.93%	4.12%	8.41%	3.67%	9.49%	5.80%	5.01%	3.24%	5.54%
e) % who are receiving SSI	0.85%	0.00%	0.23%	2.43%	1.33%	5.61%	2.41%	0.98%	0.00%	0.75%	2.06%	2.65%	2.22%	2.25%	1.70%
f) % who are receiving SSI and employed	6.93%	0.00%	5.40%	7.50%	3.25%	7.65%	6.25%	3.00%	0.00%	6.17%	5.58%	7.10%	8.27%	5.66%	5.20%
g) % who are unemployed	17.62%	2.82%	10.44%	21.58%	8.49%	9.63%	12.49%	5.81%	20.56%	11.86%	12.11%	17.27%	16.47%	12.35%	12.82%
h) % who are disabled and/or cannot work	1.07%	0.33%	0.92%	1.89%	1.17%	4.56%	1.41%	1.19%	0.93%	1.75%	1.10%	1.30%	1.89%	2.25%	1.55%
i) % who were enrolled in a job training program during this quarter	4.88%	0.43%	0.94%	1.00%	0.75%	1.13%	0.00%	0.00%	0.00%	0.50%	0.00%	0.33%	1.13%	0.00%	0.79%
3.3 % of infants and toddlers who live in an environment conducive to learning	74.32%	76.71%	92.38%	69.58%	90.54%	69.75%	94.35%	78.99%	0.00%	84.25%	89.33%	88.12%	88.11%	85.15%	77.26%
3.4 % of preschoolers who live in an environment conducive to learning	26.33%	78.56%	53.57%	60.72%	87.56%	75.17%	73.81%	76.06%	0.00%	0.00%	98.83%	93.83%	85.50%	94.08%	64.57%
3.5 # of children enrolled in EHS reported for child abuse and/or neglect	1.33	1.00	3.00	1.67	4.67	10.67	1.33	9.67	0.50	7.00	2.67	11.67	18.33	4.33	5.56
3.6 # of children reported for child abuse and/or neglect with a substantiated report	0.00	0.33	1.00	0.00	0.33	4.00	1.33	4.33	0.00	3.00	1.33	5.00	5.00	0.33	1.86
OUTCOME #4 CHILDREN ENTER SCHOOL READY TO LEARN															
4.1 % of children who demonstrate appropriate progress in the domain of Intellectual Dev.	93.28%	77.41%	93.74%	85.10%	85.37%	79.02%	92.83%	91.09%	99.32%	82.93%	94.56%	88.76%	83.62%	88.94%	88.28%
4.2 % of children who demonstrate appropriate progress n the domain of Social-Emotional Dev.	93.55%	81.70%	95.21%	86.56%	88.80%	78.15%	93.11%	90.44%	99.32%	90.64%	94.11%	93.61%	82.36%	91.11%	89.91%
4.3 % of children who demonstrate appropriate progress in the domain of Motor Skills Dev.	93.30%	78.75%	92.86%	84.23%	87.29%	78.77%	93.01%	90.15%	100.00%	88.77%	95.29%	90.29%	84.03%	87.84%	88.90%
4.4 % of children who demonstrate age appropriate language	88.13%	70.06%	87.16%	81.02%	83.44%	84.71%	91.65%	73.02%	72.73%	82.83%	92.30%	80.98%	71.60%	80.55%	81.44%

Appendix 13: Factor Analysis methods

Statistical Application Software (SAS), a widely used statistical software program, was used for data analysis. SAS is relatively easy to use, and is capable of both manipulating the data (preparing the data for analysis) and conducting the desired analysis techniques (i.e., principal components analysis).

Importing the data from Excel

Data (for all years; 2005, 2006, & 2007) was received in an Excel format. The general SAS program that was used to import the Excel data into SAS is:

```
*****************************************************************;
/*---------------------------------------------------------------*/
/*     Import the data from Excel into SAS and transpose it      */
/*---------------------------------------------------------------*/
proc import
datafile="location-of-the-Excel-file"
out=name-of-the-new-SAS-data-set;
sheet='Excel-sheet-label-name';
getnames=yes;
run;

proc transpose data= name-of-the-new-SAS-data-set
out=name-of-new-transposed-data-set
name=_Sites_;
id variable_name;
run;
```

Note that the original data set in Excel featured the variables in rows and the observations in columns. This structure is effective for the data entry organization but not for data analysis; therefore, data was reorganized in order to prepare it for further analysis.

Combining the data

Data was imported from Excel into SAS on a sheet by sheet basis (every sheet is a new dataset); therefore, data had to combined into one large data set to fully recreate the transposed original Excel data set. The result was one large data set for each year (2005, 2006, and 2007). The general SAS program that was used to combine the SAS data sets is as follows:

```
*****************************************************************;
/*---------------------------------------------------------------*/
/*                  COMBINE ALL DATA SETS for 2005               */
/*---------------------------------------------------------------*/

merge work.TarPopChildren work.TarPopFamily work.SystemFactorsSite
work.SystemFactorsArea work.Inputs work.ActivitiesChildren
work.ActivitiesFamilies work.OutcomesChildren work.OutcomesFamilies
work.OutcomesProviders work.Caseload;
run;
```

For the years of 2005 and 2006, the evaluator examined a set of 13 KEHS sites with 505 and 491 variables, respectively; and for the 2007 year, the evaluator examined 14 KEHS sites with 485 variables. Note that the number of variables changed for each year; this is possibly another data collection issue to be addressed in the future. One reason for these differences relates to the inability of analyzing variables that are constants. These variables are discarded from analysis and are reflected in the mismatched values previously noted.

Missing Data

Before imputing the missing data, data were analyzed to calculate the total percent of missing data. Many statistical techniques exclude observations with any missing variables; therefore, the information contained in the incomplete observations is lost (including possible systematic differences between complete and incomplete observations). A great method for handling missing data is imputing it. The evaluator used the Multi-chain Monte Carlo (MCMC) imputation method (see Tanner, & Wong, 1987) because it generates random samples for missing values based on complete data information; therefore, all of the information in the entire dataset is used to impute values. This procedure can be done once or multiple times.

Single imputation substitutes a single value for each missing data point (Rubin 1987); while multiple imputation (Rubin 1976; 1987) replaces missing data with a set of possible values rather than a single value. The advantage of multiple imputation is that the imputed values are not as biased as those imputed once because they contain sampling variability. Multiple imputation is considered to be the most modern way to handle missing data (see Schafer, & Graham, 2002). The exploratory nature of the current analysis and the low percentage of missing data in the data sets did not merit the added complexity of multiple imputations; although, future work should take advantage of this technique. The SAS program that that was used to impute missing data is noted below:

```
*****************************************************************;
/*---------------------------------------------------------------*/
/*                      MISSING DATA IMPUTATION                  */
/*---------------------------------------------------------------*/
proc mi data=input-data-set out=output-data-set seed=32851 nimpute=1 round=3;
        mcmc chain=multiple initial=em (maxiter=1000)priors=ridge=12;
run;
```

Assumptions:

The MI procedure assumes that the data are from a continuous multivariate distribution and contain missing values that can occur for any of the variables. It also assumes that the data are from a multivariate normal distribution when the MCMC method is used.

Descriptive Statistics

The SAS program that was used to obtain the descriptive statistics is noted below:

```
*****************************************************************;
/*---------------------------------------------------------------*/
/*                      Descriptive Statistics                   */
/*---------------------------------------------------------------*/

proc means data=data-set-of-interest mean std kurtosis skewness ndec=2;
```

Once the evaluator checked the SAS log to verify that no errors were made in the analysis, these simple descriptive statistics were used to determine how many usable observations were included in the analysis and to verify that the means and standard deviations are in the expected range and that the variables were normally distributed (see **Figure 1**, an example of non-normality and **Figure 2**, an example of normality).

The means and standard deviations were relatively inconsistent across most variables with very high standard deviations; therefore, many of the variables may not be normally distributed. For example, in the 2005 data set skewness ranges from -3.19 – 3.61 (normal = 0) and kurtosis ranges from -2.11 – 13.00 (normal = 0).

Some data collection problems that may explain why this data is irregular include:

(a) data are not reported on the same scale (i.e., some values are percentages or are in binary form while others are actual values) For example, variable **O_2.5** is reported as the *percent* of children w/ current child/Kan Be Healthy checks, alternatively variable **O_3.5** is reported as the *number* of children in Early Head Start that reported child abuse/neglect, and lastly variable **PIR_C37a** (curriculum, screening, & assessment is locally designed) is reported on a *binary* scale of 1 = yes, 0 = no.

(b) some data may be entered incorrectly at the sites where it is collected (i.e., a typo may create a large outlier; we don't have data entry reliability scores from the sites to check this, see **Figure 3**).

(c) some data may not be standardized across all sites (i.e., differences in populations served and staff experience may make direct comparisons across sites problematic, see **Figure 4**).

(d) data are reported at the site level rather than at the individual child level (i.e., we have data from 13 - 14 sites rather than from thousands of children; this is analogous to only having 13 – 14 participants). Therefore, despite having 505 variables the sample size is only 13 – 14.

Any further analysis is restricted by this small sample size, the non-uniformity of the data, and by the suspected non-normality of many of the variables. However, the goal of the current

analysis is a descriptive summary of the data so relaxing the statistical assumptions of further analysis is appropriate; provided that the software is able to provide reasonable estimates.

Principal Components and Exploratory Factor Analysis

Exploratory Factor analysis (EFA) and Principal Component Analysis (PCA) are exploratory statistical methods for discovering underlying themes in a large data set by explaining the variation and covariation among a set of measured variables (see Preacher, & MacCallum, 2003). They provide a way to understand the number and nature of underlying dimensions that organize a large number of variables in a particular data set. While EFA and PCA are similar in the types of conclusions they reach, each differs in the type of research question addressed and the way that variance is treated. Gorsuch (1983) noted that EFA is best used to explain shared common variance among a large set of variables. In contrast, Preacher and MacCallum (2003) note that PCA is best used as a data reduction method and not as a way to explain common variance. The most profound difference in these two methods is that PCA simplifies variables into components, or a linear combination of variables that construct orthogonal groups, while EFA simplifies observed variables into latent variables (i.e., Preacher, & MacCallum). The PCA method unrealistically assumes that all variables are measured without error; in contrast the EFA method recognizes measurement error (i.e., Preacher, & MacCullum). While EFA is preferable to PCA in exploring the current data, EFA is not possible given the problematic nature of the data. The primary reason for my inability to conduct an EFA relates to sample size. Comrey, and Lee (1992) suggested a sample size of 200 – 300 to achieve stable results. Other researchers, such as Guadagnoli, and Velicer (1988), suggest that a sample size of 100 – 200 is adequate. Regardless, the current sample size of 13 – 14 failed to provide any EFA values, likely because the estimates were so unstable. By restricting the analysis to PCA (assuming no error variance among variables), the evaluator was able to obtain some stable estimates that provide insight into the groups that underlie the current KEHS data.

Correlations

The evaluator investigated a correlation matrix for all variables for each year (2005, 2006, and 2007). Each of these correlation matrices is too large to display effectively in Table form because they contain hundreds of variables; therefore no table is provided. The purpose of investigating the correlations was to ensure that some correlations of ≥ 0.30 exist so that an underlying structure is possible. Additionally, the correlations provide evidence of high collinearity when correlations are $\geq 0.70 – 0.99$. The correlations suggest that this data is appropriate for PCA and that some variables may be linear combinations of other variables. The problem with correcting collinearity among these variables is that
(a) some variables that are mathematically equivalent are not theoretically equivalent, and
(b) the correlations are inflated among some variables due to the restricted range of values for those variables.

The SAS program that was used to investigate correlations is noted below:

```
proc corr data=input-data-set outs=output-data-set spearman;
```

Note that the evaluator used the Spearman Correlations rather than the Pearson Correlations. It was decided that the Spearman would be used to restrict some of the inflated correlations that that might be expected given the poor quality of the data.

Principal Components Analysis

Estimation methods

The evaluator wanted to use the Maximum Likelihood (ML) estimation technique because this is a common, powerful estimation technique. This likelihood function indicates the likelihood of the observed data, given values of the model parameters. This gives us the maximum likelihood estimates of the parameters, (i.e., the parameter values that maximize the likelihood of our data under our assumptions about the population). This method also allows the evaluator to estimate confidence intervals for the factor loadings and allows me to obtain tests of model fit, such as RMSEA.

However, the evaluator found problems with the assumption of normality for the ML estimation procedure. The evaluator tested the data for multivariate normality and found convincing evidence that this data should not be treated as normal. While, non-normally distributed data do not imply that ML will not give correct tests, confidence intervals, etc. is it a concern. This was a tough call because the evaluator would rather use ML. In the end, the evaluator chose to use the Ordinary Least Squares (OLS) estimation technique because it makes no assumptions about the distribution of data to obtain estimates. If normality assumptions are made, the evaluator could have obtained a test of fit and confidence intervals on parameters, but if that were the case the ML methods would have been used instead. Another reason for choosing OLS is because it is more robust than ML and does not break down as easily. Also, ML requires larger sample sizes than OLS, and ML sometimes fails to recover "weak" factors that OLS locates.

Component Extraction

In principal component analysis, the number of components extracted is equal to the number of variables being analyzed. The first component can be expected to account for a fairly large amount of the total variance, while each succeeding component will account for gradually smaller amounts of variance. Although a large number of components may be extracted in this way, only the first few components will be important enough to be retained for interpretation. The SAS program that was used to conduct the PCA is noted below:

```
*****************************************************************;
/*---------------------------------------------------------------*/
/*                      PCA using Target rotation                */
/*                  Principal Comp. Analysis (12 factors)        */
/*                                                               */
/*---------------------------------------------------------------*/

SIMPLE
METHOD=PRIN
PRIORS=SMC
NFACT=12
SCREE
```

```
ROTATE=qmin;
```

Determining the Number of Components to keep

As previously noted, the number of components extracted would be equivalent to the number of variables being analyzed but not all these components would be meaningful. Therefore, it is important to determine how many meaningful components should be retained. It is important to note that no computer program is capable of reliably determining the optimal number of components since the decision is ultimately subjective. The evaluator used the Kaiser Criterion and the Scree Plot to aid in this subjective determination.

The Kaiser Criterion
In principal component analysis, one of the most commonly used criteria for determining the number of components is the Kaiser Criterion, also known as eigenvalue-one criterion (Kaiser, 1960). Using this approach, the evaluator retains and interprets any component with an eigenvalue greater than 1.00. The rationale for this criterion is straightforward. Each observed variable contributes one unit of variance to the total variance in the data set. Any component that displays an eigenvalue greater than 1.00 is accounting for a greater amount of variance than had been contributed by one variable. Such a component is therefore accounting for a meaningful amount of variance, and is worthy of being retained. On the other hand, a component with an eigenvalue less than 1.00 is accounting for less variance than had been contributed by one variable. The purpose of principal component analysis is to reduce a number of observed variables into a relatively smaller number of components; this cannot be effectively achieved if you retain components that account for less variance than had been contributed by individual variables. For this reason, components with eigenvalues less than 1.00 are viewed as trivial, and are not retained. The Kaiser Criterion suggests that 12 components should be retained for the 2005 data set, 12 for the 2006 data set and 13 for the 2007 data set. While this procedure is simple, it does not always retain the correct number of components (see Preacher, & MacCallum, 2003).

The Scree Plot
With the scree plot (Cattell, 1966), the evaluator plots the eigenvalues associated with each component and looks for a "break" between the components with relatively large eigenvalues and those with small eigenvalues. The components that appear before the break are assumed to be meaningful and are retained for rotation; those appearing after the break are assumed to be unimportant and are not retained. However, sometimes a scree plot will display several large breaks. When this is the case, you should look for the last big break before the eigenvalues begin to level off. Only the components that appear before this last large break should be retained. According to the data, 12 components should be retained for the years 2005 and 2006; while 13 components should be retained for 2007.

You can see that the component numbers are listed on the horizontal axis, while eigenvalues are listed on the vertical axis. For example, notice that in **Figure 5** there is a relatively large break between component 1 and 2, and a relatively large break following component 12. The breaks between components 3, 4, 5, 6, 7, 8, 9, 10, and 11 are all relatively small. Because the large break in this plot appears between components 12 and 13, the scree plot leads me to retain only

components 1 – 12. The components appearing after the last significant break (12) are regarded as trivial. The Scree Plot suggests that 12 components should be retained for the 2005 data set, 12 for the 2006 data set and 13 for the 2007 data set. Because we are interested in reviewing factor loading trends (by reviewing congruent coefficients) from 2005 – 2007, the evaluator retained 12 components for each year despite the possibility of 13 in 2007.

Interpretability

Perhaps the most important criterion for determining the number of components is the interpretability**.** The following are considerations to follow in conducting reviewing interpretability (see Preacher, MacCallum, 2003):

(A) Are there at least two – three variables with significant loadings on each retained component? **(B)** Do the variables that load on a given component share the same conceptual meaning? For example, if three variables all load on component 1, do all three of these variables seem to be measuring the same construct? **(C)** Alternatively, do the variables that load on different components seem to be measuring different constructs? **(D)** Does the rotated factor pattern demonstrate "simple structure?" Simple structure indicates that most of the variables have relatively high factor loadings on only one component, and near zero loadings on the other components, and that most components have relatively high factor loadings for some variables, and near-zero loadings for the remaining variables.

Factor patterns and factor loadings

After extracting the initial components, PROC FACTOR will create an unrotated factor pattern matrix. The rows of this matrix represent the variables being analyzed, and the columns represent the retained components (these components are referred to as FACTOR1, FACTOR2 and so forth in the output). The entries in the matrix are factor loadings. A factor loading is a general term for a coefficient that appears in a factor pattern matrix or a factor structure matrix. The interpretation of an unrotated factor pattern is nearly impossible; therefore the evaluatorperformed a rotation of the solution, a linear transformation to increase interpretability. PROC FACTOR allows you to request several different types of rotations. The basic options are oblique (correlated factors) and orthogonal (uncorrelated factors) rotation methods. The evaluator chose oblique rotation over orthogonal rotation because it provides a better simple structure, easier interpretation, more accurate identification of factors and relationships among factors, because it is a more realistic approach to search for factors and because this type of rotation does not *require* that rotated factors be correlated. It *allows* them to be correlated. Therefore, if the best simple structure corresponds to orthogonal factors, those orthogonal factors can be found using oblique rotation. Specifically, the evaluator decided to use Quartimin, one of the most common procedures within the oblique rotation framework.

Interpreting the Rotated Solution

Interpreting a rotated solution means determining what is measured by each of the retained components, and what these variables have in common. Usually, a brief name is assigned to each retained component that describes its content. Before analysis began the research team theorized 10 classifications for the current data. These items included: *Target Population Child*, *Target Population Family*, *System Factors Site*, *System Factors Area*, *Activities Children*, *Input*, *Output Providers*, *Activities Family*, *Output Child*, and *Output Family*. As previously noted the PCA analysis retained 12 rather than 10 components.

The guidelines that were used to interpret the meaningful loadings were as follows: **(1)** retained loadings that were ≥ 0.30, as a marker variable for a particular factor. **(2)** the evaluator discarded variables that loaded < 0.30 on all factors because they do not have enough in common with the other variables. These variables may be important but in order to keep them additional variables that address the same content would be needed to be added to the analysis. **(3)** Variables that loaded ≥ 0.30 on more than one factor are tricky because it is not clear to me where they belong. If the evaluator could not make this determination, the evaluator dropped the variable.

Coefficient of congruence

A follow-up analysis of congruence from PCA component loadings across all years revealed no values that would be considered acceptable according to the "Guidelines to interpret the congruence coefficient: .98-1.00 = excellent, .92-.98 = good, .82-.92 = borderline, .68-.82 = poor, and below .68 = terrible" (MacCallum, Widaman, Zhang, & Hong, 1999, p. 93). An analysis of all other two year combinations indicated that only some of the CA variables for 2005 and 2006 were borderline acceptable at the .90 level.

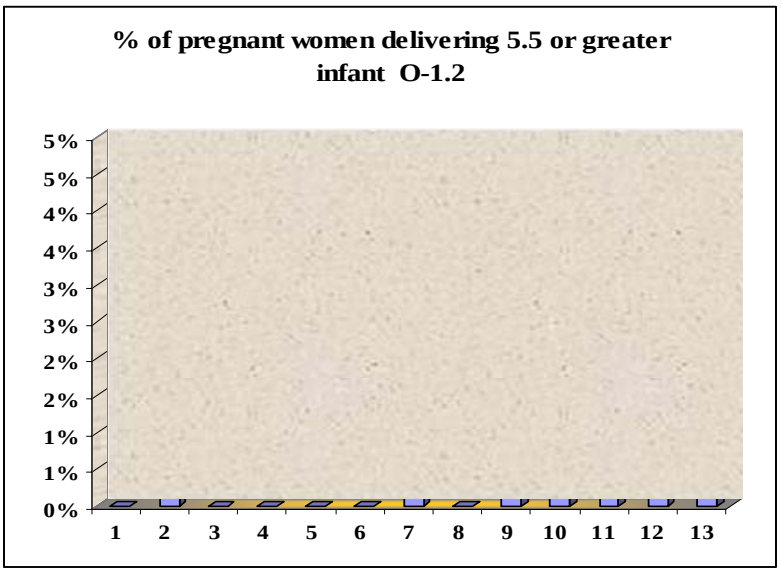
Summary

The evaluator subjected the KEHS data for 2005, 2006, and 2007 to a principal component analysis using ones as prior communality estimates. The principal axis method was used to extract the components, and this was followed by a quartimin (oblique) rotation. Only the first twelve components displayed eigenvalues greater than 1, and the results of a scree test also suggested that only the first twelve components were meaningful. Therefore, the evaluator only retained the first twelve components for rotation. Combined, components 1 – 12 accounted for 100% of the total variance for the 2005 and 2006 data; and the combined components (1 – 12) accounted for 98% of the total variance for the 2007 data. The loading patterns proved too unstable across all data sets. A follow-up coefficient of congruence analysis found almost no congruence across these data sets. Close inspection of many component loadings suggests that analyzing a subset of variables from each of the complete data sets may uncover some strongly congruent variables. If many congruent variables are discovered, then it will be possible to describe loading patterns for the KEHS data; however, this is currently not possible.

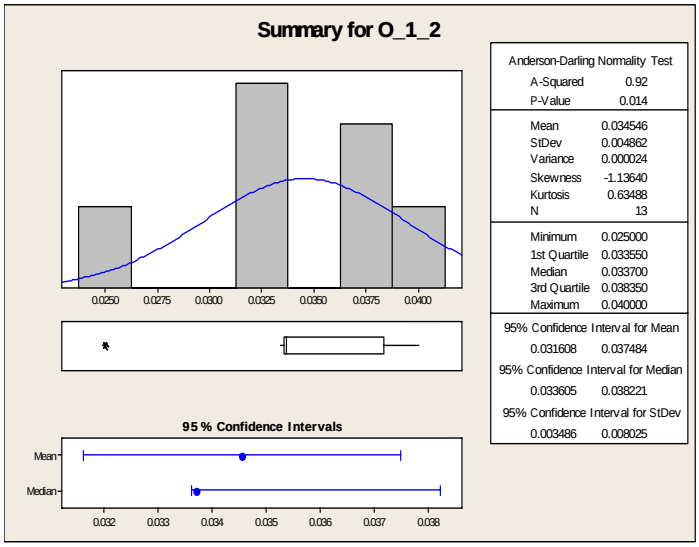
Table 1.0: Missing Data Percentage: 2005, 2006, 2007.

	Total N	Total N Missing	% Missing
2005	6467	85	1.3
2006	6449	129	2.0
2007	6965	119	1.8

Figure 1: An example of Non-normality from the 2006 "Outcomes – Family" data set.



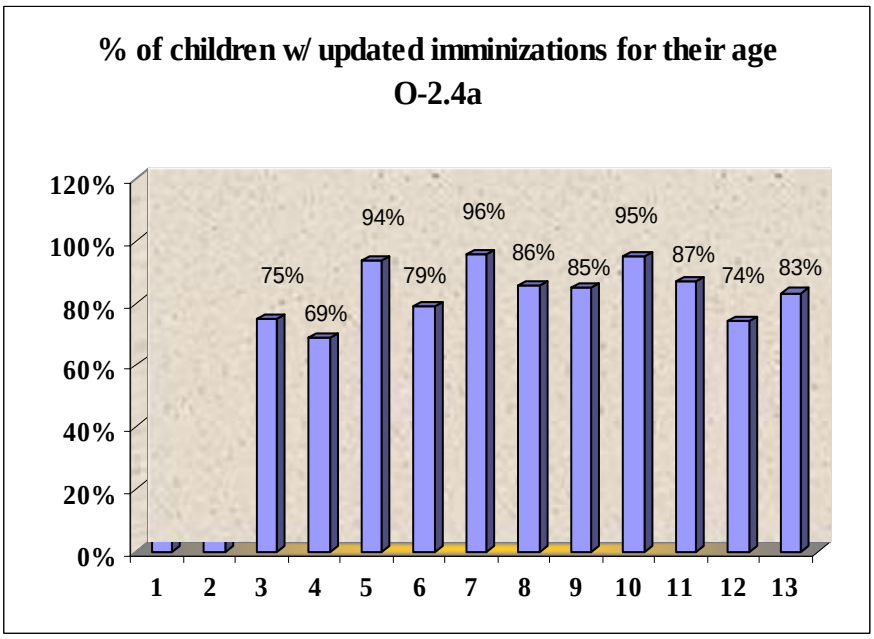
1	Bright Beginnings
2	Child Start
3	Clay County Child Care Center
4	Community Action Head Start
5	ECKAN Head Start
6	Futures Unlimited
7	Hays Head Start - PATHS
8	Heartland Programs
9	NEK-CAP Head Start
10	USD #383 Opportunity Preschool
11	Project Eagle
12	SEK-CAP
13	Shawnee Mission Head Start



OUT F-O-1.2 (*% of pregnant women delivering 5.5 or greater infant*) data notes:

The Anderson-Darling normality test indicates that these data are not normally distributed ($p < .05$). The skewness and kurtosis values for this data indicate that the distribution contains a slight negative skew. This skew seems to be the result of outliers (i.e., multiple sites that reported no mothers with 5.5lb or greater birth). These outliers are noted as an asterisk in the graph above.

Figure 2: an example of normality from the 2006 "Outcomes – Children" data set.



1	Bright Beginnings
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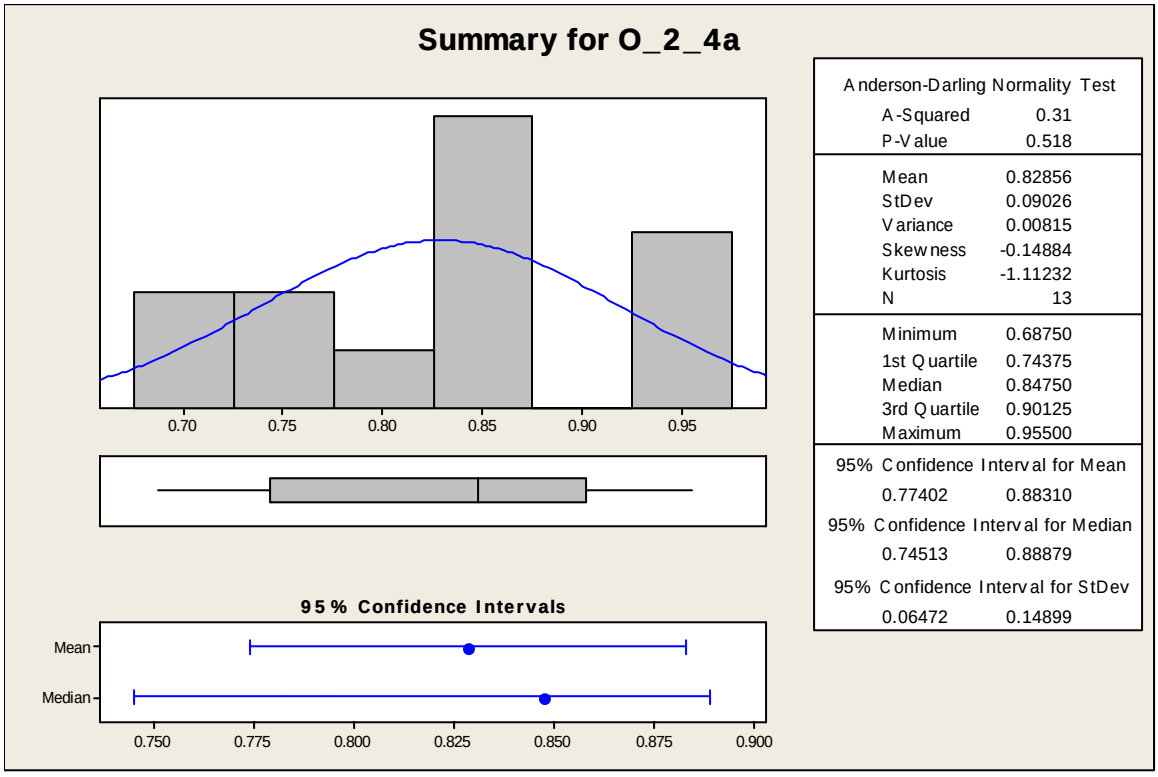
13	Shawnee Mission Head Start

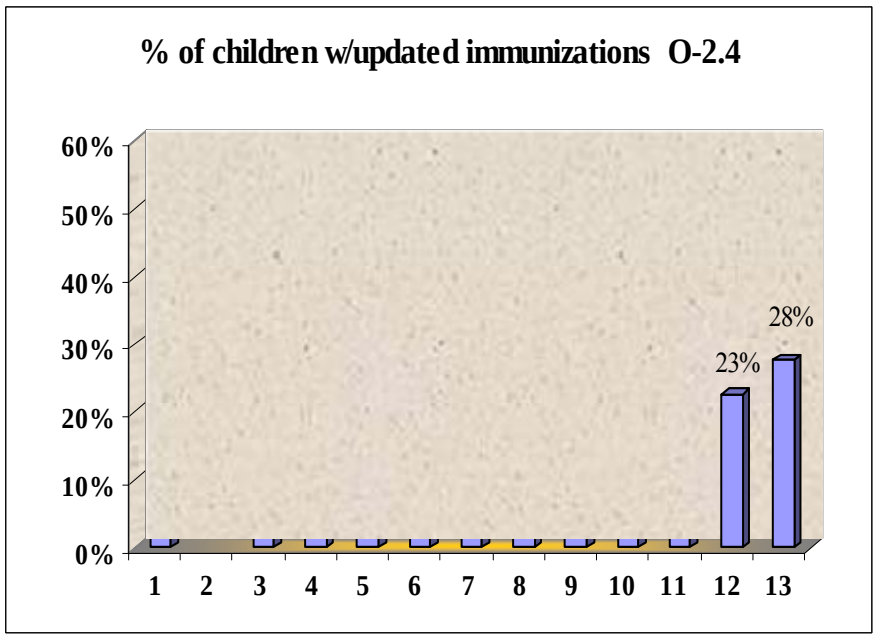


Anderson-Darling Normality Test	
A-Squared	0.31
P-Value	0.518
Mean	0.82856
StDev	0.09026
Variance	0.00815
Skewness	-0.14884
Kurtosis	-1.11232
N	13
Minimum	0.68750
1st Quartile	0.74375
Median	0.84750
3rd Quartile	0.90125
Maximum	0.95500
95% Confidence Interval for Mean	
0.77402	0.88310
95% Confidence Interval for Median	
0.74513	0.88879
95% Confidence Interval for StDev	
0.06472	0.14899

O-2.4a (*% of children w/ updated immunizations for their age*) data notes:

The Anderson-Darling normality test indicates that these data are normally distributed ($p > .05$). The skewness and kurtosis values for this data indicate that the distribution is relatively normal (i.e., normal = 0).

Figure 3: an example of normality from the 2006 "Outcomes – Children" data set.



1	Bright Beginnings
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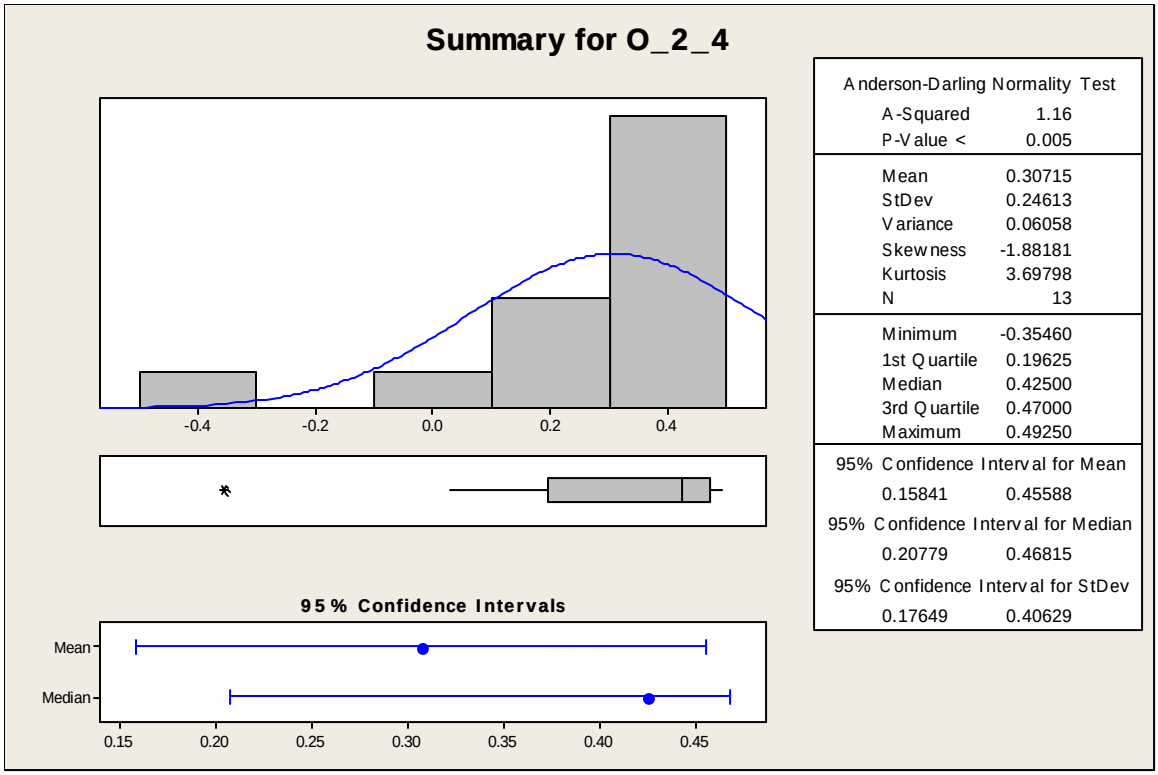
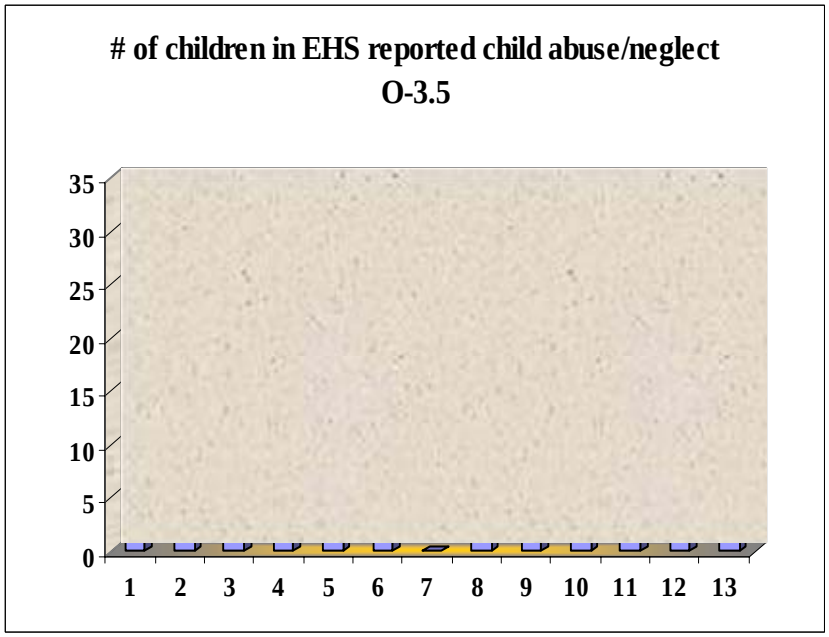


Anderson-Darling Normality Test	
A-Squared	1.16
P-Value <	0.005
Mean	0.30715
StDev	0.24613
Variance	0.06058
Skewness	-1.88181
Kurtosis	3.69798
N	13
Minimum	-0.35460
1st Quartile	0.19625
Median	0.42500
3rd Quartile	0.47000
Maximum	0.49250
95% Confidence Interval for Mean	
0.15841	0.45588
95% Confidence Interval for Median	
0.20779	0.46815
95% Confidence Interval for StDev	
0.17649	0.40629

O-C -O-2.4 data notes:

The Anderson-Darling normality test indicates that these data are not normally distributed ($p < .05$). The skewness and kurtosis values for this data indicate that the distribution are negatively skewed.

Figure 4: an example of possible data collection problems from the 2006 "Outcomes – Children" data set.



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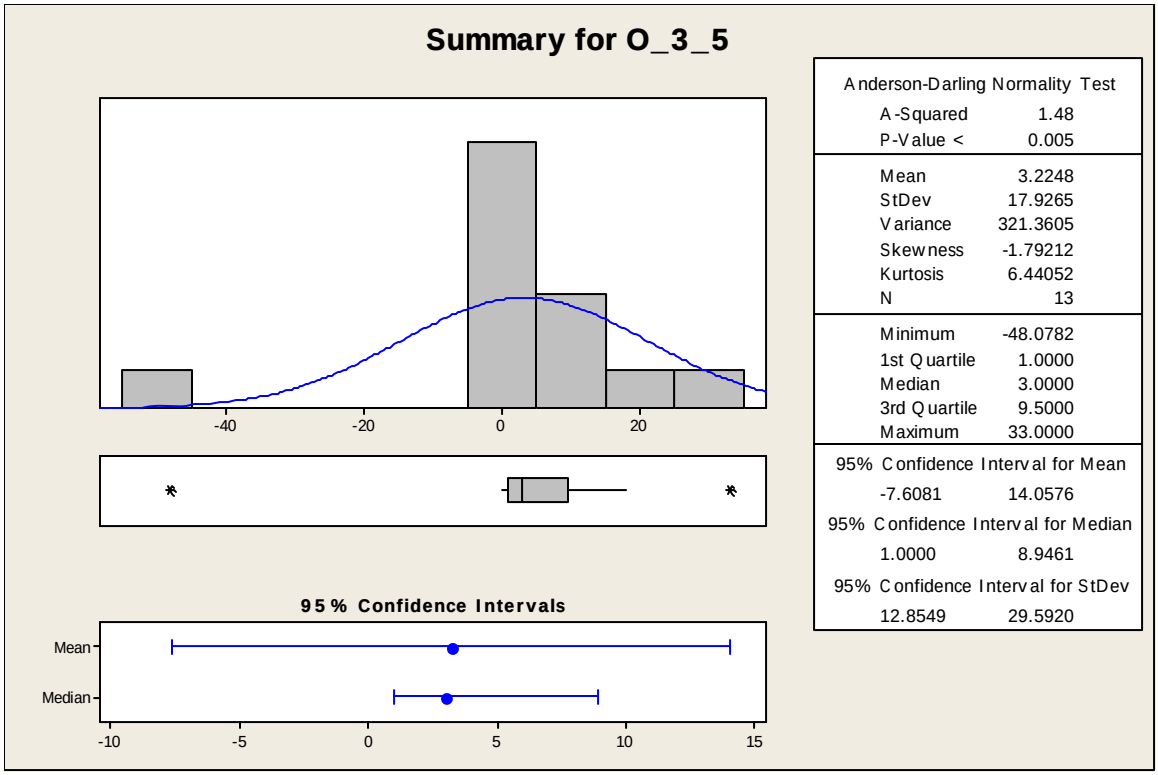
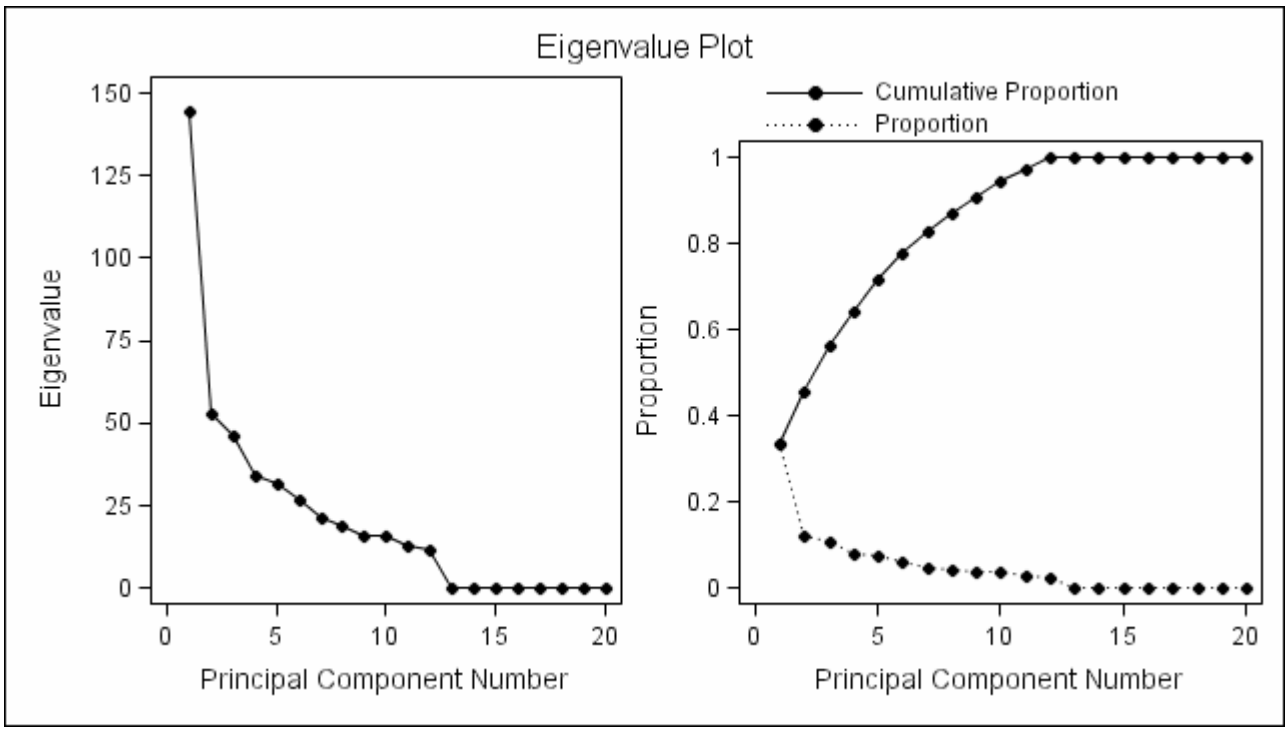


Anderson-Darling Normality Test	
A-Squared	1.48
P-Value <	0.005
Mean	3.2248
StDev	17.9265
Variance	321.3605
Skewness	-1.79212
Kurtosis	6.44052
N	13
Minimum	-48.0782
1st Quartile	1.0000
Median	3.0000
3rd Quartile	9.5000
Maximum	33.0000
95% Confidence Interval for Mean	
-7.6081	14.0576
95% Confidence Interval for Median	
1.0000	8.9461
95% Confidence Interval for StDev	
12.8549	29.5920

O-C -O-2.5 data notes:

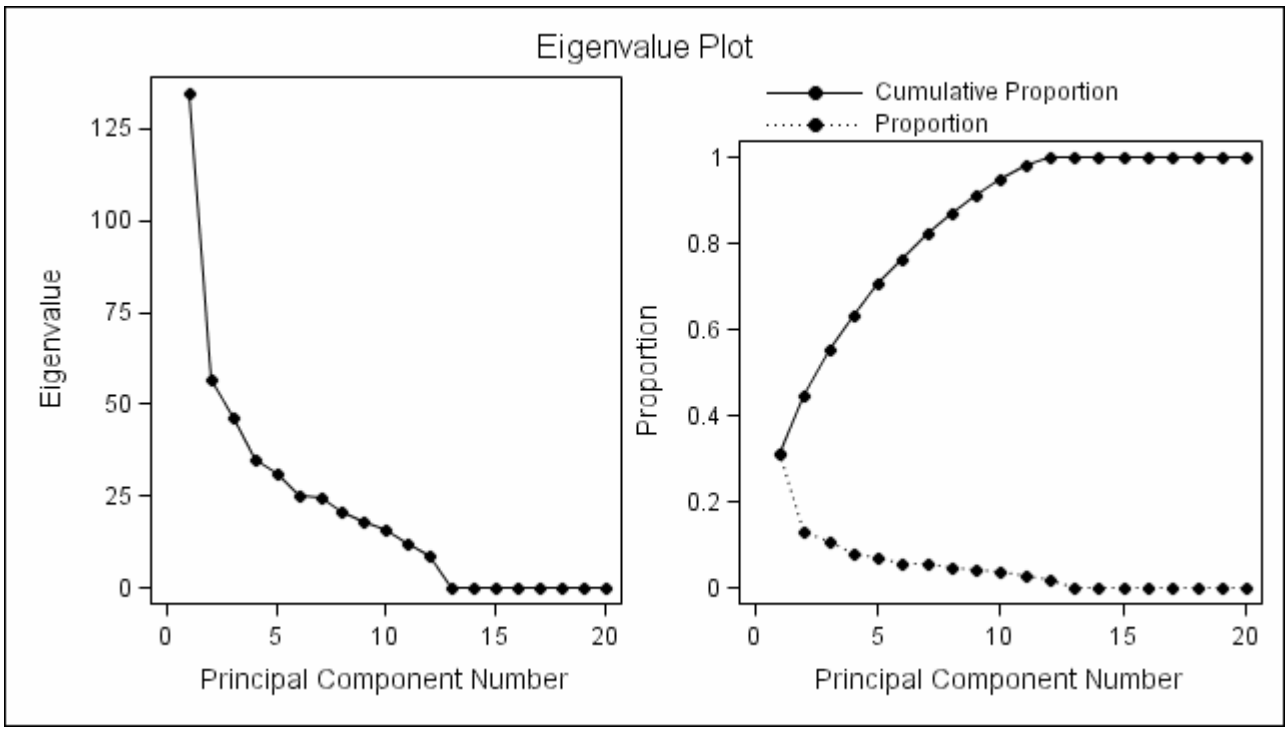
The Anderson-Darling normality test indicates that these data are not normally distributed ($p < .05$). The skewness and kurtosis values for this data indicate that the distribution are negatively skewed (i.e., normal = 0). Multiple outliers are noted in the graph above with asterisks.

Figure 5: Scree Plot 2005 data.



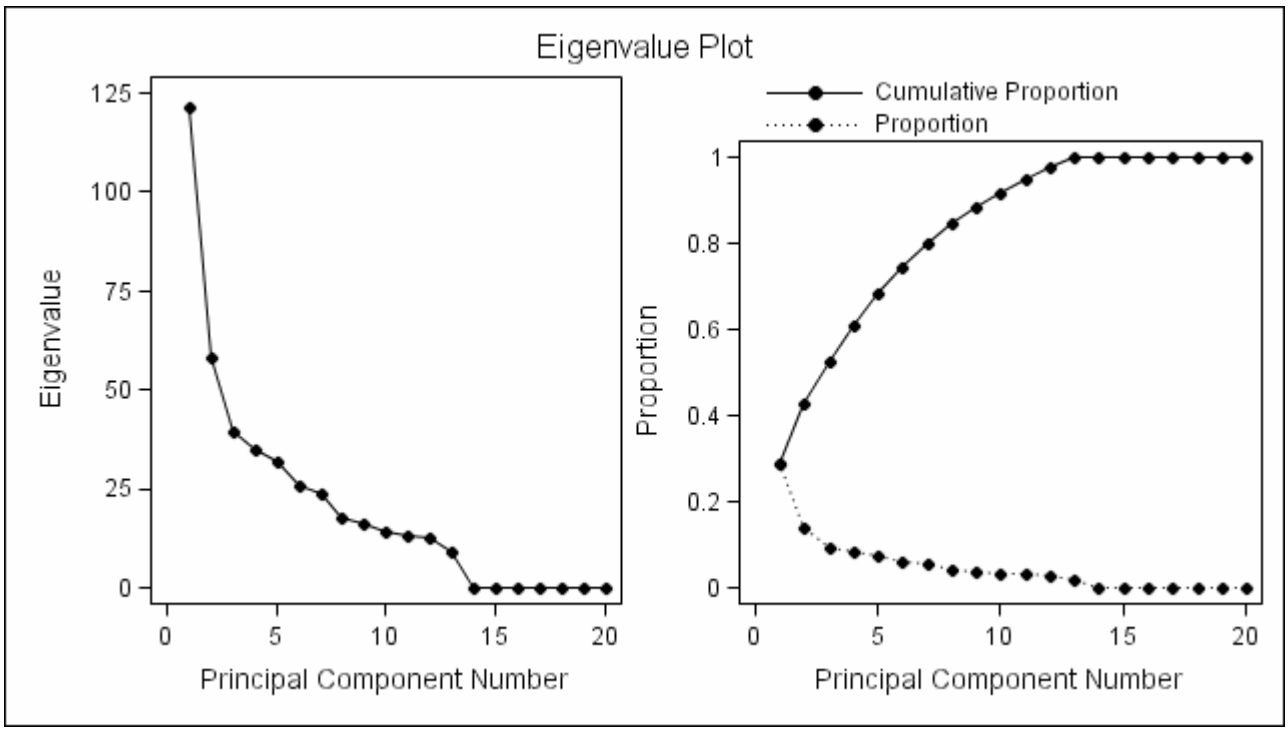
Note: 12 components should be retained.

Figure 6: Scree Plot 2006 data.



Note: 12 components should be retained.

Figure 7: Scree Plot 2007 data.



Note: 13 components should be retained.

Appendix 14: National Early Head Start Evaluation Child Domains, Outcomes, Indicators, and Tools

Domain: Cognitive and Language Development

Outcome	Indicator	Tools
Children's cognitive abilities improve	Bayley Mental Development Index (MDI)	Bayley Developmental Scales
Children's language skills improve	CDI vocabulary production score	Child Development Inventory (CDI)
	CDI sentence complexity score	Child Development Inventory (CDI)

Domain: Social and Emotional Development

Outcome	Indicator	Tools
Children decrease negative and/or aggressive behaviors	Child Behavior Checklist: Aggressive Behavior Score	Child Behavior Checklist
	Negative toward parent during parent-child semi-structured play	Parent-Child Observation
Children increase positive social-emotional behaviors	Engages parent during parent-child semi-structured play	
	Sustained attention to objects during parent-child semi-structured play	

Domain: Child Health

Outcome	Indicator	Tools
Child health improves	Child visited a doctor for treatment of an acute illness (- correlation)	Parent interview
	Child hospitalized for accident or injury (- correlation)	
	Child received immunizations	

Domain: Child Service Receipt

Outcome	Indicator	Tools
Children and their parents are more likely to access important services	Home visits	Parent interview
	Case management	
	Parenting-related services	
	Child care and child development services	
	Services for children with disabilities	
	Child health services	
	Family health and development services	
Families spend less on child care	Out of pocket child care costs (- correlation)	

Appendix 14: National Early Head Start Domains, Outcomes, Indicators, and Tools

Table 8: Parent and family outcomes

Domain: Parenting Behavior

Outcome	Indicator	Tools
Parent-child interactions improve	Parent supportive during parent-child semi-structured play	Parent-Child Observation
	Quality of assistance during parent-child puzzle challenge task	
	Parent detachment during parent-child semi-structured play (- correlation)	
	Parent-child play is positive	
Parents increase emotional warmth and support for children	Home Observation for Measurement of the Environment (HOME): Emotional Responsivity	Home Observation for Measurement of the Environment (HOME)
	HOME: Warmth	
	HOME: Total Score	
	HOME: Support of Language and Learning	
Parents encourage regular routines that support child development	Parent reads to child every day	Parent Report
	Parent reads to child at bedtime	
	Parent sets a regular bedtime for child	

Domain: Parenting Knowledge and Discipline Strategies

Outcome	Indicator	Tools
Parents exhibit positive knowledge of child development and discipline strategies	Knowledge of Infant Development Inventory	Knowledge of Infant Development Inventory
	Parent spanked child in last week (- correlation)	Parent Interview
	Parent suggests prevention or distraction to hypothetical situations	Parent-Child Observation/ Parent Report
	Parent suggests talking and explaining to hypothetical situations	
	Parent suggests physical punishment to hypothetical situations (- correlation)	
	Parent suggests only mild responses to hypothetical situations	

Domain: Parent Physical and Mental Health and Family Functioning

Outcome	Indicator	Tools
Parent physical and mental health and family functioning improve	Family Environment Scale-Family Conflict (- correlation)	Family Environment Scale
	Parenting Stress Index-Parental Distress (- correlation)	Parent Stress Index
	Parenting Stress Index-Parent-Child Dysfunction (- correlation)	

Domain: Parent Self-Sufficiency

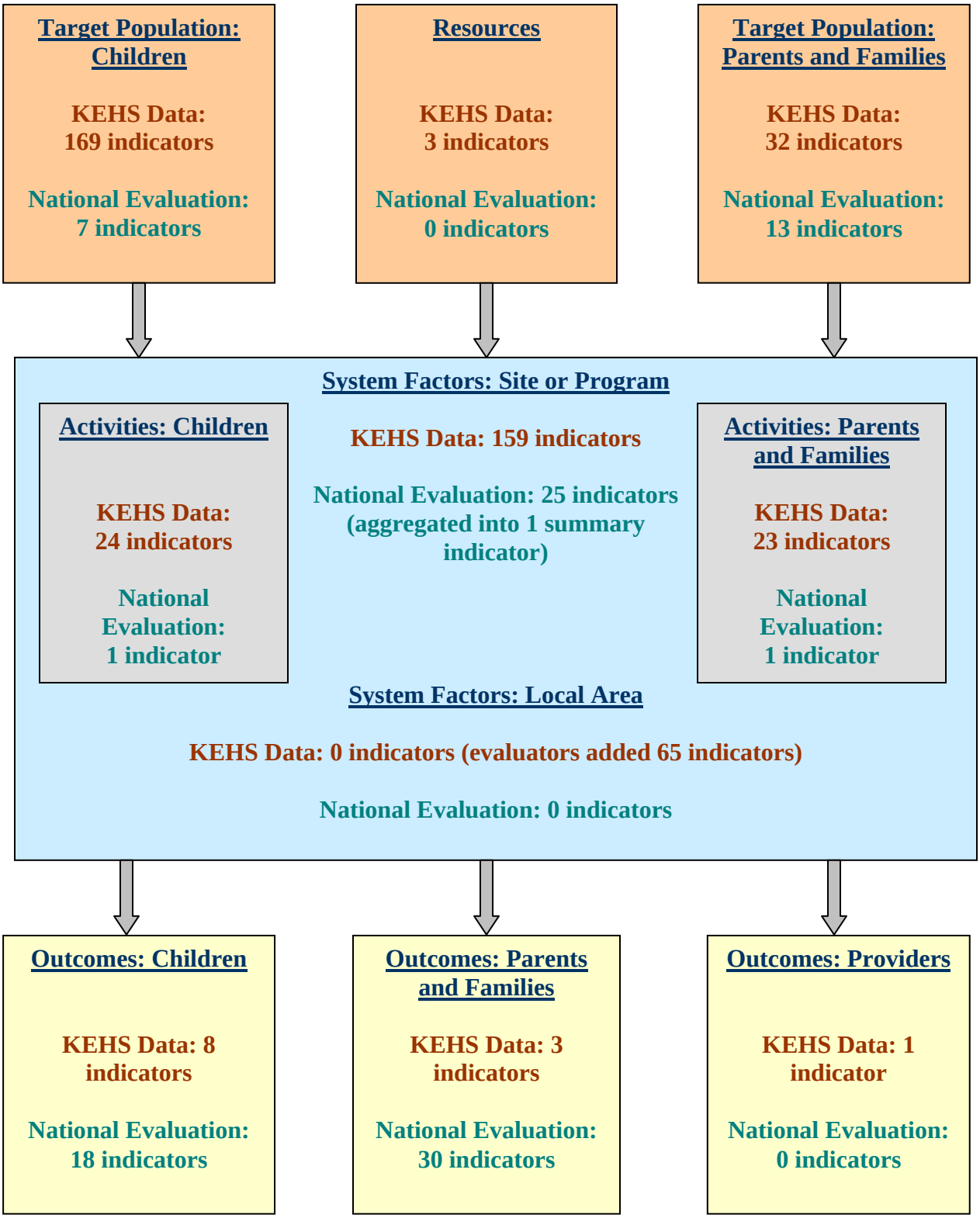
Outcome	Indicator	Tools
Parents increase levels of self-sufficiency	Parent participates in education or job training	Parent Interview
	Number of hours per week in education or job training	
	Parent is employed	
	Parent has High School diploma	
	Parent has High School alternative or equivalent	

Domain: Father Engagement in Program-Related Activities

Outcome	Indicator	Tools
Fathers are more engaged in their children's development and education	Father engages in home visit	Father interviews at 36 months
	Father drops off/picks up child at child development/child care center	
	Father engages in parenting classes or events	
	Father engages in parent-child activities	
	Father engages in events just for fathers	

Appendix15: Comparative logic model for KEHS and national Early Head Start evaluations

Number of indicators for the KEHS data sets and the National Early Head Start Evaluation (Mathematical Policy Research, Inc., 2002, 2004)



Appendix 16: National Early Head Start program quality indicators and scoring

Program Quality Component	Program Quality Element
Child Development and Health	1. Frequency of child development services 2. Developmental assessments 3. Follow-up services for children with disabilities 4. Health services 5. Child care 6. Parent involvement in child development services 7. Individualization of services 8. Group socializations (for home-based and mixed-approach programs)
Family Development	1. Individualized family partnership agreements 2. Availability of services 3. Frequency of regular family development services 4. Parent involvement
Community Building	1. Collaborative relationships 2. Advisory committees 3. Transition plans
Staff Development	1. Supervision 2. Training 3. Turnover 4. Compensation 5. Morale
Management Systems	1. Policy council 2. Communication systems 3. Goals, objectives, and plans 4. Self-assessment 5. Community needs assessment

Scoring: Partial Implementation		
Level		**Definition**
1	Minimal	Program shows little or no evidence of effort to implement the relevant program element.
2	Low-level	Program has made some effort to implement the relevant program element.
3	Moderate	Program has implemented some aspects of the relevant program element.
Scoring: Full Implementation		
4	Full	Program has substantially implemented the relevant program element.
5	Enhanced	Program has exceeded expectations for implementing the relevant program element.

Appendix 17:

KEHS Follow-up Survey Responses #1

1. Intensity of Service

a. Do you currently measure this internally?

- Yes, kind of.
- No.
- Yes.
- Not specifically, however this program offers a variety of levels of service.
- We are assuming by intensity you are looking at frequency and duration of services. We monitor the frequency of the visits as well as referral to outside agencies for additional support services.
- Yes. We track the frequency of home visits, the type of services that are delivered, the time spent on each of the service types, and we track parent participation and engagement in the program by having them sign off on the activities and time they spent working with their child between visits. We establish goals and track progress and outcomes.
- Yes.
- No, except by the measures set out in Head Start regulation regarding service delivery.

b. If not, how would you propose to measure this in the future?

- I'm not sure.
- I don't have any idea how you would measure different program's as they have been set up differently based on their community partners.
- We are also open for suggestions.
- I wouldn't propose that we do anything further.

c. If yes, how do you measure this?

- By the number of weekly home visits.
- ChildPlus reports, Home Visit records, reflective supervisions with staff .
- We track the number of children, unofficially, in each level of service for caseload assignment purposes. We do not track the services for pregnant women as when the child is delivered they will all be at weekly-90 minute visits.
- Percentage of weekly home visits completed.
- We use the HSFIS system, crystal reports, excel, and Microsoft Word to track these elements.
- By number and length of Home Visits.

d. If yes, what is your current level of service intensity?

- Each family receives at least one home visit per week.
- Current system of measurement does not answer this question. Reports and findings are not gathered in such a way to give a "grade" as to service intensity.
- Multi-level.
- Last quarter we were at 78%.

- Not sure what you want here? For families in the Home Visit Option, Family Support Advocates have weekly 90 minute visits, with 45 minutes devoted to an individualized early childhood development lesson plan. For families in the Center-Based Option, children receive full-day, full-year early education and their family receives a minimum of two – 90 minute - home visits each month.
- One and half hour weekly visits.
- Locally, EHS is perceived as one of the three home visitation services that are "high intensity". I'm not sure who or how this was defined.

KEHS Follow-up Survey Responses #2

2. Staff Turnover

a. How do you measure staff turnover rates at the current time?

- We use Child Plus data engine to track this.
- Analysis is done formally to include data for the annual PIR report, however, I monitor this information monthly. I break the turnover out into positions so I can review what the problems might be. I report monthly to our board on any staff changes, staff qualifications (progress towards a degree), etc.
- # of staff that have left during the program year / # of staff positions.
- The PIR tracks this information annually.
- Report on PIR.
- This is easy to track. We have HR-Staff Development Coordinator that tracks this and prepares regular reports.
- Received info from Human resources, Head Start 0-5.
- We measure staff turnover annually as a part of our agency Management Plan.

b. What is your current annual rate?

- Annual rate of turnover? Child Care-50%, Home Visitors-0%, All EHS Staff-30%.
- Currently our turnover rate for Home Visitors in the current program year is approximately (since July 1, 2007) is 39%. We do not currently employ child care providers to EHS teachers-those are contract staff, however we have a 25% rate of contracted provider turnover since July 1, 2007. There has been no turnover for coordinators or management staff since July 1, 2007. Community Partnership Specialist staff have had a turnover of 100%.
- 0%.
- About 20%.
- 1-2 per year about 6%.
- 10% or 5 positions (50 staff) turned over in 2007.
- 2008 – 2.5%.
- We have had one in forty positions turn over so far in 2008.

c. Can you share your average turnover rate for the last three years?

- Child Care-50%, Home Visitors-0%, All EHS Staff-15%.
- Average of all positions combined in the last 3 years is approximately 60%.

- 13%.
- About 20%.
- 07-08 – one
  06-07 – two
  05-06 – two (PA1)
- The turnover rate ranged from 5%-to 10% over the last three years.
- 2007 – 43.46%.
- 14 of 40 positions turned over in 2005 (35%); 16 of 40 turned over in 2006 (40%); and 13 of 40 turned over in 2007 (32.5%).

KEHS Follow-up Survey Responses #3

3. Staff Supervision

a. How do you accomplish staff supervision at this time?

- Weekly Staff Meetings, Monthly Individual Mentoring, Monthly File Audits, Home Visit Observations, Weekly Schedule turned in by home visitors, Home Visit Weekly Checklist turned in by home visitors.
- A Home Based Coordinator supervises all Head Start and Early Head Start Home Visitors, currently a caseload of 13.5 staff. However, we are interviewing for a second Home Based Coordinator and plan to start that employee in early April. The caseloads will then be 1 supervisor to 6 or 7.5 home visitors. The Community Partnership Specialist staff are supervised by the Education Coordinator. All coordinators monitor and support program areas in their content.
- All home visitors meet with their supervisor for reflective supervision on a weekly basis.
- Reflective Supervision-weekly, mentor-trainer meetings weekly, annual evaluations, home visit shadowing, chart audits, report review.
- Certified staff meet with Director for reflective supervision monthly. Classified staff meet with a coordinator for reflective supervision monthly. The supervisor attends a home visits with the Parent Educator for each family.
- We would be glad to fax you our organizational chart. Please send fax number if you are interested.
- Weekly team meetings, monthly one on one supervisions, contact reports and tracking.
- Currently, each staff person has a direct supervisor with whom they meet on a regular basis for supervision. This supervisor is also primarily responsible for personnel activities such as timesheet sign-off, leave approval, performance evaluation, etc. But because we organize our program management by component area, each Content Area Expert also meets regularly with home visitors and teachers to provide supervision related to component area. Supervision is also provided to teams as appropriate.

b. Are there any significant changes you would like to make in staff supervision methods?

- Yes, I would like to find more time to do home visit observations.
- We definitely need the additional Home Based Coordinator. The Education Coordinator is the right supervisor, however, I feel that the Ed Coordinator, the HS Director and the

EHS Director do need additional support and training in planning and supervision in the EHS program option.
- No.
- No.
- We are looking at doing a phone/in person survey by the coordinator of all PE families as a measure of satisfaction. The program is also looking at peer mentoring for staff as well.
- It is important to distinguish between supervision and reflective practice. We have sorted this out so there are different staff assigned to each.
- No – however I am always looking for ways to improve
- Due to funding limitations, some supervisors have a higher than desirable number of direct reports. Also with multiple priorities, the time available for supervision is limited.

c. Do you think your current methods are effective?
- Yes, my staff does an excellent job and we have retained a consistent home visiting staff.
- Somewhat—with more training, and the additional home based coordinator, I believe it would be very effective.
- Yes.
- Yes.
- We do have a high level of trust in our Parent Educators with the flexible schedule we have been concerned that information could be falsified so we are trying to systems in place to ensure that this could not happen.
- Yes.
- Yes.
- Yes.

KEHS Follow-up Survey Responses #4

4. Caseload

a. How do you determine caseload at this time?
- Caseload has been determined by Head Start Performance Standards.
- Home Based slots are 1 HV: 10 children. Center Based slots are based on a time allowance for one 1.5 hour monthly visit, planning time and time to do data entry, filing, paperwork and attend meetings.
- # of home visits per week
- We follow the Head Start Performance Standards for this to ensure all full time visitors have 10-12 families.
- Hours worked per week times number of families served. All parent educators serve a mixed caseload of families receiving Early Head Start and families receiving Parents as Teachers services. Additional factors calculated into the formula include: driving time, specialty area, multiple children in the same family, evening visits.
- Caseloads reflect a maximum of 10 home visits each week. This may mean that a home visitor has 12-14 families but some of those families are only seen every other week because their children are in full-day, full-year child care programs.
- Full time home visitors have a minimum of 10 and a maximum of 12.

- As new pregnant women and children are enrolled, each home visitors' caseload is reviewed for assignment of the new case. Spanish speaking families are assigned to our Bi-lingual home visitor up to the maximum number allowed by regulation, then they are assigned to an English speaking home visitor along with a staff translator.

b. Do you have suggestions for determining caseload in the future?

- No.
- Sometimes the numbers are hard to balance…for instance, in one community, we have 6 home based slots and 4 center based slots….this is not technically a full time job, but we had to hire a full time person in order to find a home visitor. Caseloads that are full or broken up into half time numbers would be best.
- No.
- Each program should be able to decide what works best to meet the services they want to provide while meeting regulation.
- Continue to use individualized plan.
- Project manages a centralized intake and referral system (CIRS) for the community. The CIRS screens families and children across six domains and creates a profile and summary of families needs. This helps match family needs to strengths of FSA. Project will continue to try and match family to FSA and is working to maintain 1:10 home visits each week.)
- No.
- No.

c. What is your current caseload?

- Each home visitor has a caseload of 10-11 children.
- All Home Visitors meet the caseloads in A. Home Based have 1:10. Center Based take 25-30 per home visitor since it is just a monthly, shortened visit.
- 10-12 home visits per week. For home-based home visitors this means 10-12 families. Center-based home visitors schedule monthly home visits, so their caseload would be approximately 40-48 families.
- Full time visitors serve between 10-12 participants (Children/Families/Pregnant Women).
- Full time Parent Educator usually serves six Early Head Start families, 20 Parents As Teachers families, and a specialty area.
- 1: 10 or 1:12. Again every home visitor is expected to have 10 home visits of 90 minutes or more each week. Additionally there is prep time, travel time, identifying and accessing family support services or connecting families to other community agencies/resources.
- On average 11.
- Currently, 48 children enrolled in home based EHS are assigned to four home visitors.

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