All Children Connected to Succeed Program

Ingham Intermediate School District
Year One Evaluation Report

June 1, 2001–June 30, 2002

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Executive Summary

KEY FINDINGS

- Enrollments in All Children Connected to Succeed (ACTS) are highest among two- and three-year-olds.
- ACTS is reaching a universal population, as demonstrated by the average birthweight of enrolled children, which is the same as the county's average, and consistency in education level between parents served by ACTS and the general population.
- Local public awareness and outreach activities have generated a diverse range of referral sources for ACTS services.
- Parent and child playgroups are the services used by the most parents.
- ACTS has laid the groundwork for assessing, over time, the impact of each core service on parents' developmental knowledge.
- ACTS has had the greatest impact among parents in the areas of increased understanding of child development and the parental role in that development.
- Parent satisfaction with ACTS services is very high: 78 percent are very satisfied with personal visits, 97 percent are satisfied with screenings, 98 percent are satisfied with group meetings, and 75 percent are very satisfied with playgroups.
- Parents also are satisfied with the Keys to Success Passport; 91 percent agree that it is useful.
- ACTS has established a systematic approach to continuous quality improvement for local early childhood education and care programs, including training, consultation for parents and programs, and technical assistance for programs seeking accreditation.
- ACTS has contributed to new collaborations among local school districts, community-based organizations, local government, and human service agencies.

SUMMARY OF MEASURES USED IN YEAR ONE

Outreach and Linkage
- Effectiveness of outreach methods
- Range of referrals to ACTS
- Parent satisfaction with In Touch and Keys to Success

Personal Visitation
- Parent perceptions of parenting skills and understanding of child development
- Parent perceptions of barriers to use of personal visits
- Parent satisfaction with personal visits
- Utilization of personal visits, by key demographic variables, from database and parent reports

Periodic Developmental and Health Screening
- Parent perceptions of their understanding of child development

- Parent satisfaction with screening
- Parent perceptions of barriers in use of screening
- Utilization of screenings, from database and from parent report

Parent Group Meetings
- Parent perceptions of parenting skills and understanding of child development
- Parent satisfaction with group meetings
- Parent perceptions of barriers to participation
- Utilization of group meetings, from database and parent reports

Parent and Child Playgroups
- Parent perceptions of parenting skills and understanding of child development
- Parent satisfaction with playgroups
- Parent perceptions of barriers to participation
- Utilization of playgroups, from parent reports

Access to the Community Resource Network
- Utilization of In Touch with Community Resources

Connections to Quality Preschools
- Number of parents, programs, and centers in contact with the Quality Education and Child Care Network (QECC)
- Number of programs with quality improvement plans
- Number of core services (trainings, consultations, observations) provided by QECC

PROGRAM CONTEXT AND DESCRIPTION

All Children Connected to Succeed (ACTS) is part of a comprehensive community plan for a universal and high-quality early childhood education and care system. The program connects parents, schools, and community organizations in a partnership to help all children be ready to succeed in school and in life. During the first grant period, June 2001–2002, ACTS established a universally available set of services for parents and parenting adults of children aged birth to five years residing in Ingham County. Core services are outreach and linkage, personal visits, periodic and developmental screenings, parent education through group meetings and playgroups, connections to quality preschools, and connections to the community resource network.

- *Outreach and linkage.* (1) To create public awareness, materials from the statewide *Be their Hero from age Zero* media campaign were tailored for local use; (2) two local hospitals provided ACTS information and enrollment materials to each discharging family; and (3) Ingham County Health Department and Ingham ISD implemented in May 2002 a "Welcome Baby" postcard mailing to all families of newborns, based on birth records, inviting them to participate in ACTS and receive enrollment materials from a parent educator.

- *Personal visits.* The Parents As Teachers (PAT) curriculum is used for personal visits to families with newborns and/or children up to age three. For children aged three to five years, both PAT resources and MELD materials are used. The visits are offered at the time of ACTS enrollment and at subsequent service contacts with ACTS staff.

- *Periodic and developmental screenings.* Developmental, health, vision, and hearing screenings are available to all children from birth to age five through scheduled bimonthly community screening activities at Family Resource Centers (FRCs) and other community locations. ACTS staff conducts developmental screenings at all age levels using Ages and Stages. Public health nurses provide general health screenings. Hearing and vision technicians and consultants from the Ingham Intermediate School District, Ingham County Health Department, and Head Start conduct screenings. In addition to these activities, parent educators provide annual, individualized developmental screenings for children enrolled in ACTS. Referrals are initiated as needed, with parental consent, to appropriate providers in the community.

- *Parent education through group meetings and playgroups.* Parent educators facilitate general parent group meetings on broad child development topics a minimum of once a month at each FRC, designated rural consortium sites, and other community locations. Special focus groups on particular age cohorts are held monthly as parent interest, needs, and desired participation levels are identified. Parent educators also facilitate parent-child playgroups at each FRC and at other community locations. Playgroups are structured to meet the particular needs of each age cohort, such as infants, toddlers, and preschoolers, and are provided at least monthly as parent participation and interest dictate. Monthly calendars of these activities are distributed by each FRC and displayed in various community locations.

- *Connections to quality preschools.* The Quality Education and Child Care Network (QECC) provides mentoring, consultation, and training support for preschool providers

and programs that seek quality improvement, credentialing, or accreditation. Parents also receive consultation and training support regarding the importance of high-quality early childhood education and care, what is high quality and how to access it, school readiness, the transition from preschool to kindergarten, parent involvement in preschool programs, and inclusion of children with special needs. Parent support services are provided by QECC staff in conjunction with preschool programs and/or FRC parent group meetings. During the first grant period, the QECC developed a continuous quality improvement plan for use with preschool programs in March 2002 and began implementation of network activities in September 2001.

- *Connections to the community resource network.* The In Touch with Community Resources network supports ACTS through an information and referral specialist. This person collects and maintains data on portions of the system relevant to programs, services, and resources for families with children age birth through five years. The information is available to both families and service providers. Staff and parents are offered training on use of the system.

ACTS makes services accessible to families at eleven FRCs and through the QECC network. FRCs were located during the first grant period in elementary schools, churches, neighborhood and community centers, child development centers, and Head Start programs. The East Lansing, Holt, Mason, Okemos, Waverly, and Williamston school districts had one site each, and Lansing had five: Allen Neighborhood Center, Black Child and Family Institute, Maple Hill Head Start Center, Maranatha, and Ingham Regional Medical Center. Each FRC has a Parent-Child Resource Team whose members include a kindergarten teacher, local district administrator, three parent educators, a public health nurse, a mental health therapist, QECC staff person, community preschool providers, and an Early On service coordinator.

The Ingham Intermediate School District (IISD) provides leadership, coordination, and facilitation across local school districts and other community partners. The ACTS Program is administered by the IISD, including training, purchasing, fiscal management, public awareness, continuous program performance monitoring and improvement, and evaluation.

COLLABORATION

ACTS is characterized by collaboration at three levels: program and services, system, and community. At the program and services level, Parent-Child Resource Teams (PCRTs) focus on parent outreach, community-wide screening activities, transition from preschool to kindergarten, and service coordination for families and providers. Several partner organizations collaborate in the provision and supervision of PCRT members: Ingham Intermediate School District, Ingham County Health Department, Capital Area Community Services Head Start, and Clinton-Eaton-Ingham Community Mental Health. Several partners also collaborate to strengthen connections with and improve the quality of preschools: Ingham Intermediate School District, Office for Young Children, Lansing Community College, Capital Area Community Services Head Start, Lansing School District, Okemos Public Schools, Clinton-Eaton-Ingham Community Mental Health, Michigan State University, and the Capital Area Youth Alliance.

At the system level, two subcommittees meet regularly. The Human Services 0 to 5 Subcommittee is a permanent standing committee of the Ingham County's multipurpose collaborative body

of traditional stakeholders. It focuses on public awareness, development of the community resource network, and strategic planning for advocacy and continual implementation of the community plan, including sustaining ACTS. Nontraditional stakeholders are convened to carry out the same activities through the Capital Area Youth Alliance/Ready to Succeed Blue Ribbon Committee.

Additional collaboration occurs at the community level. A number of entities work together to provide the community resource network: Ingham Intermediate School District, Ingham County Health Department, Office for Young Children, Ingham County Family Independence Agency, Clinton-Eaton-Ingham Community Mental Health, Capital Area United Way, The City of Lansing, and the Ingham County Human Services Advisory Committee. Collaboration extends to partners not directly involved in providing services, such as Michigan State University, Public Sector Consultants, Lansing Regional Chamber of Commerce, Ingham County Board of Commissioners, Sparrow Health System, Ingham Regional Medical Center, MSU Extension Services, Capital Area District Library, Capital Area Youth Alliance, Children's Trust Fund, Refugee Services, Adams Outdoor Advertising, various local television and radio stations, and the twelve local districts within the IISD.

The IISD has facilitated an ever-increasing level of cooperation among community stakeholders in developing a local system of early childhood education and care. Many workgroups were guided in a collaborative fashion by the IISD, beginning with development of the first year ASAP-PIE grant application and extending to site selection for FRCs, the QECC network design, creation of a customized local public awareness campaign to enhance outreach, and addition to the In Touch network of information on services for families with children aged birth to five years. Many of these collaborative workgroups continue to advise on implementation of ACTS with IISD facilitation (e.g., public awareness, FRC supervisors, and the QECC steering committee).

RESOURCE LEVERAGING

IISD far exceeded the required match of 20 percent of funds from local public or private sources. A cash match of 11 percent ($449,968) is provided by Clinton-Eaton-Ingham Community Mental Health (CEI CMH), Capital Area Community Services (CACS), the City of Lansing, the Children's Trust Fund, and the 12 local school districts. An in-kind match of 19 percent ($743,403) is provided by Lansing Community College, CEI CMH, CACS, the Lansing School District, the Okemos Public Schools, Capital Area United Way, and the IISD. The match totals 30 percent ($1,193,371) of the requested funds.

IISD also provided leadership in generating financing from other intermediate school districts to support the *Be their Hero from age Zero* statewide media campaign, which contributed to the success of local outreach by all grantees, and it serves as the fiduciary for all contributors. IISD was the second largest financial supporter among 12 of the 23 grantees who contributed funding. The funds allocated by intermediate school districts were doubled by the media campaign, which brought the total budget of the first phase to $1.2 million and made it possible to extend the campaign.

The second phase of the statewide campaign began in June 2002, when fund development was expanded to corporations and their foundations. IISD continues to serve as fiduciary.

STRUCTURE FOR EVALUATION AND USE OF FINDINGS

ACTS evaluation is carried out through collaboration among the program director, IISD evaluation staff, and Public Sector Consultants (PSC). The evaluation is integrated with performance management and supervised by the program director. PSC facilitated development of the program logic model and the performance management and evaluation plan, began implementation of the plan, and created an online database for use by staff, management, and evaluators. IISD evaluation and information technology staff participated in these activities, with the intent of assuming full responsibility for performance management and evaluation functions at the close of the first grant year.

Operation results are examined routinely by the program director to monitor implementation. Findings from the evaluation are used to refine the program, communicate progress and achievements, and sustain and improve the local system of early childhood education and care. Information on ACTS is also routinely reviewed by the 0 to 5 Subcommittee of the Ingham Human Services Advisory Committee (HSAC) and Capital Area Youth Alliance. The HSAC is selecting indicators to monitor community well-being, and several of the community-level indicators included in the ACTS program logic model are consistent with those already chosen by the HSAC. It is not possible to demonstrate that ACTS causes changes in community-level indicators, but program evaluation may result in a plausible case that ACTS is among the factors that contribute to positive change.

EVALUATION APPROACH

Evaluation during the first year of the initiative focused on designing and implementing the performance management and evaluation plan, creating the online database, and training ACTS staff in its use. The first step in evaluation was to design the program logic model, which defines the key activities that connect to the short-term goals and long-term outcomes sought by the initiative. The five long-term outcomes are increased school readiness, maintenance of family stability, improved parenting skills, reduced need for special education, and reduced retention in grade. Goals, which are the short-term outcomes, are specified for each core service, as shown in Exhibit 1.

EXHIBIT 1
ACTS Program Model

Core Service:
Outreach to parents and linkage of parents to core services

Goal:
Parents are linked to ACTS services and informal community services.

Long-term Outcomes:

- Improved school readiness

- Maintenance of stable families

- Improved parenting skills

- Reduced enrollment in special education

- Fewer pupils retained in grade

Core Service:
Home visits

Parent Goals:
- Increase understanding of child development and realistic expectations for their child's development.
- Increase positive parent-child interaction (encourage exploration and provide appropriate learning materials).
- Provide opportunities/activities that develop school readiness (promote physical well-being and motor development, social/emotional development, positive approaches to learning, language development, and cognition/general knowledge).
- Provide a safe home with appropriate child discipline and behavior support.
- Support daily family literacy activities.

Child Goals:
- Developmentally appropriate physical, social/emotional, cognitive, and language development.
- Developmentally appropriate independence and responsibility.
- Demonstrate positive approaches to learning.

System Goals:
- All families have access to at least one home visit, including families with newborns and families with children age 0–5 newly residing in Ingham County.
- Continued home visits are available to all families based on identified need.
- Barriers to accessible home visits are identified and resolved.

Core Service:
Periodic developmental screening

Parent Goals:
- Increase understanding of child development and realistic expectations for their child's development.
- Provide opportunities/ activities that develop school readiness (promote physical well-being and motor development, social/ emotional development, positive approaches to learning, language development, and cognition/general knowledge).
- Increase use of resources and services based on needs and advocacy.

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Core Service:
Parent group meetings

Parent Goals:
- Meet their child's basic food, shelter, and health needs (immunizations, adequate nutrition, prenatal/dental/well-child care).
- Increase positive parent-child interaction (encourage exploration and provide appropriate learning materials based on age-appropriate expectations for their child's development).
- Achieve increased understanding of child development and use of opportunities and activities that develop school readiness (promote physical well-being and motor development, social/emotional development, positive approaches to learning, language development, and cognition/general knowledge) through family literacy activities. Increase use of parenting resources, social supports, and services based on needs.

Long-term Outcomes:

- Improved school readiness

- Maintenance of stable families

- Improved parenting skills

- Reduced enrollment in special education

- Fewer pupils retained in grade

Core Service:
Parent and child playgroups

Parent Goals:
- Meet their child's basic food, shelter, and health needs (immunizations, adequate nutrition, prenatal/dental/well-child care).
- Increase positive parent-child interaction (encourage exploration and provide appropriate learning materials based on age-appropriate expectations for their child's development).
- Achieve increased understanding of child development and use of opportunities and activities that develop school readiness (promote physical well-being and motor development, social/emotional development, positive approaches to learning, language development, and cognition/general knowledge) through family literacy activities.
- Increase use of parenting resources, social supports, and services based on needs.

System Goals:
- Online comprehensive community directory of currently available parenting groups and classes.
- Analysis of gaps in available parent-child activities, groups, and classes.
- Analysis of gaps in curriculum (topics/content).
- System of parent resource teams and centers.
- Identify and address barriers to using parenting education.
- Increase participation in parenting classes through marketing.

Core Service:
Access to the community resource network

Parent Goals:
- Meet their child's basic food, shelter, and health needs.
- Increase use of resources and services based on needs and advocacy.
- Increase social supports for parenting role.

Child Goals:
- Increase number of children accessing well-child services.
- Increase number of children enrolled in high-quality preschool programs.

System Goals:
- Increase availability and accessibility of resources.
- Implement a network of parent resource centers.
- Implement a public awareness and outreach program to increase the population served.
- Create, maintain, and provide access to an age 0–5 community resource directory.

Long-term Outcomes:

- Improved school readiness

- Maintenance of stable families

- Improved parenting skills

- Reduced enrollment in special education

- Fewer pupils retained in grade

Core Service:
Quality Education and Child Care (QECC) Network

Parent Goals:
Parents understand the definition and importance of quality.

Child Goals:
- Developmentally appropriate physical, social/emotional, cognitive, and language development.
- Developmentally appropriate independence and responsibility.
- Demonstrate positive approaches to learning.

System Goals:
- Establish a quality network to support the improvement of quality.
- Increase staff training and impact on quality of preschool programs through a training consortium (preservice and inservice).
- Increase the number of accredited programs.
- Provide on-site consultation/support services to improve quality.
- Create a system of incentives for providing high-quality programs.
- Implement effective transitions between/among programs/ services.
- Promote inclusion of children with special education needs within community programs/services.

Core Service:
Community-level tracking of indicators

System Goals:
Routinely review indicators of progress toward the long-term outcomes:
- Decreased rate of low-birthweight babies
- Decreased rate of preventable age 0–5 hospitalizations
- Increased rate of completed immunizations
- Decreased rate of child abuse and neglect
- Decreased rate of child entry into foster care
- Decreased enrollment in special education
- Decreased rate of pupil retention in grade

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EVALUATION DESIGN

Using the program model as a guide, the performance management and evaluation plan was developed. It has four components.

- **Core Service.** Essential services of ACTS are outreach and linkage, personal visitation, periodic developmental screening, parent meetings and parent and child playgroups, access to the community resource network, and the Quality Education and Child Care Network.
- **Core Service Goals.** Short-term outcomes are achieved as a direct result of core service activities. These contribute to the achievement of long-term outcomes.
- **Program Management.** For each core service, standards of performance, frequency of activity reporting, and data sources are defined.
- **Evaluation.** For each short-term goal, a target for an effect is set, an indicator for measuring the effect is determined, and data sources are specified.

Performance monitoring and evaluation are integrated into the ACTS program, which helps clarify the process and outcome connections and takes full advantage of data generated through service delivery and system-building. The routine activity reports generated for program management are listed in the third column of the performance management and evaluation plan (Appendix A).

Data fields were set up for community/region identification number; child name and identification number; parent name; parent address; child's birth date; ages of other children; presence of risk factors; household income; dates of personal visits; outcome/actions resulting from personal visit; dates of health screening; attendance records for parent meetings, playgroups, and targeted classes; and referrals to programs and services.

Originally, each community's Parent-Child Resource Team was to be given the same database template to track this information on participants and the services they accessed. PSC proposed an alternative to the template approach. Since all FRCs would have computers with Internet access, the database was centralized, and access was granted to each ACTS staff member. A centralized database offers numerous advantages:

- Program staff have up-to-the-minute information about the children and families served.
- Program management staff can run reports on demand, such as the number of families enrolled or the number of playgroups at each FRC.
- Evaluation staff do not have to combine disparate databases each quarter and spend time reconciling data (e.g., removing duplicate entries for children who enroll at one resource center but attend another).
- All staff have the same database fields available at the same time.
- A single change to the database can be distributed immediately to all staff and FRCs.
- The level of security is higher than if the databases are housed at each FRC.
- Control over who can access the data is greater than if the databases are housed locally.

Findings on Short-Term Outcomes

ACTS ENROLLMENT, SERVICE USE, AND DEMOGRAPHICS

The following information describes the children enrolled in ACTS, the number of families served, and the services they use. Demographic data on children and adults are also provided. The source is the ACTS database and a survey mailed to all parents enrolled in the program as of May 2002. Approximately 980 surveys were sent, followed by one reminder postcard. Fifty-eight surveys were returned with bad addresses. The resulting response rate was 24 percent, which is an average rate for this population.

Exhibits 2 and 3 show enrollment patterns and the age distribution of enrolled children, respectively.

EXHIBIT 2
New Enrollment, by Month
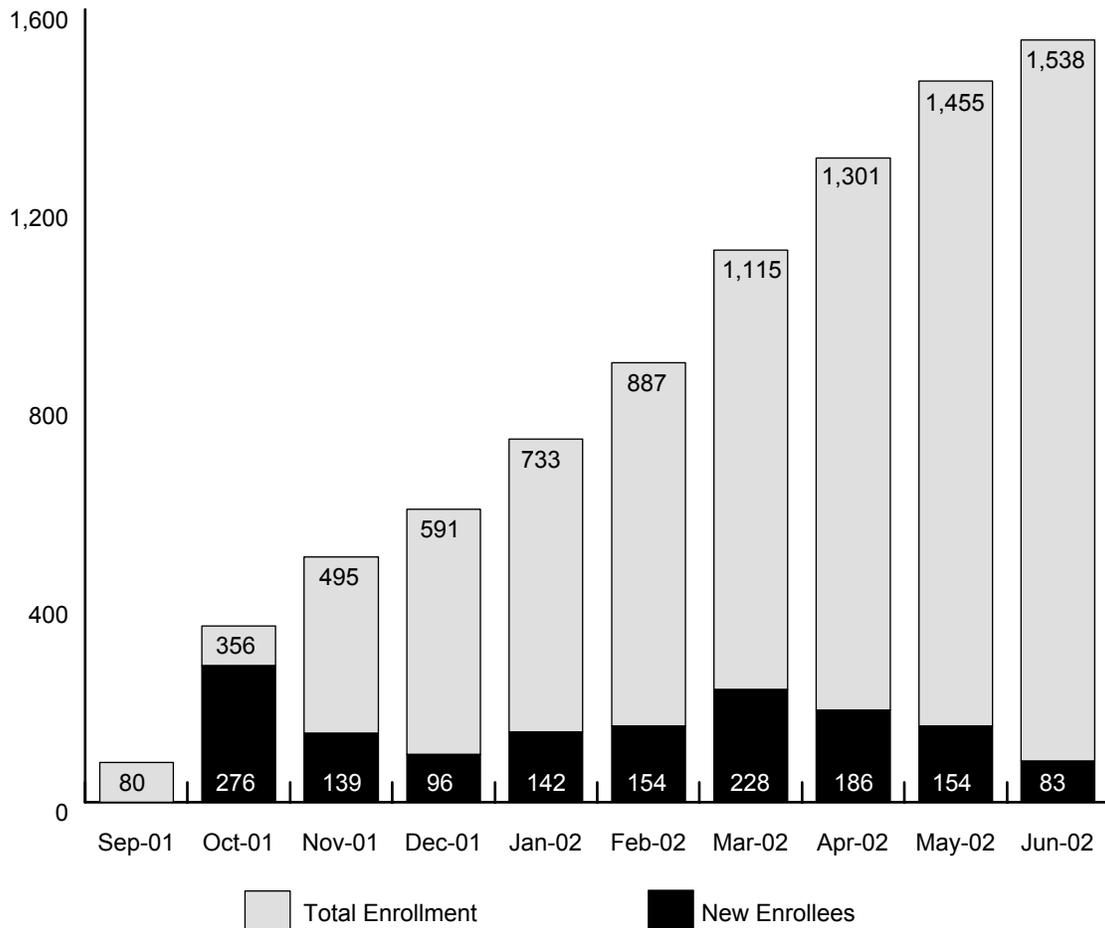
SOURCE: ACTS database. Calculations by Public Sector Consultants, Inc.

The total number of children newly enrolled each month peaked in October 2001, within one month of program implementation on September 1, 2001. Outreach activities, the launch of the

local public awareness campaign, and the statewide *Be their Hero from age Zero* campaign were key factors in reaching this enrollment level. Another peak occurred in March 2002, which was likely influenced by another round of local public awareness activity. Total enrollment has grown steadily throughout year one.

EXHIBIT 3
Child's Age at Enrollment

Age Group	Count (Percentage)
Before birth	13 (0.8%)
At birth	18 (1.2%)
Birth–11 months	324 (21.1%)
12–23 months	375 (24.4%)
24–35 months	324 (21.1%)
36–47 months	251 (16.3%)
48–59 months	231 (15.0%)
60 months or older	2 (0.1%)

Number of children enrolled
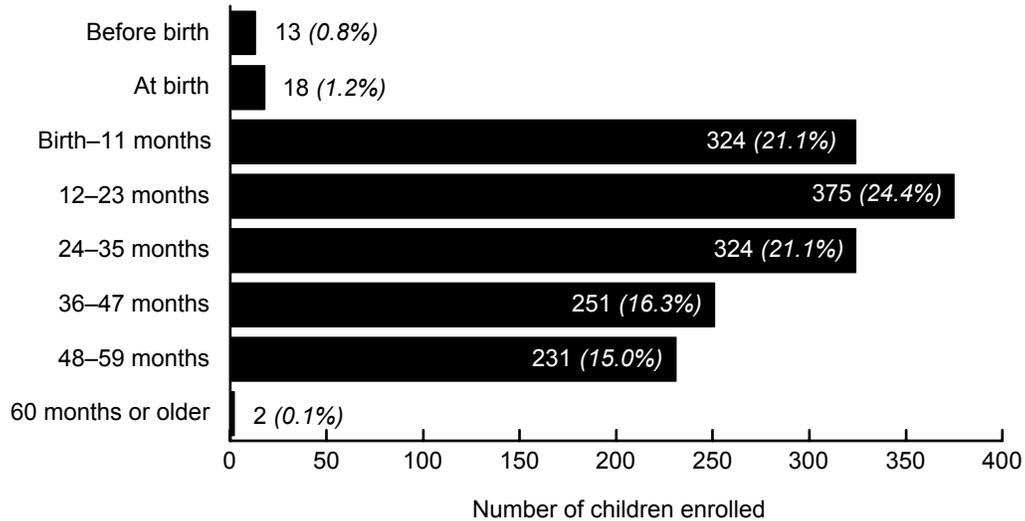
SOURCE: ACTS database. Calculations by Public Sector Consultants, Inc.

Age at enrollment is relatively evenly divided among the age cohorts, with the largest portion of children (24 percent) enrolled between 12 and 23 months. Almost half the enrollees were younger than two years.

Exhibit 4 shows how many children in each family are enrolled in ACTS, not the number of children in each ACTS family (e.g., a 10-year-old sibling is not included).

EXHIBIT 4
Families Served during Year One, ACTS Children

Number of Children	Number of Families	Percentage of Families
1	909	72.4%
2	256	20.4
3	35	2.8
4	3	0.2
Unknown	52	4.1
Total	**1,255**	**99.9%**

NOTE: Total does not equal 100% due to rounding.
SOURCE: ACTS database. Calculations by Public Sector Consultants, Inc.

Most families (72 percent) enrolled in ACTS have one child in the program. The next largest group (20 percent) has two children enrolled.

Exhibit 5 shows the number of children in each family, regardless of whether other children are enrolled in ACTS.

EXHIBIT 5
Number of Families Served during Year One, Total Children

Number of Children	Number of Families	Percentage of Families
1	510	40.6%
2	469	37.4
3	148	11.8
4	34	2.7
5	7	0.6
6	1	0.1
7	0	0.0
8	1	0.1
9	2	0.2
Unknown	83	6.6
Total	**1,255**	**100.1%**

NOTE: Total does not equal 100% due to rounding.
SOURCE: ACTS database. Calculations by Public Sector Consultants, Inc.

About 41 percent of the ACTS families have one child, and 37 percent have two. Twelve percent have three children in the family.

Exhibit 6 gives a breakdown of the types of services used. Data on participation in parent group meetings ("educational meetings") are undercounted as a result of the timing of the online attendance records implementation. It should be noted that data on vision screening are artificially low, since these figures come from the time of enrollment and do not include subsequent screenings provided during year one.

EXHIBIT 6
Use of ASAP-PIE Services, Year One

Service Provided	Number of Participating Families	Number of Participating Children
Home visits	522	662
Parent group meeting	164	[not collected on state report]
Parent/child playgroup	680	836
Vision screening	[not collected on state report]	60

NOTE: Vision screening results are artificially low, as these data are from the time of enrollment. Subsequent screenings were not recorded in the database during all of year one.
SOURCE: Public Sector Consultants, Inc.

Data used to develop the demographic profile in exhibits 7–12 are from the period June 1, 2001, to May 30, 2002. Exhibit 7 shows the number and percentage of ACTS children who were eligible for Temporary Assistance to Needy Families (TANF) at time of enrollment. These data are incomplete because of a large percentage of cases where eligibility was not recorded by a FRC staff member when parents opted not to report this information at the time of enrollment ("Not

recorded"). This issue is addressed in the recommendations section of this report. "Unavailable" refers to cases where eligibility could not be determined.

EXHIBIT 7
TANF Eligibility of Children Enrolled in ACTS

Category	Value
Not recorded	1,213 (78.9%)
Yes (eligible)	148 (9.6%)
No (not eligible)	116 (7.5%)
Unavailable	61 (4.0%)

Axis: 0, 300, 600, 900, 1,200, 1,500
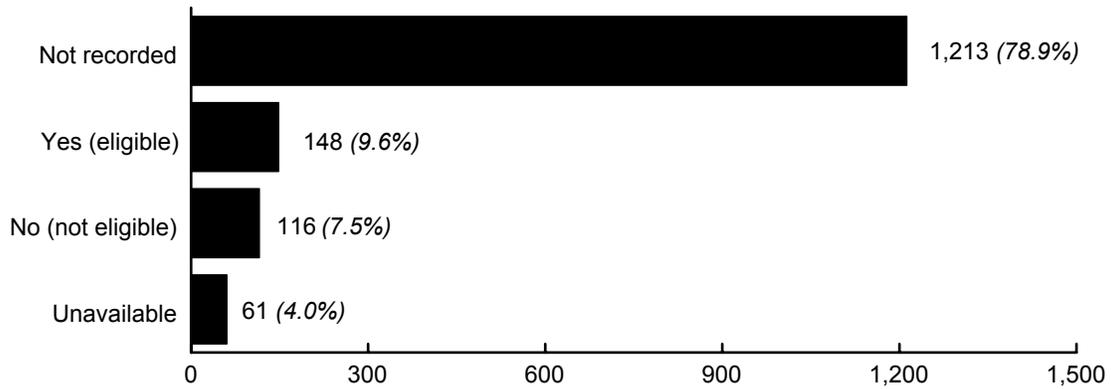
SOURCE: ACTS database. Calculations by Public Sector Consultants, Inc.

A desired long-term outcome of ACTS is a decrease in low-birthweight (LBW) babies, so this indicator is tracked. Exhibit 8 provides data for year one. The median birthweight for children enrolled in ACTS is the same as that for children born in Ingham County in 2000 (7.4 pounds).

EXHIBIT 8
Child's Birthweight

Minimum	1.0 lbs.
Maximum	15.1 lbs.
Average	7.3 lbs.
Median	7.4 lbs.
Standard deviation	±1.85 lbs.

NOTE: Based on 1,079 children out of 1,538 children.
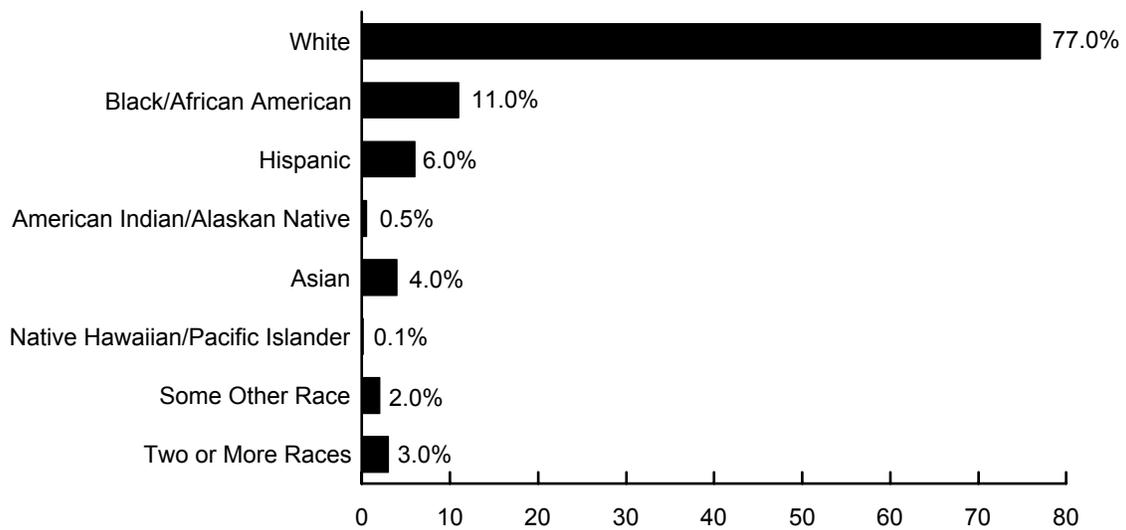SOURCE: ACTS database. Calculations by Public Sector Consultants, Inc.

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Exhibits 9 and 10 present race and ethnicity data for children enrolled in ACTS, their parents/guardians, and Ingham County. The categories in Exhibit 9 are largely based on Census Bureau classifications and were derived from database entries. A comparison of exhibits 9 and 10 reveals that the ACTS population approximates that of some groups in the county (Hispanic, Asian) but not others, particularly whites. This may be attributed to a significant amount of missing data or to incorrectly recorded information (e.g., nationality was given, not a race). This severely limits a comparison of the ACTS and IISD populations. The issue is addressed in the recommendations section of this report.

EXHIBIT 9
Race and Ethnicity of Children and Adults Served in Year One
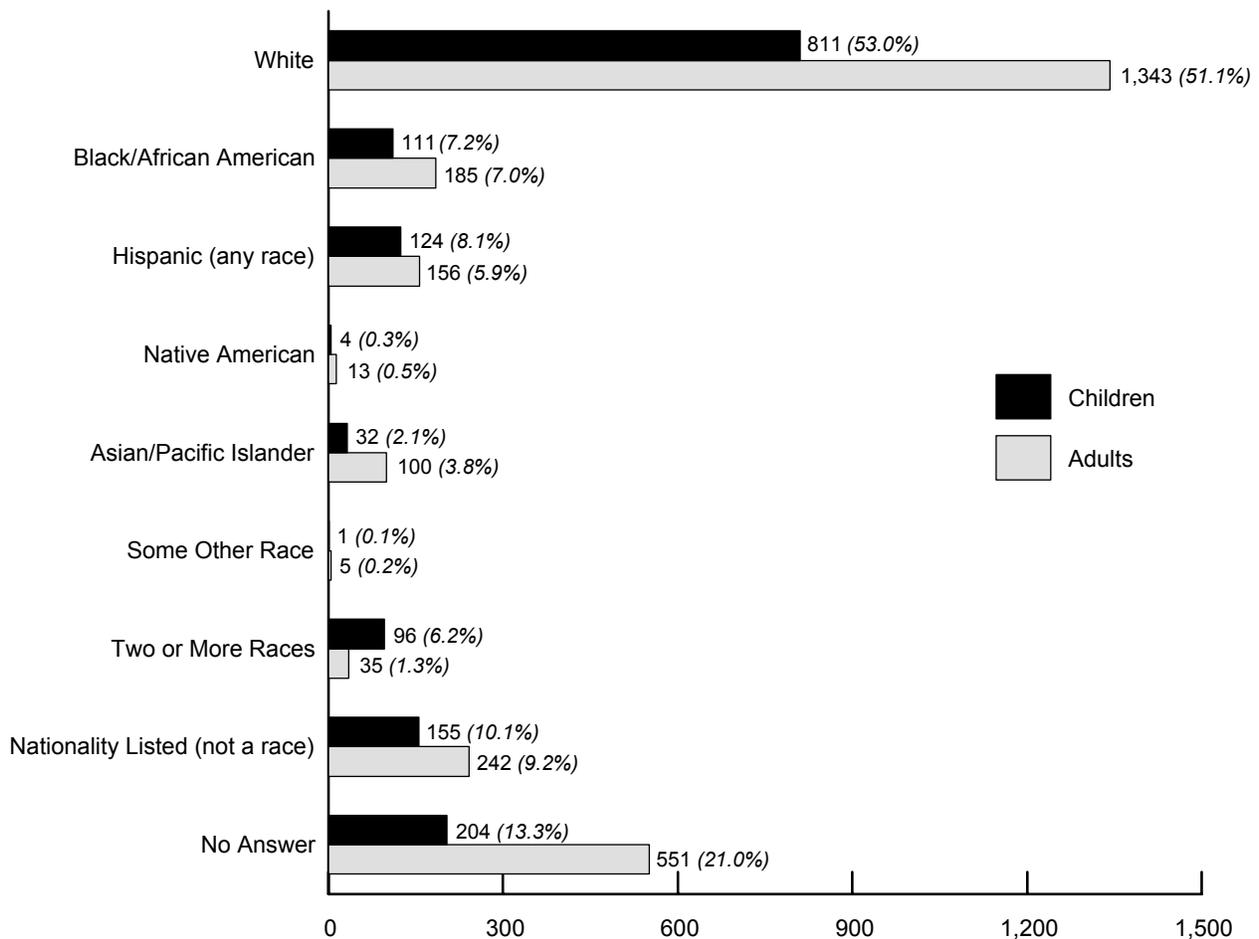
NOTE: Total does not equal 100% due to rounding.
SOURCE: ACTS database. Calculations by Public Sector Consultants, Inc.

EXHIBIT 10
Racial-Ethnic Composition of Ingham Intermediate School District

Category	Percent
White	77.0%
Black/African American	11.0%
Hispanic	6.0%
American Indian/Alaskan Native	0.5%
Asian	4.0%
Native Hawaiian/Pacific Islander	0.1%
Some Other Race	2.0%
Two or More Races	3.0%

NOTE: Hispanic may be of any race, therefore this table does not sum to 100 percent.
SOURCE: U.S. Census Bureau (Ingham County data), 2000.

Exhibit 11 presents the education level of parents and guardians with children enrolled in ACTS in year one. Overall, the adults reflect a range of educational attainment. The distribution is skewed toward slightly more education than the general population of Ingham County. According to the U.S. Census, 12 percent of county residents have less than a high school education, 23 percent have a high school diploma or its equivalent, 24 percent have completed some college, 8 percent have a two-year or associates degree, 19 percent have a bachelor's degree, and 14 percent have a postgraduate degree or course of study. This indicates that ACTS is succeeding in its mission of being a universal program, attracting parents at all education levels. A question for further evaluation is whether the program is reaching those most in need of early childhood education and support (assuming that lower educational attainment is an indicator of at-risk families).

EXHIBIT 11
Parent Education Level (All Parents/Guardians)

	Unknown	Some High School	High School Diploma	Some College	2-year Degree	4-year Degree	Post-grad Work or Degree	Total
Father	84	72	274	147	41	297	251	1,166
Mother	101	107	272	295	57	362	188	1,382
Uncle						1		1
Aunt	2			1			1	4
Sister	1		1					2
Grandfather	4	3	4					11
Grandmother	18	1	13	2	1	1		36
Neighbor	2							2
Other	9	8	6	2		1		26
Totals	**221**	**191**	**570**	**447**	**99**	**662**	**440**	**2,630**
ACTS Percentage	8%	7%	22%	17%	4%	25%	17%	
Ingham Co. Percentage	n/a	12	23	24	8	19	14	

SOURCE: ACTS database. Calculations by Public Sector Consultants, Inc.

Exhibit 12 reveals the work status of parents and guardians with children enrolled in ACTS. Almost half are employed full time, and about one-third are not employed. Mothers are five times more likely than fathers to be unemployed, and fathers are four times more likely than mothers to be working full or parttime.

EXHIBIT 12
Work Status of All Parents/Guardians in ACTS Program

	Unknown	Full Time	Part Time	Not Working	Total
Father	75	905	79	107	1,166
Mother	114	310	274	684	1,382
Uncle		1			1
Aunt	2	1		1	4
Sister	1	1			2
Grandfather	4	4		3	11
Grandmother	18	5	3	10	36
Neighbor	2				2
Other	9	12	2	3	26
Totals	**225**	**1,239**	**358**	**808**	**2,630**

SOURCE: ACTS database. Calculations by Public Sector Consultants, Inc.

In addition to the information collected by ACTS, data are gathered by the Parent-Young Child Program (PYCP) on home-based interventions related to preschoolers' emotional and developmental needs.

- Number of Referrals Received for PYCP Services: 118
- Referral Sources:
    - Parents, grandparents, guardians
    - KEEP (preschool expulsion prevention program)
    - Religious institutions
    - Head Start
    - Preprimary teachers
    - Homeless and domestic violence shelters
    - Pediatricians
    - ACTS FRC Teams
    - Child care
    - Foster care workers
    - Public Health nurses
    - Jump Start
    - Family Independence Agency
    - Psychologists
- Number of Cases Opened for Treatment: 88 (All families referred are contacted; if they decline services, referrals for other helpful services are made as indicated. The percentage of PYCP open cases is about equal to other home-based early intervention programs at Clinton-Eaton-Ingham Community Mental Health.)
- Number of Preschoolers Served: 149

- Number of Therapeutic Contacts with Children and Their Families: 1,745 (This includes Lansing School District Safe Schools/Healthy Students [SS/HS] program families and ACTS families. Contacts include assessment, individual therapy, and family therapy.)
- Outcomes: The majority of children have not completed their treatment with the PYCP, but it is reasonable to assume that the outcomes will be similar to year two of the SS/HS program. See Appendix B for results from that program.

In cooperation with ACTS, Capital Area Community Services Head Start provided services to 24 families with a total of 26 children. Of those families, 23 were eligible for TANF and had a total of 24 children.

ACCESS TO ACTS SERVICES

To evaluate access to ACTS services, information was drawn from the program database and the parent survey.

Core Service: Outreach and Linkage

1. Goal: Implement public awareness and outreach to increase the population served.

Public awareness efforts apparently have been successful. At enrollment, families are asked: "How did you hear about ACTS?" Various media ranked among the top five responses. It is likely that the most frequent source, "Friend," is someone who heard the outreach campaign message. The five ways families hear about the program are as follows, in rank order:

- Friend
- Head Start
- Other community agency staff
- News media/TV, print, billboards
- Early On

2. Goal: Promote partnerships among organizations to increase outreach and linkage of parents to ACTS services.

Exhibit 13 shows the diversity and range of referral sources mentioned by parents at ACTS enrollment. Partnerships among agencies to promote these services clearly have been successful. Friends, neighbors, and relatives are a major referral source, however, when combined (253), but agencies, programs, and organizations account for the most referrals. Another significant source mentioned is the media, mainly television. Overall, the variety of referral sources indicates that the Parent-Child Resource Teams in each FRC, whose role includes promoting partnerships with organizations in support of linking parents to services, have been successful in their efforts. "Other" represents a large number of referrals and covers a wide range of specific sources. See the recommendations section of this report regarding year two enrollment data collection.

EXHIBIT 13
"How did you hear about ACTS?"

Referral Source	Number of Children Enrolled Listing that Primary Source
Other	383
Friend	166
Head Start	111
Unknown	100
Agency staff	91
Television	91
Early On	77
Library	77
WIC	71
Preschool	58
Neighbor	48
Elementary school	45
Relative	39
Child care	30
Jumpstart	22
Brochure	19
Radio-Z 101.7	18
Newspaper ad	17
Preschool staff	15
Medical provider	14
Special education	11
Outdoor advertising	9
PHN	8
Child care provider	5
PIP	4
Radio-Power 96.5	4
PYC	3
Building Strong Families	2
Total	**1,538**

SOURCE: ACTS database. Calculations by Public Sector Consultants, Inc.

3. Goal: Increase family usage of community resources and activities.

Among the 24 percent of parents enrolled in ACTS who responded to the survey (239 out of 979), two percent said they had ever used the In Touch Community Resource System to locate a service in the community. That system is only one measure of family usage of community resources and activities. A more effective indicator will be Keys to Success Passport usage, which will be monitored during year two.

IMPACT OF ACTS SERVICES

Overall impact of ACTS services

Parents were asked a series of questions regarding their perceptions of how ACTS has affected their parenting. Specifically, they were asked about changes in their parenting behaviors in the following areas:

- Reading to their child(ren)
- Patience with their child(ren)
- Understanding why their child(ren) acts as s/he does
- Learning new discipline strategies
- Playing with their child(ren) more
- Understanding brain development
- Understanding the role they play in their child's development

Responses were combined into a composite measure to gauge overall, self-reported impact. The resulting index ranged from 0 (no perceived change) to 10 (maximum perceived change). The average score is 5.9. Exhibit 14 summarizes the differences in average scores by each core service.

EXHIBIT 14
Impact of ACTS Services by Core Service Utilization

	Personal Visit**	Parent Group Meeting**	Playgroup	ASQ**
Used service	6.6	7.0	6.0	7.0
Did not use service	4.6	5.5	5.3	5.3

** Statistically significant at p<0.001
SOURCE: ACTS parent survey. Calculations by Public Sector Consultants, Inc.

Further examination of the composite measure of impact by core service utilization indicates definite differences in the impact by core service. For three of the services—receiving at least one personal visitation, attending a parent group meeting, and having their child assessed using the Ages and Stages Questionnaire (ASQ)—this relationship is statistically significant, which means we can be relatively certain that the observed relationship is not due to sampling error.

Estimates of Developmental Knowledge and Core Services

To establish a baseline level of parents' developmental knowledge, the survey presented a series of statements about child development. Respondents were asked to indicate the extent to which they believed each statement to be true or false. Exhibit 15 presents the frequency of correct answers to the statements.

EXHIBIT 15
Frequency of Correct Answers to Child Development Instrument

Statement	Correct Answer	Percentage of Parents Who Chose Correct Answer
Children's capacity is pretty much set from birth and cannot be affected by how their parents interact with them.	Definitely false	93%
Parents' emotional closeness with their child can strongly influence that child's intellectual development.	Definitely true	89
A young child needs about the same amount of sleep as an adult.	Definitely false	88
Reading to an infant has little impact on its development.	Definitely false	87
It is just as important for a 10-month-old to spend time playing as it is for a five-year-old.	Definitely true	84
Spanking children as a regular form of punishment helps children develop a better sense of self-control.	Definitely false	77
By two years of age, a child should be ready to move out of diapers and begin to learn how to use the toilet.	Probably/definitely false	69
In terms of learning language, children get as much benefit from watching a video as they do hearing a person in the same room who is talking to them.	Definitely false	63
The first year of a child's life has a major impact on future performance in school.	Definitely true	57

SOURCE: ACTS parent survey. Calculations by Public Sector Consultants, Inc.

Responses were summed into a composite measure, and the result is an index that ranges from 0 (an incorrect answer all the time, the lowest level of developmental knowledge) to 10 (a correct answer all the time, the highest level). The average score is 7.9.

An examination of the developmental knowledge index by core service use revealed a statistically significant difference (i.e., not due to sampling error) in the case of three services: received at least one personal visit, attended at least one parent group meeting, and had a child assessed using the ASQ. Exhibit 16 summarizes the differences in average scores on the index by each core service.

EXHIBIT 16
Average Score on Developmental Knowledge Index and Use of Core Service

	Personal Visit**	Parent Group Meeting**	Playgroup	ASQ**
Used service	8.0	8.2	8.0	8.3
Did not use service	7.6	7.8	7.8	7.7

** Statistically significant at p < 0.10
SOURCE: ACTS parent survey. Calculations by Public Sector Consultants, Inc.

The measures of developmental knowledge are meant to establish a baseline for year one. These results should not be viewed as causal, that is, a particular service has more or less impact on developmental knowledge. Because we were not able to establish a true baseline at the time of enrollment, we cannot rule out the possibility of self-selection: Parents may choose to participate in certain services *because* they have a certain level of developmental knowledge.

Based on the survey results shown in Exhibit 17, it seems ACTS has had the greatest influence in three areas: understanding a child's behavior, a parent's role in child development, and how a child's brain develops. Furthermore, a majority of parents indicate they have more patience and play more with their children. Half have learned new discipline strategies as a result of their participation in ACTS.

EXHIBIT 17
Parents Reporting Perceived Improvement in Their Parenting

Statement	Percentage of All Parents
I understand why my child(ren) acts the way he/she does better now than before attending ACTS.	67%
I understand my role in my child(ren)'s development now better than before attending ACTS.	65
I understand how a child's brain develops now better than before attending ACTS.	64
I have more patience with my child(ren) now than before attending ACTS.	59
I play with my child(ren) more now than before attending ACTS.	51
I learned new strategies for disciplining my child(ren) now than before attending ACTS.	50
I read more to my child(ren) now than before attending ACTS.	38

SOURCE: ACTS parent survey. Calculations by Public Sector Consultants, Inc.

IMPACT BY CORE SERVICE

To establish baselines to assess the impact of each core service, three sources of information are used: the ACTS database, the parent survey, and FRC document review. Demographic information on participating parents is also described.

Core Service: Personal Visitation

1. Goal: Increase use of personal visits to improve parenting skills, provide parenting support, and link parents to community resources.

2. Goal: Provide opportunities, activities, and information that develop school readiness.

3. Goal: Increase understanding of child development and realistic expectations for a child's development.

Sixty-four percent of parents responding to the survey indicated they had received a personal visit from ACTS. Of these, 18 percent have had one, 34 percent have had two or three, and 47 percent have had four or more.

A very high level of satisfaction with personal visits is reported by parents:

- 78 percent, very satisfied;
- 18 percent, somewhat satisfied;
- 3 percent, dissatisfied;
- 1 percent, very dissatisfied.

Ninety-six percent report that personal visits provided useful information about their children. Ninety-four percent agree (67 percent strongly, 27 percent somewhat) that the visits are a good source of support. Eighty-four percent say they are using what they learn in the personal visits every day, and 92 percent say that the information from the visits makes them a better parent.

Among parents who had not received a personal visit, 14 percent stated they did not know ACTS had this service; 7 percent knew about the service but were not sure what it was; 9 percent do not like the idea of a stranger coming into their home; and 4 percent consider it too inconvenient. More than half (54 percent) stated that they do not need the service at this time.

These findings will serve as a baseline for future evaluation.

Core Service: Periodic Developmental and Health Screenings

1. Goal: Provide opportunities, activities, and information that promote school readiness.

2. Goal: Increase use of parenting resources, such as screenings.

3. Goal: Support appropriate physical, social, emotional, cognitive, and language development.

Thirty-nine percent of parents responding to the survey say that they have used the Ages and Stages Questionnaire through ACTS. Regarding their opinion of the ACTS screenings, 97 percent are either very satisfied (69 percent) or somewhat satisfied (28 percent).

Parents do not have screenings done for various reasons.

- 59 percent do not know ACTS offers this service.
- 13 percent do not need the service at this time.
- 9 percent do not know they could fill out the screening themselves.
- 6 percent know about the service but are not sure what it is.
- 2 percent say they get screenings for their child through some other program or agency.
- 1 percent indicate it is too inconvenient to have the screenings done.

These findings will serve as a baseline for future evaluation.

### *Core Service: Parent Group Meetings*

1. Goal: Provide useful ideas and information to assist parents in their role.

2. Goal: Increase participation in parent group meetings.

3. Goal: Support parents in getting children ready for school.

4. Goal: Increase use of parenting resources.

5. Goal: Increase understanding of child development and use of opportunities and activities that develop school readiness.

Four sources were used to generate baseline data for future evaluation: the ACTS database, the parent survey, a document review of FRC calendars, and review of parent feedback forms. Data on parent group meetings is artificially low due to the timing of the implementation of the online attendance record, which covered only a few months of year one. Data entry by FRCs on these meetings was started recently, so more complete information on usage and demographics will be available in year two.

The ACTS Database

Exhibit 18 shows participation by parents in group meetings from October 2001 through May 2002. As noted above, the data undercount attendance.

EXHIBIT 18
Parent Group Meeting Attendance, by Month
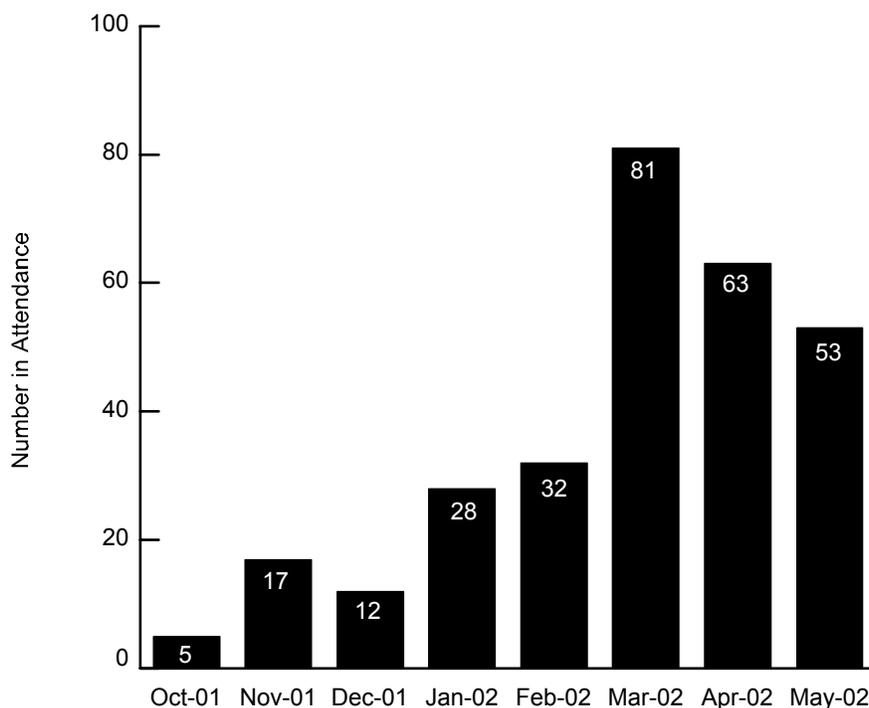
SOURCE: ACTS database. Calculations by Public Sector Consultants, Inc.

Exhibit 19 presents statistics comparing all adults who attended a group meeting in year one with those who most frequently attended. For purposes of this report, high use is defined as attendees above the first standard deviation (the 66th percentile or above), or more than two parent meetings during year one. This means that 66 percent of all attendees are below the high-frequency users.

EXHIBIT 19
Frequency of Parent Group Meeting Attendance

	All Parents	High-Use Parents (N=21)
Minimum number of groups attended	1	3
Maximum number of groups attended	9	9
Median number of groups attended	1	3
Average number of groups attended	1.5	4.1
Standard deviation	1.09	1.60

SOURCE: ACTS database. Calculations by Public Sector Consultants, Inc.

Exhibit 20 presents data on the race and ethnicity of parent group meeting attendees. Their racial-ethnic composition appears somewhat comparable to that of the ACTS adult enrollment (refer to Exhibit 9), but the size of the unusable data set (nationality listed and no answer) renders this conclusion tentative.

EXHIBIT 20
Race and Ethnicity of Parent Meeting Attendees

Category	Percentage
White	59%
Black/African-American	2%
Hispanic (any race)	8%
Native American	0.3%
Asian/Pacific Islander	0.7%
Some Other Race	0%
Two or More Races	3%
Nationality Listed (not a race)	6%
No Answer	22%
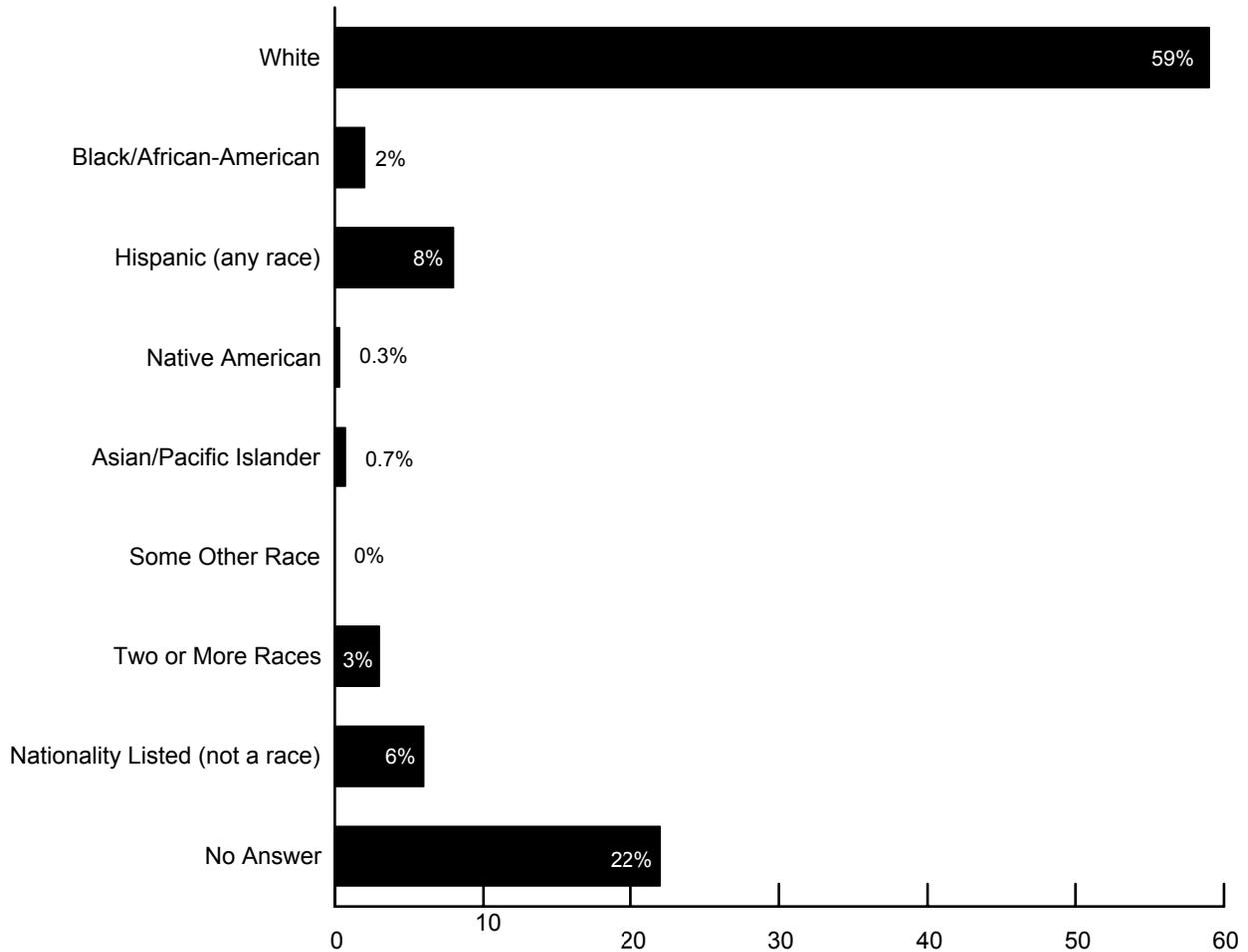
SOURCE: ACTS database. Calculations by Public Sector Consultants, Inc.

Exhibit 21 provides information on the work status of participants in parent group meetings. The largest percentage are not employed.

EXHIBIT 21
Work Status of Parent Meeting Attendees
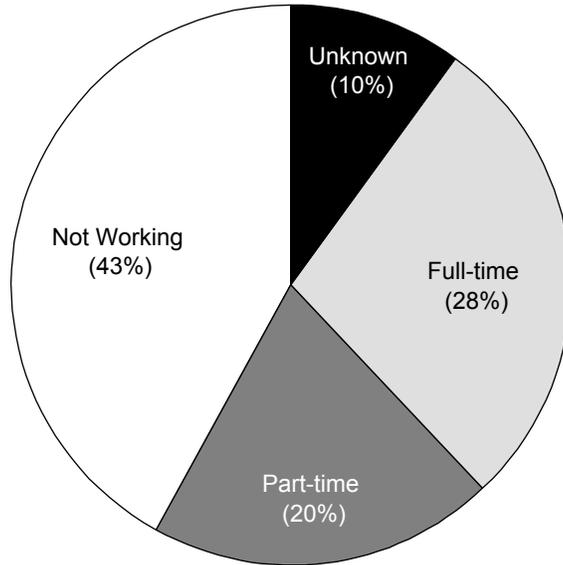
SOURCE: ACTS database. Calculations by Public Sector Consultants, Inc.

Exhibit 22 shows the education level of those who attended parent group meetings. Compared to the adult population of Ingham County, more of them have high school diplomas (23 percent versus 15 percent) and some college (24 percent versus 21 percent). Also, more of them have college degrees (26 percent versus 19 percent).
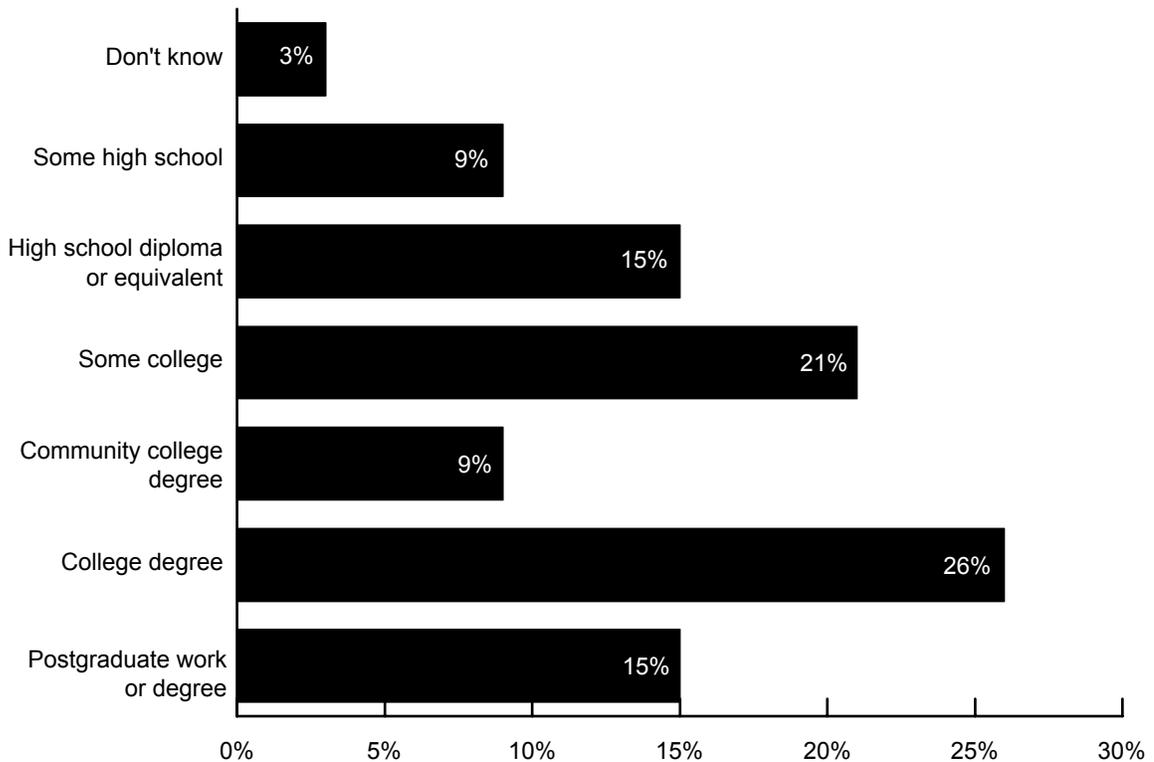
EXHIBIT 22
Educational Achievement of Parent Meeting Attendees

SOURCE: ACTS database. Calculations by Public Sector Consultants, Inc.

Parent Survey

Twenty-nine percent of respondents to the survey reported they had attended a parent meeting through ACTS. Attendance levels are as follows:

- 1 group meeting, 37 percent;
- 2-3 group meetings, 42 percent;
- 4 or more group meetings, 21 percent.

Satisfaction with group meetings is high (63 percent very satisfied, 35 percent somewhat satisfied). Ninety-nine percent agree that parent groups are a good source of support (51 percent agree strongly, 48 percent somewhat). Ninety-four percent believe that parent groups provide useful information about their children (67 percent agree strongly, 27 percent somewhat). Eighty-six percent use what they learn in the parent groups every day (36 percent agree strongly, 50 percent somewhat). Ninety-four percent believe that the information from the parent groups makes them a better parent (58 percent agree strongly, 36 percent somewhat).

The reasons that best describe inability to attend a parent group meeting are reported as follows:

- 58 percent, meeting times do not suit their schedule;
- 25 percent, do not need the service at this time;
- 4 percent, did not know that ACTS has this service;
- 4 percent, knew about the service but were not sure what it was.

Documentation from FRC Calendars

Calendars submitted by FRCs for October 2001 through June 2002 were reviewed to document parent group meetings. The average number of meetings per month across the 11 FRCs was 23. The number was fairly consistent during the past nine months, with the exception of 13 in October and 15 in June. The most frequent topics were parent support, positive discipline and behavior issues, single-parent support, kindergarten readiness, and toilet learning.

Many events other than parent meetings were held at the 11 FRCs, averaging 27 per month. The number of these has increased over time, with fewer held during the first several months (October–December). The most frequent events were related to literacy (such as Story Time), family activity nights, music and movement sessions, open houses, and access to a public health nurse.

Please see Appendix C for exhibits regarding playgroups, parent meetings, and other events at each FRC.

Analysis of Feedback Forms

Participants in parent meetings are asked to complete a feedback form after each session. The form, created by the Parents as Teachers National Center, has nine multiple-response questions and statements; four pertain to the content of the session and five to the meeting presenter. Respondents are instructed to choose whether they strongly agree, moderately agree, or strongly disagree with the nine statements. For evaluation purposes, the FRCs were given directions for selecting a sample of meetings and feedback forms from October 2001 to June 2002. A total of 74 parent meetings with 251 respondents were included in the sample. Please note that some FRCs held more meetings than others and, as a result, provided more feedback forms for the evaluation. Therefore, some centers are overrepresented in both the number of sessions reviewed and the number of participants providing feedback.

In the sample, 39 percent of the attendees were parents of two-year-olds. The next most common age group was less than 12 months (36 percent). The remainder break down as follows: one-year-olds (19 percent), three-years-olds (19 percent), four-years-olds (16 percent), and five-year-olds (10 percent).

There was strong agreement with the following statements regarding session content: presented ideas that will be useful in my parenting (90 percent), introduced helpful visuals and handouts (87 percent), addressed my family's needs and interests (80 percent), and met my expectations for this session/topic (79 percent).

Ratings of the presenter were also favorable: The speaker was knowledgeable and well prepared (93 percent), presented material clearly (93 percent), was interesting (92 percent), answered questions and suggested resources (91 percent), and allowed enough time for discussion (88 percent).

Space was provided on the form for comments. Respondents gave feedback on the strong points of the session, the topics they would like for future programs, and other suggestions.

Regarding the strong points of the session, most of the 191 parents who responded described the information received during the meeting, such as learning about CPR or the six steps of dealing with tantrums, but many also mentioned handouts, videos, and general information as important. Another valued feature was the opportunity for discussion and interaction with other parents. Parents also spoke highly of the presentation format and described the meetings as clear, well-organized sessions. Some indicated that all aspects of the session were strong. Finally, parents welcomed the opportunity to have concerns addressed, questions answered, and suggestions provided to them from the meeting presenters. An important function of parent meetings seems to be the chance to socialize and receive support.

The list below summarizes the wide variety of topics suggested for future sessions.

- Disciplining children
- Child development—mental, physical, social (toddler stages, what children should know at various ages, brain development, how children grow physically, and so on)
- Temper tantrums, bullying, and other difficult behavior and how to cope with it
- Attention span issues
- Health and safety issues/education
- Stress management for parents
- Food (nutrition, appropriate food for various ages, dealing with finicky eaters, and so on)
- Sibling relationships
- Toilet learning
- Teaching children to share
- Sleeping (naps and bedtime issues)
- Family issues (step-families, single parents, ways that fathers can spend quality time with a baby, and so on)

Parents were also asked for general suggestions regarding the parent meetings. Among the sample of feedback forms, only 13 parents made general comments. Several expressed appreciation for the interesting and helpful meetings, and a few parents suggested that the sessions should be longer.

The feedback information was analyzed to determine any barriers to participation in the meetings as well as playgroups, but there was very little mention of obstacles. This could be due in part to two factors. First, the questions on the forms were not adequately designed to elicit such information. Second, parents providing feedback obviously were able to attend the session, so they would not be likely to have difficulty participating.

Core Service: Parent and Child Playgroups

1. Goal: Support parents in getting a child ready for school.

2. Goal: Help parents increase understanding of child development, social/emotional development, and language and cognitive development.

3. Goal: Increase positive parent and child interactions.

4. Goal: Increase participation in parent and child playgroups.

Four sources were used to generate baseline data for future evaluation: the ACTS database, the parent survey, a document review of FRC calendars, and review of parent feedback forms.

The ACTS Database

Exhibit 23 presents information on playgroup attendance from October 2001 through May 2002. A steady increase occurred over this period, with the exception of December 2001.

EXHIBIT 23
Playgroup Attendance, by Month

Total Attendance: 5,333

Month	Attendance
Oct-01	178
Nov-01	385
Dec-01	324
Jan-02	513
Feb-02	673
Mar-02	1,055
Apr-02	1,076
May-02	1,129

SOURCE: ACTS database. Calculations by Public Sector Consultants, Inc.

34
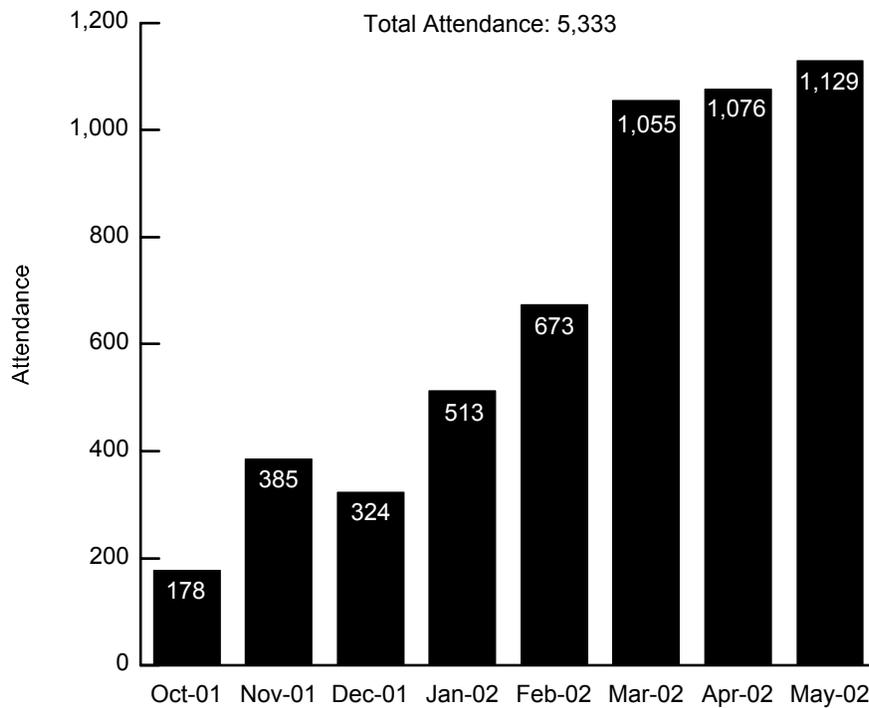
Exhibit 24 compares all children who attended a playgroup in year one with those who most frequently attended. For the purposes of this report, high use is defined as those above the first standard deviation (the 66th percentile or above), or more than 12 playgroups during year one. This means that 66 percent of all playgroup attendees are below the high-frequency users in attendance.

EXHIBIT 24
Frequency of Playgroup Attendance by Children

	All Attendees	High-Use Attendees
Minimum number of groups attended	1	13
Maximum number of groups attended	44	44
Median number of groups attended	3	17
Average number of groups attended	6	22
Standard deviation	±6.86	±8.96

NOTE: 836 children of 1,538 enrolled.
SOURCE: ACTS database. Calculations by Public Sector Consultants, Inc.

Exhibits 25 and 26 present data on the racial-ethnic composition of playgroup attendees and compare all children and adults who attended to high-frequency users. There are no major differences in usage according to racial/ethnic group, with the exception of those listed as a nationality (rather than a race) and those with missing data.

EXHIBIT 25
Race and Ethnicity of Children Attending an ACTS Playgroup, Year One

Race	Percentage of All Children Attending One or More Playgroups	Percentage of High-Use Children (more than 12 playgroups)
White	53%	54%
Black/African-American	2	0
Hispanic (any race)	6	4
Native American	<1	0
Asian/Pacific Islander	2	0
Some other race	0	0
Two or more races	5	6
Nationality listed (not a race)	17	22
No answer	16	14
Total	**100%**	**100%**

SOURCE: ACTS database. Calculations by Public Sector Consultants, Inc.

EXHIBIT 26
Race and Ethnicity of Adults Attending an ACTS Playgroup, Year One

Race	Percentage of All Adults Attending One or More Playgroups	Percentage of High-Use Adults (more than 13 playgroups)
White	53%	50%
Black/African-American	2	0
Hispanic (any race)	4	4
Native American	<1	0
Asian/Pacific Islander	2	0
Some other race	0	0
Two or more races	<1	1
Nationality listed (not a race)	13	17
No answer	26	29
Total	**100%**	**100%**

SOURCE: ACTS database. Calculations by Public Sector Consultants, Inc.

Exhibit 27 regards the employment status of adults by playgroup utilization. Interestingly, there are no differences by work status and frequency of attendance. The majority of participants in both usage categories are not working.

EXHIBIT 27
Employment Status of Adults Attending Playgroups

Work status	Percentage of All Adult Attendees	Percentage of High-Use Adult Attendees
Unknown	13%	16%
Full-time	15	9
Part-time	20	24
Not working	52	51
Total	**100%**	**100%**

SOURCE: ACTS database. Calculations by Public Sector Consultants, Inc.

Exhibit 28 provides data on the educational attainment of adults by playgroup utilization. There are no major differences, although college graduates are slightly more likely to attend playgroups frequently.

EXHIBIT 28
Education Level of Adults Attending Playgroups

Education level	Percentage of All Adult Attendees	Percentage of High-Use Adult Attendees
Don't know	10%	10%
Incomplete high school	2	0
HS diploma or equivalent	9	5
Some college (no degree)	18	17
Community college degree	5	6
College degree	33	41
Post-graduate work or degree	22	21
Total	**100%**	**100%**

SOURCE: ACTS database. Calculations by Public Sector Consultants, Inc.

Parent Survey

Eighty-one percent of parents who responded to the survey stated they had attended ACTS playgroups. Frequency of use was reported as follows:

- 1 playgroup, 10 percent;
- 2–4 playgroups, 31 percent;
- 5 or more playgroups, 59 percent.

Parents report a high level of satisfaction with playgroups; 75 percent are very satisfied, and 23 percent are somewhat satisfied. Ninety-six percent agree that playgroups foster more positive interactions with their children (65 percent agree strongly, 31 percent somewhat). Ninety-five percent agree that playgroups provide useful information about their children (55 percent agree strongly, 40 percent somewhat). Eighty-two percent believe they are using what they learn in the playgroups every day (30 percent agree strongly, 52 percent somewhat). Ninety-one percent feel that the information makes them a better parent (49 percent agree strongly, 42 percent somewhat).

The reasons for not attending a playgroup are reported as follows:

- inconvenient scheduling (63 percent);
- no need for the service at this time (17 percent);
- did not know ACTS had this service (2 percent);
- knew about the service but not sure what it was (2 percent);
- inaccessible location (2 percent).

Documentation from FRC Calendars

Calendars submitted by FRCs for October 2001 through June 2002 were reviewed to document parent and child playgroups, which averaged 180 per month across the 11 FRCs. The number was fairly consistent during that time, with the exception of October (N=78). FRC reports on playgroup content varied in regularity across centers, so detailed information is not included here.

Analysis of Feedback Forms

Adult participants in playgroups were asked to complete a feedback form after each session. The form, created by the Parents as Teachers National Center, has five yes/no questions about activities and conduct of the session. Parents also were asked to name their favorite activity, their child's favorite activity, and additional activities that both would enjoy. For evaluation purposes, the FRCs were given directions for selecting a sample of playgroups and feedback forms from October 2001 to June 2002. A total of 62 playgroups with 258 respondents were included in the sample. Please note that some FRCs held more playgroups than others and, as a result, provided more feedback forms for the evaluation. Therefore, some centers are overrepresented in both the number of sessions reviewed and the number of participants providing feedback.

In terms of children's ages, the highest proportions of attendees were parents of two-year-olds (36 percent) and one-year-olds (29 percent). Nineteen percent had children age 3, and another 19 percent had children less than 12 months of age. Seventeen percent were parents of four-year-olds, and 8 percent were parents of five-year-olds.

Overall, the feedback was quite positive. All the respondents enjoyed participating and felt that the session was well run and organized. All but one parent indicated that the activities were age appropriate and that their child enjoyed the experience. Ninety-four percent reported receiving helpful ideas for activities to do at home.

When asked what activity their child liked best, parents most frequently mentioned activities specific to the particular playgroup. The most popular involved arts and crafts. Painting—with brushes, sponges, or fingers—topped the list. Singing and dancing were also frequently cited. Others were Story Time, playing with balls, working with beads, blowing bubbles, eating or making cookies or cookie dough, making shakers, and such physical activities as climbing, crawling, and completing an obstacle course.

In describing their favorite activity, parents most often stated that they enjoyed observing their own or other children at play. Others most frequently mentioned were talking with the other adults, dance and interpretive movement, painting with various media, singing, reading stories, and crafts. Parents frequently stated that they enjoyed whatever their children found to be a favorite activity.

Most parents seemed satisfied with the activities offered to their children in the playgroups and had few suggestions. Most frequently they commented that more of the same activities should be added. A few parents would like to see more outdoor activities (such as nature walks) and more interaction among children.

A few parents wondered why frequent evaluations are necessary. A few others reported that the playgroup was important in bringing out a positive side of their children that they had not observed before.

Playgroups provide an opportunity for parents/caregivers to socialize. A number of parents mentioned the value of this interaction, perhaps because they feel the need for a support network.

Core Service: Access to Community Resources

1. Goal: Increase use of parenting resources.

2. Goal: Increase understanding of child development and use of opportunities and activities that develop school readiness.

Two strategies are used by ACTS to increase access to community resources: the Keys to Success Passport and the In Touch System.

Eighty-five percent of parents responding to the survey said they received the Keys to Success Passport. Ninety-three percent are satisfied with it (46 percent very satisfied, 47 percent somewhat). Eighty-four percent reported receiving the resource guide, and 97 percent find it satisfactory (61 percent very satisfied, 36 percent somewhat).

Parents believe the passport is useful (50 percent agree strongly, 41 percent somewhat). Ninety-two percent agree that the passport is easy to understand and follow (58 percent agree strongly, 34 percent somewhat).

Ninety-four percent of parents find that the resource guide provides useful information (55 percent agree strongly, 39 percent somewhat). Ninety-seven percent consider the guide easy to use and understand (60 percent agree strongly, 37 percent somewhat).

Regarding In-Touch, two percent of respondents to the survey had ever used this resource to locate a service in the community, and none reported receiving any training on the system through ACTS. A more effective measure of progress toward the goal of increasing use of parenting resources will be Keys to Success Passport usage. Data on this measure will be collected during year two.

Core Service: Connections with Quality Preschools

The QECC short-term goals are to promote childcare provider awareness and outreach, strengthen quality standards for early childhood programs, increase the capacity of preschool programs to serve diverse populations of need, increase staff training for continuous quality improvement, and provide family/parent support regarding education quality, the transition to school, and inclusion of diverse populations.

Information on this core service was collected from a number of sources: Intake Forms, individual service records, Quality Improvement Plan progress sheets, and workshop evaluations. Information requests from programs and parents/families were documented via the Intake Form. Individual service records were used to record the network services provided by the QECC staff and/or other agencies to support a program's quality improvement, as identified in the Quality Improvement Plan progress sheet. Workshop evaluations were collected after most training sessions provided by the QECC.

1. Goal: Implement provider awareness and outreach to increase the population served by quality preschools.

To establish a baseline for year one, the evaluation documented the number of parents, programs, and centers with which the QECC has worked and how they learned about the network. Based on information gathered since October 2001, QECC requests (Intake Forms) mainly come from childcare centers and Preprimary Impaired (PPI) service providers. Of the 57 forms received by the QECC during that period, 9 originated from parents or families, 23 from programs with PPI affiliations, 20 from child care centers, 5 from Head Start, and 3 from Early On. A few programs made more than one request, and some programs indicated more than one affiliation. Exhibits 29–31 summarize data collected on QECC.

EXHIBIT 29
Type of Program Requesting QECC Information

Type of Program	Number	Percentage
PPI	23	47.9%
Child care center	20	41.7
Head Start	5	10.4
Early On	3	6.3
Total Respondents	**48***	*****

NOTE: Respondents were able to choose more than one option, so the total may exceed the number of respondents or 100%.
SOURCE: Ingham Intermediate School District.

Most requests were made in person to a member of the QECC. Of the 45 program/center intake requests, 31 were in person. Five of the nine parent intake requests were also in person. All others were handled via telephone.

EXHIBIT 30
Method of Contacting the QECC

Request Type	Parent		Program		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
In person	5	55.6%	31	64.6%	36	63.2%
Phone	4	44.4	14	29.2	18	31.6
Not indicated	-	-	3	6.3	3	5.3
Mail	-	-	1	2.1	1	1.8
Total	**9**	*****	**48***	*****	**57***	*****

NOTE: Respondents were able to choose more than one option, so the total may exceed the number of respondents or 100%.
SOURCE: Ingham Intermediate School District.

ACTS staff members most frequently connected parents and programs to the QECC network (N = 44). Agency staff also directed inquiries to the QECC but far less frequently (N = 13). The Office of Young Children (OYC) was responsible for a few referrals (N = 2).

EXHIBIT 31
QECC Referral Source

Request Type	Parent		Program		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
ACTS Staff	8	88.9%	36	75.0%	44	77.2%
Agency Staff	2	22.2	11	22.9	13	22.8
Office of Young Children (OYC)	-	-	2	4.2	2	3.5
Workshop/conference	-	-	1	2.1	1	1.8
Not indicated	-	-	1	2.1	1	1.8
Total	**9**	*****	**48***	*****	**57***	*****

NOTE: Respondents were able to choose more than one option, so the total may exceed the number of respondents or 100%.
SOURCE: Ingham Intermediate School District.

2. Goal: Strengthen quality standards for early childhood programs through consultation, training, and diagnostic services.

To establish a baseline, Quality Improvement Plans were documented for five programs, and thirty-eight individual service records were completed. Among the latter, only seven programs indicated that a quality standard (NAEYC) was used.

3. Goal: Increase staff training for purposes of continuous quality improvement.

Based on the individual service records and workshop evaluations, 152 core services were provided by the network. For the purposes of this report, *core service* is defined as a single event, such as training, consultation, or observation provided to a program/center or group of parents. In a few instances of all-day workshops with several break-out groups, each group is counted as an individual training session. Training (42 percent) and consultation (38 percent) were the most frequent core service provided by the network. Others were information/resource gathering, site observation, training follow-ups, family support, and Quality Improvement Plan (QIP) development. Exhibit 32 provides a breakdown of core services.

EXHIBIT 32
Type and Frequency of Core Services

Core Service	Number	Percentage
Training	64	42.1%
Consultation	58	38.2
Information/resource sharing	10	6.6
Site observation	8	5.3
Training follow-up	8	5.3
Family support	4	2.6
QIP development	2	1.3
Referral	1	0.7
Total	**152**	*****

NOTE: Core services could fall into more than one category, so the total may exceed the number of services or 100%.
SOURCE: Ingham Intermediate School District.

The topics of core services were quite varied: Guidance/discipline issues (14 percent), special needs (11 percent), transitions (11 percent), and developmentally appropriate practice (10 percent) were the most common. For the 64 training sessions held for both staff and parents, a similar pattern emerged. Guidance/discipline, transitions, and growth and development were the most frequent. Exhibits 33 and 34 provide a complete list of topics.

Approximately one-third (N = 20) of the training sessions were attended by parents and staff or by parents alone. It appears that about half of these can also be categorized as FRC training sessions and would be covered in those analyses. The remaining two-thirds (N = 44) were provided to the staff of local child care centers and programs.

EXHIBIT 33
Type and Frequency of Core Service Topics

Core Service Topics	Number	Percentage
Guidance/discipline	21	13.8%
Special needs	17	11.2
Other	17	11.2
Transitions	16	10.5
Developmentally appropriate practice	15	9.9
Inclusion	13	8.6
Needs assessment	11	7.2
Communication	9	5.9
Growth and development	8	5.3
Other—Accreditation	8	5.3
Curriculum	7	4.6
Improvement planning	6	3.9
Parent involvement	5	3.3
Other—Environment	4	2.6
Other—Training needs	3	2.0
Goal setting	2	1.3
Other—Diversity	2	1.3
Choosing quality childcare	1	0.7
Total	**152**	*

NOTE: Core services could fall into more than one category, so the total may exceed the number of services or 100%.
SOURCE: Ingham Intermediate School District.

EXHIBIT 34
Type and Frequency of Training Topics

Training Topics	Number	Percentage
Guidance/discipline	14	21.9%
Transitions	13	20.3
Growth and development	7	10.9
Other	7	10.9
Developmentally appropriate practice	5	7.8
Special needs	5	7.8
Communication	4	6.3
Curriculum	4	6.3
Parent involvement	4	6.3
Inclusion	2	3.1
Other—Environment	2	3.1
Choosing quality childcare	1	1.6
Needs assessment	1	1.6
Total	**152**	*

NOTE: Core services could fall into more than one category, so the total may exceed the number of services or 100%.
SOURCE: Ingham Intermediate School District.

4. Goal 5: Provide family and parent support regarding quality, transitions, and inclusion of diverse populations.

Excluding parents who attended the training sessions mentioned above, nine parents/families were connected to the QECC network, as documented on the Intake Forms. Only one of these cases regarded quality childcare, and the parent was referred to a quality childcare program.

Methods for documenting progress toward the following QECC short-term outcomes are being implemented at this time:

Goal: Increase the capacity of preschool programs to serve diverse populations.

Goal: Increase parent awareness of best transition practices.

Goal: Increase local district participation in transition practices.

Recommendations
Strengthening Evaluation Capability for
Outcomes Measurement

The evaluation focus in year one of ACTS has been on developing measures of implementation, creating and applying data collection methods, and acquiring baseline information. Attention has also been given to clarifying the connection between program services and the long-term outcomes sought by the community and the State of Michigan. For the next phase of evaluation, given available resources, it is important to strengthen data collection methods so that outcomes for children and families can be connected with their participation in ACTS. For example, the database should be further developed to establish the connection between children participating in ACTS and their status at entry into kindergarten. Given the limitations of two-year program funding, it will be a challenge to demonstrate that children will do better in kindergarten if they participate in early childhood education and care and if their parents participate in parent education and support programs. Nevertheless, it is important to work toward the adoption of methods to assess the development of children in kindergarten and their progress despite the current instability of ASAP-PIE funding.

The evaluation in year two also should include measures that will help assess how participation in ACTS affects the need for school remedial services, grade retention, and special education services. Again, this will depend on the availability of resources and expertise to design methods, collect data, and analyze findings.

There is also a need for evaluation capability to link the long-term outcomes sought by ACTS to broader measures of community health and well-being. When the early childhood community plan was prepared, stakeholders identified system and community indicators of change that could be influenced by ACTS. These indicators are rate of LBW infants, rate of hospitalizations for children age birth to five, rate of completed immunizations, rate of child abuse and neglect, and rate of child entry into foster care. The indicators are included in the ACTS program logic model. This is another level of evaluation that needs attention in year two. There is an opportunity to establish links between ACTS and broad measures of community well-being. At the time of this report, the Ingham County Human Services Advisory Committee is preparing its first community well-being indicators report. Once it is released, initiatives underway in the community will be encouraged to identify the links between their efforts and the indicators. Although many factors influence these indicators, the development of a local system of early childhood education and care will be advanced if all are informed of the role of such a system in creating a healthy community that supports families and the positive development of children.

Specific recommendations for strengthening ACTS evaluation follow.

1. ***Clarify data collection related to outreach and linkage of parents to ACTS services.***
   Due to the high proportion of enrollments that lack a known referral source or indicate "other," it is suggested that the intake form be revised to reduce the large number of specific responses by grouping them into broader categories. We also suggest that the FRCs receive refresher training on any changes, such as clarifying how to enter referral source on the enrollment form, as the second year of the program begins.

2. ***Analyze data made available from the addition of the remaining online program forms.*** By the end of June 2002, all remaining program forms were online: Exit Summary, Parent Group Meeting Attendance Sheet, Health Questionnaire, Screening Referral, Screening Summary, and Service Record (this is a report rather than a form for entering data). We suggest two activities. First, training should be provided to the FRCs on data entry for these forms. Second, the evaluation team should reconfirm the procedures for analysis of the data generated by the forms, including the frequency of periodic reporting to the program director. Attention should be given to parent group meeting use and demographic profiling of participating parents. Another priority for analysis is use of the Keys to Success Passport. We recommend that the data obtained from the forms added at the end of year one be considered as a source of baseline information, in the same way that the evaluators used data gathered in year one.

3. ***Address the gap in TANF reporting.*** We recommend that, as a part of the FRC training on refinements to data collection and entry, staff consider strategies for reducing the number of "unrecorded" responses.

4. ***Strengthen the measures related to the use of community resources.*** An important indication of a growing connection between parents with young children and support in the community is increased use of that support. We suggest that at least one measure of community resource use other than ACTS core services be added to the local evaluation and a baseline be established in year two.

5. ***Refine the evaluation and performance management indicators based on the Michigan Department of Education statewide evaluation.*** Local evaluators should assess the feasibility of refinements to the ACTS Performance Management and Evaluation measures and data collection methods for maximum consistency with the statewide evaluation. It is critical that ASAP-PIE grantees demonstrate an effect to policymakers, and the findings of the statewide evaluation should be directed to that end. This will require the full participation of local evaluators in the statewide evaluation activities. We also recommend that the local ACTS evaluators compare existing measures to those defined by Michigan State University's evaluation team and refine data collection where resources allow, for example, the addition of such demographic data as race and ethnicity.

Appendix A: ACTS Performance Management and Evaluation Plan

CORE SERVICE 1: OUTREACH AND LINKAGE

Short Term Outcomes (goals):	Program Management			Evaluation Measurements		
	Standard of Performance	Activity Report: what ISD wants to know and when.	DATA SOURCES:	Effect Target: sets standard of effect.	Effect Indicator: how will effect be measured?	DATA SOURCES:
1. Implement public awareness and outreach to increase the population served.	Use variety of media, community, and professional sources to inform population of ACTS services (media campaign, print, brochures, direct mail, TV radio)	N/A	Statewide and local media plan	Awareness of ACTS by parents comes from the multiple mediums (i.e. overall parents cite more than just one referral source)	How did parent hear about ACTS?; What was most effective outreach/recruitment method? (measured by freq. ea. method is cited by parents).	Enrollment forms--"How did you hear about ACTS?"
2. Promote partnerships between childcare, education and community to increase outreach and linkage of parents to ACTS services.	[SPECIFICATIONS TO BE DEVELOPED AND ADDED INTO FRC STAFF GUIDELINES).	QUARTERLY	"Outreach Log" for each FRC created; data entered into database by FRC staff person	Referrals come from a range of community resources.	Assessing the range of referrals.	Enrollment forms—"How did you hear about ACTS?"
3. Increase family usage of community resources and activities.	Track Keys to Success passport usage as system of incentives for using ACTS resources and activities, other community resources	ANNUALLY	Passport data is turned in every month at FRC "birthday parties"; information put into database by FRC staff	Increasing usage of passport documents	YR1 (baseline): % using documents; YRS 2–3: Percentage change in usage.	Passport data is turned in every month at FRC "birthday parties"; this data will be analyzed after information is entered into the database by FRC staff (year two)
	In Touch system linked with FRCs and accessible by January 2002.	N/A	Capital Area United Way	Increasing use of In Touch system by parents	YR 1 (baseline): Percentage of parents using In Touch system to locate services; number of parents trained to use In Touch. YRS 2–3: Percentage change of parents using In Touch system to seek information and locate services	parent survey; training logs kept by the community specialist (Community specialist will be asked by Cindy after June 30 to provide training logs. PSC needs logs no later than July 8)
				Increasing use of In-Touch system by parents	Parent satisfaction with system	parent survey
4. Connect families to ACTS services.	100% phone contact with all who send postcard from health department to ACTS (all new births); 100% contact with parents who call FRC from "Welcome Baby" or ACTS brochure/or other information source.	MONTHLY	On "Recruitment/Enrollment Form" change "referral source" to "How did you hear about ACTS?" with forced choices.	100% of parents of newborns receive postcard from ICHD; 100% of all who return postcard from ICHD receive a phone call to enroll in ACTS (all new births); 100% of contact with parents who call FRC from "Welcome Baby" or ACTS brochure/or other information source.	YR 1 (baseline): Percentage of parents of newborns receiving postcard from ICHD; Percentage of parents receiving phone contact enrolling in ACTS. YRS 2–3: Increased percentage of parents receiving phone contact and enrolling in ACTS	Data base (Will be analyzed in year two, given implementation of postcard contact in April 2002)
	Follow up to initial postcard to birth cohort for those who did not respond after 6 months; 100% phone contact with families sending back follow-up postcard;	MONTHLY	On "Recruitment/Enrollment Form" change "referral source" to "How did you hear about ACTS?" with forced choices.			
	100% distribution of Keys to Success passport to all ACTS enrollees	MONTHLY	Enrollment numbers	Increase usage of passport documents	KTS Passport Data: YR1 (baseline): % using documents; YRS 2–3: Percentage change in usage.	Passport data is turned in every month at FRC "birthday parties"; this data will be analyzed after information is entered into the database by FRC staff (year two)
					Satisfaction with passport; perceptions of usefulness of documents	parent survey
	Additional services provided to identified need.	QUARTERLY	"Customization of Service" Log; Passport data.	N/A	N/A	N/A
5. Market local school districts	As part of initial contact, a letter from the local school district will be included in the KTS Passport documents.	N/A	KTS Documents	N/A	N/A	N/A
7. Support family literacy activities.				Increase in ACTS families who participate in literacy activities; improved school readiness measured by AGES and STAGES	Parents' perceptions of how their parenting skills have changed; KTS Passports documentation filled out (including Ages and Stages documentation) and turned in to FRC on child's birthday	KTS documentation collected @ FRC monthly "birthday" parties and input by FRC staff (year two) into database; parent survey about perceptions of change in parenting behaviors

CORE SERVICE 2: PERSONAL VISITATION

Short Term Outcomes (goals):	Program Management			Evaluation Measurements		
	Standard of Performance	Activity Report: what ISD wants to know and when.	DATA SOURCES:	Effect Target: sets standard of effect.	Effect Indicator: how will effect be measured?	DATA SOURCES:
1. Increase use of personal visitation to improve parenting skills, provide parental support, and linkage to community resources	KTS document contains information and invitation to participate all core services. All who enroll in ACTS receive this information, and thus receive the invitation.	How many personal/home visits occurred?; MONTHLY	Enrollment numbers entered by visitor and parent educators.	All enrollees receive offer for personal visit (were they aware of the service and received offer).	Percentage of parent that receive offer of personal visit; did you accept offer? If not why? Also could address possible barriers)	parent survey
	Was PAT curriculum delivered?	How many personal/home visits occurred? MONTHLY	Personal Visit Records from visitor	Increase positive parent-child interaction (encourage exploration and appropriate learning materials)	Parents perceptions of how their parenting skills have changed	parent survey; personal visit record, filled out by visitor and entered into database (year two)
				Decrease in the number and frequency of effectible barriers (e.g. time of meeting, transportation)	Parent perceptions (those who have missed a personal visit) of why they did so. Also, determine if parents never had a personal visits, what were the reasons.	parent survey
2. Provide opportunities, activities, and information that develops school readiness				Satisfaction with the personal visitation and PAT materials	Parent satisfaction with personal visitation and PAT materials; how important personal visitation is to parent's sense of support.	parent survey
3. Increase understanding of child development and realistic expectations for child's development	KTS document contains information and invitation to participate all core services. All who enroll in ACTS receive this information, and thus receive the invitation.	How many children are being screened?; QUARTERLY	Enrollment numbers; Ages and Stages utilization from individual service record, or screening summary	Increase usage of AGES and STAGES by parents	YR1 (baseline): Percentage of parents who use AGES and STAGES; YRS 2–3: Percentage change in proportion of enrolled parents who use AGES and STAGES (ASQ)	database in year two (screening form data entered by FRC staff)
	Does AGES and STAGES indicate normal range of development, and level of school readiness?	How many children are being flagged as at-risk or delayed?; QUARTERLY	Screening summary form; individual service record enter into database by staff	Increased flagging of at-risk, delayed kids	YR 1 (baseline): Percentage of children flagged for risk or delay; YRS 2–3: Percentage change in proportion of children flagged for risk or delay	data base in year two (screening form data entered by FRC staff)
	If not, was appropriate referral made for follow-up?	How many referrals are being made?; QUARTERLY	Screening summary form; individual service record enter into database by staff; screening referral form	Increasing referrals and follow-up for at risk kids	YR1 (baseline): Percentage of parents who follow-up; YRS 2–3: Percentage of change in parents who follow up	data base in year two (screening referral form data entered by FRC staff)
				Increased parental understanding of their child's development and reasonable expectations for their child	YR1 baseline with follow annual follow-up: survey of parents about understanding of basic developmental information	parent survey

CORE SERVICE 3: PERIODIC DEVELOPMENTAL AND HEALTH SCREENINGS

Short Term Outcomes (goals):	Program Management			Evaluation Measurements		
	Standard of Performance	Activity Report: what ISD wants to know and when.	DATA SOURCES:	Effect Target: sets standard of effect.	Effect Indicator: how will effect be measured?	DATA SOURCES:
1. Provide opportunities, activities, and information promoting school readiness	KTS document contains information and invitation to participate all core services. All who enroll in ACTS receive this information, and thus receive the invitation.	How many children are being screened?; QUARTERLY (see core service 2)	Enrollment numbers; Ages and Stages utilization from individual service record, or screening summary	Increased parental understanding of their child's development and reasonable expectations for their child	YR1 baseline with follow annual follow-up: survey of parents about understanding of basic developmental information	parent survey
2. Increase use of parenting resources (needs-based, advocacy, and health)	Does AGES and STAGES indicate normal range of development, and level of school readiness?	How many children are being flagged as at-risk or delayed?; QUARTERLY (see core service 2)	Screening summary form; individual service record enter into database by staff	Increased flagging of at-risk, delayed kids;	YR 1 (baseline): Percentage of children flagged for risk or delay; YRS 2–3: Percentage change in proportion of children flagged for risk or delay	data base in year two (screening form data entered by FRC staff)
3. Appropriate physical, social emotional, cognitive, and language development.	If not was appropriate referral made for follow-up?	How many referrals are being made?; QUARTERLY (see core service 2)	Screening summary form; individual service record enter into database by staff; screening referral form	Increasing referrals and follow-up for at risk kids	YR 1 (baseline): Percentage of parents who follow-up; YRS 2–3: Percentage of change in parents who follow up	data base in year two (screening referral form data entered by FRC staff)
	Track and assist parents in keeping up with recommended well-baby/child visits, immunizations, and follow-ups.	How many families are up-to-date on immunizations and well-child check-ups?; QUARTERLY	KTS Passports turned in; data entered by FRC staff	Increase parents who follow recommended guidelines with well-child health check ups	(YR 1: baseline): Percentage of parents on-time with immunizations and check ups; YRS 2–3: Percentage change.	data base from forms and entered by FRC staff in year two; parent surveys (self-reported behavior)
	Referrals will be made for other needs (food, shelter, partner violence, substance abuse by parent, mental health of parent, etc).	What additional needs for assistance were identified? How many referrals were made?; QUARTERLY	Personal visit record filled out by personal visitor and entered into data base	Increase Percentage of parents who follow up for further assistance.	(YR 1: baseline): Percentage of parents who follow up on referrals; YRS 2–3: Percentage change in parental follow-ups on referrals.	data base in year two (screening referral form data entered by FRC staff)
	Does AGES and STAGES indicate normal range of development, and level of school readiness?	How many children are being flagged as at-risk or delayed?; QUARTERLY (see core service 2)	Screening summary form; individual service record enter into database by staff	Increased flagging of at-risk, and children with delays	YR 1 (baseline): Percentage of children flagged for risk or delay; YRS 2–3: Percentage change in proportion of children flagged for risk or delay	data base in year two (screening referral form data entered by FRC staff)
	If not was appropriate referral made for follow-up?	How many referrals are being made?; QUARTERLY (see core service 2)	Screening summary form; individual service record enter into database by staff; screening referral form	Increasing referrals and follow-up for children at risk and with delays	YR 1 (baseline): Percentage of parents who follow-up; YRS 2–3: Percentage of change in parents who follow up	data base in year two (screening referral form data entered by FRC staff)
	FRC staff follows up with parents through use of Screening Summary form.	N/A	Screening Summary form	Increased parental understanding of their child's development and reasonable expectations for their child	YR1 baseline with follow annual follow-up: survey of parents about understanding of basic developmental information	parent survey
4. Increase early identification of need for hearing and vision evaluation.	Vision and hearing screening at enrollment	How many screenings were done? How many children were in need of further assistance?; QUARTERLY	At enrollment, screening results will be recorded on individual service record.			
	Vision and hearing screening with Ages and Stages	How many screenings were done?; How many children were in need of further evaluation?; QUARTERLY	Screening results summary			

CORE SERVICE 4: PARENT GROUP MEETINGS

Short Term Outcomes (goals):	Program Management			Evaluation Measurements		
	Standard of Performance	Activity Report: what ISD wants to know and when.	DATA SOURCES:	Effect Target: sets standard of effect.	Effect Indicator: how will effect be measured?	DATA SOURCES:
1. Provide useful ideas and information to assist parents in their role.	Analysis of gaps in curriculum	QUARTERLY	"Customization of Service" Log; Parent group meeting summary "(Identification of additional needs"); Parent group feedback forms ("What topics should we include in future meetings?")	Increased satisfaction with parent groups; identification of needs.	Parent satisfaction with group meetings	parent survey; parent group meeting summary "(Identification of additional needs"); Parent group feedback forms ("What topics should we include in future meetings?") IISD evaluation staff will review a sample of feedback forms to be collected from FRCs by June 30; will be used to identify themes on barriers reported by parents and provide findings to PSC by July 15 for inclusion in the evaluation report.
				Increasing use of toy lending library and parenting resource library.	Percentage of parent that have used the toy lending library and/or the parenting resource library.	parent survey (year 2)
2. Increase participation in parenting groups	Identify attendance at parent group meetings by age cohorts.	Number of families attending parent group meeting by age cohorts; MONTHLY	Group meeting attendance sheets entered into DATABASE by FRC staff	Increasing attendance each year.	Attendance at parent group meetings. Increase in attendance in YRS 2–3.	data base; group meeting attendance sheets to set baseline in year one
				Decrease in the number and frequency of effectible barriers (e.g. time of meeting, transportation)	Percentage reporting barriers; look at transportation, hours, location of group meetings, etc.	parent survey; feedback forms from group meetings. IISD evaluation staff will review a sample of feedback forms to be collected from FRCs by June 30; will be used to identify themes on barriers reported by parents and provide findings to PSC by July 15 for inclusion in the evaluation report.
3. Support parents in getting kids ready to enter school.	QECC network staff present to parent group meetings about kindergarten transition and quality early childhood programs.	N/A	TRAINING LOG FROM QECC; Parent group meeting record.	Parents' perception of increased ability to help child transition into kindergarten; increasing parent understanding of what quality is and its' importance.	Percentage of parents reporting increased ability to help child transition into kindergarten and increased understanding of quality and its importance	parent survey
				Information on school readiness and kindergarten transition presented at parent group meetings.	Documentation of presentation by QECC of information on school readiness and kindergarten transition at parent group meetings	QECC logs
4. Increase use of parenting resources (social supports, health, and needs based services)	Identify parents in need for assistance with food, shelter, and refer as appropriate	What needs are being identified? How many families are being referred for other services?; QUARTERLY	Individual service records; screening referrals	Increase flagging and referral	Increase in parents perception and use of support available to them.	parent survey
	ACTS parents trained on use and contents In-Touch system at Parent Group Meetings.	N/A	Parent group meeting record; parent group feedback forms.	Percentage of parents reporting use of the In Touch system; parent satisfaction with system	YR 1 (baseline): Percentage of parents reporting use of Touch system to locate services; number of parents trained to use In Touch; Percentage of parents indicating satisfaction with use. YRS 2–3: Percentage change of parents using In Touch system to seek information and locate service	parent survey
	Track and assist parents in keeping on-time well-baby/child visits, immunizations, follow-up, etc.	N/A	Individual service records; KTS Passport documentation.	Increase in number of parents who keep on-track with well-child health check ups	YR 1: (baseline): Percentage of parents on-time with immunizations and check ups; YRS 2–3: Percentage change.	data base
5. Increased understanding of child development, and use opportunities and activities that develop school readiness	KTS document contains information and invitation to participate all core services. All who enroll in ACTS receive this information, and thus receive the invitation.	How many children are being served using Ages and Stages?; QUARTERLY	Enrollment numbers; Ages and Stages utilization from individual service record, or screening summary			
	Does AGES and STAGES indicate normal range of development, and level of school readiness?	How many children are being flagged as at-risk or delayed?; QUARTERLY (see core service 2)	Screening summary form; individual service record enter into database by staff	Increased flagging of at-risk children and children with delays	YR 1 (baseline): Percentage of children flagged for risk or delay; YRS 2–3: Percentage change in proportion of children flagged for risk or delay	data base in year two (screening form data entered by FRC staff)

	If not was appropriate referral made for follow-up?	How many referrals are being made?; QUARTERLY (see core service 2)	Screening summary form; individual service record enter into database by staff; screening referral form	Increasing referrals and follow-up for at risk children and children with delays	YR1 (baseline): Percentage of parents who follow-up; YRS 2–3: Percentage change in proportion of parents who follow up	data base in year two (screening referral form data entered by FRC staff)
	FRC staff follows up with parents through use of Screening Summary form.	QUARTERLY	Screening summary form; individual service record enter into database by staff	Increased parental understanding of their child's development and reasonable expectations for their child	YR1 baseline with follow annual follow-up: survey of parents about understanding of basic developmental information	parent survey
6. Provide a safe home with appropriate child discipline and behavior support				Increasing parental knowledge of safety and appropriate discipline	YR 1 (baseline): Percentage of parents attending group meetings; level of reported knowledge of safety and appropriate discipline; YRS 2–3: Percentage of parents who attend parent group meetings, receive information, and indicate a behavior change.	parent survey; database

CORE SERVICE 5: PARENT AND CHILD playgroupS

Short Term Outcomes (goals):	Program Management			Evaluation Measurements		
	Standard of Performance	**Activity Report: what ISD wants to know and when.**	**DATA SOURCES:**	**Effect Target: sets standard of effect.**	**Effect Indicator: how will effect be measured?**	**DATA SOURCES:**
1. Support parents in getting child ready for school.				Parent perceptions of their ability/efficacy in preparing their child for school.	YR 1 (baseline): Percentage in positive perception and ability to prepare kids for school; YR 2 and 3: Percentage change in positive perceptions	parent survey
2. Achieve increased understanding of child development, social/emotional development, language and cognitive development.				Increased parental understanding of their child's development and reasonable expectations for their child	YR1 baseline with follow annual follow-up: survey of parents about understanding of basic developmental information	parent survey
3. Increase positive parent-child interactions.				Increased self-reported positive parent-child interaction.	YR 1 (baseline): Parent perception of how playgroup has impacted the way they interact with child; does parent use the activities/info learned in the playgroups?	parent survey
4. Increase participation in parent-child playgroups.	Identify attendance at playgroups by age cohorts.	Number of families attending parent group meeting by age cohorts/FRCs; MONTHLY	Group meeting attendance sheets entered into DATABASE by FRC staff			
				Percentage of parents that report using the In Touch system; parent satisfaction with system	YR 1 (baseline): Percentage of parents using In Touch system to locate services; number of parents trained to use In Touch. YRS 2–3: Percentage change of parents using In Touch system to seek information and locate service	parent survey
	KTS document contains information and invitation to participate all core services. All who enroll in ACTS receive this information, and thus receive the invitation.	How many families are attending playgroups by cohort?; QUARTERLY	Enrollment numbers; Group attendance sheets, KTS passport documentation.	Increasing participation in playgroups	YR 1(baseline): Percentage of ACTS parents receiving invite that attend a playgroup; YRS 2–3: Percentage change in parents participating in playgroups.	data base
				Decrease in the effectible barriers (e.g. time of meeting, transportation)	Parent perceptions (those who have missed a personal visit) of why they did so. Also, determine if parents never had a personal visits, what were the reasons.	parent survey; data base from playgroup feedback as entered by FRC staff (year two) For year one, IISD evaluation staff will review a sample of feedback forms to identify themes on barriers reported by parents and provide findings to PSC by July 1. Cindy will get FRC calendars and IISD evaluation staff will review and determine changes in groups over time, e.g., frequency, variety, etc., and provide findings to PSC by July 1.
	Analysis of gaps in available parent-child activities, groups, classes, and playgroups	QUARTERLY	"Customization of Service" Log	Increased satisfaction with parent groups; identification of needs.	Parent satisfaction with available activities, playgroups etc.	parent survey; IISD evaluation staff will review summaries and develop themes on additional needs identified and topics identified for future meetings and provide findings to PSC by July 1 for inclusion in the evaluation report.

CORE SERVICE 6: ACCESS TO THE COMMUNITY RESOURCE NETWORK

Short Term Outcomes (goals):	Program Management			Evaluation Measurements		
	Standard of Performance	Activity Report: what ISD wants to know and when.	DATA SOURCES:	Effect Target: sets standard of effect.	Effect Indicator: how will effect be measured?	DATA SOURCES:
1. Increase use of parenting resources (social supports, health, and needs based services)	Identify parents in need for assistance with food, shelter, and refer as appropriate	What additional needs for assistance exist? How many referrals were made?; QUARTERLY	Personal visit record filled out by personal visitor and entered into data base; parent group facilitator notes entered into database; individual service record	Increase flagging and assistance	Increase in parents perception of support available to them.	parent survey
				Increase in percentage of parents that followed up on referral from parent group	YR1 (baseline): Percentage of follow-up on referrals from parent-group meetings; YR 2 and 3: Percentage change in referrals	parent survey; data base in year two (screening referral form data entered by FRC staff)
	In-Touch system linked with FRCs.; ACTS parents trained on use and contents in Parent Group Meetings.	N/A	TRAINING LOG	Percentage of parents that actually use the In Touch system; parent satisfaction with system	YR 1 (baseline): % of parents using In Touch system to locate services. YRS 2–3: Percentage change of parents using In Touch system to locate services.	parent survey
	Track and assist parents in keeping on-time well-baby/child visits, immunizations, follow-up, etc.	N/A	Passport data is turned in every month at FRC "birthday parties"; information put into database by FRC staff; Screening summary forms	Increase parents who keep on-track with recommended well-child health check ups	YR 1 (baseline): Percentage of parents on-time with immunizations and check ups; YRS 2–3: Percentage change.	data base
	100% distribution of Keys to Success passport to all ACTS enrollees	N/A	Initial contact and enrollment	Increase usage of passport documents	YR1 (baseline): % using documents; YRS 2–3: Percentage change in usage	parent survey
					Satisfaction with passport; perceptions of usefulness of documents	parent survey
	Identify and address barriers to using parenting education and parent-child playgroups.	N/A	Questions on parent group feedback form (see PAT forms) ENTERED INTO DATA BASE BY FRC STAFF	Decrease in the number and frequency of effectible barriers (e.g. time of meeting, transportation)	YRS 2–3: Percentage change in the proportion of parents reporting barriers .	parent survey
2. Increased understanding of child development, and use opportunities and activities that develop school readiness	KTS document contains information and invitation to participate all core services. All who enroll in ACTS receive this information, and thus receive the invitation.	How many children are being screened using Ages and Stages?; QUARTERLY	Enrollment numbers; Ages and Stages utilization from individual service record, or screening summary			
	Does AGES and STAGES indicate normal range of development, and level of school readiness?	How many children are being flagged as at-risk or delayed?; QUARTERLY (see core service 2)	Screening summary form; individual service record enter into database by staff	Increased flagging of at-risk children and children with delays	YR 1 (baseline): Percentage of children flagged for risk or delay; YRS 2–3: Percentage change in proportion of children flagged for risk or delay	data base in year two (screening form data entered by FRC staff)
	If not was appropriate referral made for follow-up?	How many referrals are being made?; QUARTERLY (see core service 2)	Screening summary form; individual service record enter into database by staff	Increasing referrals and follow-up for at risk children and children with delays	YR 1 (baseline): Percentage of parents who follow-up; YRS 2–3: Percentage change in proportion of parents who follow up	data base in year two (screening referral form data entered by FRC staff)
	FRC staff follows up with parents through use of Screening Summary form.	QUARTERLY	Screening summary form; individual service record enter into database by staff	Increased parental understanding of their child's development and reasonable expectations for their child	YR1 baseline with follow annual follow-up: survey of parents about understanding of basic developmental information	parent survey
4. Implement public awareness and outreach program to increase the population served.	Use variety of media, community, and professional sources to inform population of ACTS services (media campaign, print, brochures, direct mail, TV radio)	N/A	Statewide and local media plan			

CORE SERVICE 7: QUALITY EDUCATION AND CHILDCARE NETWORK

Short Term Outcomes (goals):	Program Management			Evaluation Measurements		
	Standard of Performance	Activity Report: what ISD wants to know and when.	DATA SOURCES:	Effect Target: sets standard of effect.	Effect Indicator: how will effect be measured?	DATA SOURCES:
1. Implement provider awareness and outreach to increase the population served.	Use variety of media, community, and professional sources to inform population of QECC services.	Who QECC is working with :program ,center, parent; How they got connected to QECC	Materials developed and dispersed for increased awareness; Outreach log.	MSRP; Headstart; API; Center; Early On		Intake record
2. Strengthen quality standards for early childhood programs through consultation, training and diagnostic services.	Quality standards in existence	What standards the programs/centers are using.	Individual service record	NAEYC, PRISM, DEC, MDE, EC standard of quality		
	Implement self-assessment with programs.	What self-assessment tool are programs/centers using	Individual service record	ITERS ECERS ACLA DEC		
	Training, consultation, and mentoring is determined on an on-going basis.	Type of core service and topic area	Individual service record	Frequency of core services and topics		individual service record
	Increase the number of preschool programs involved in Continuous Quality Improvement.	What programs have a Quality Improvement Plan (QIP)	QIP	intake date to QIP date development		intake record QIP
3. Increase the capacity of preschool programs to serve diverse populations of need.	Deliver consultative and diagnostic support to families and programs.	Number of services provided and to whom;	family info. Record individual service record	Early on; MSRA; High Scope; Centers; ??? Frequency of core services and topics		individual service record
4. Increase staff training for purposes of Continuous Quality Improvement.	Provide training or broker training through already existing community resources.	Number of trainings/content areas	Individual service record	frequency of trainings and topics and to whom	Number of trainings	individual service record
5. Provide family/parent support regarding quality, transitions, and inclusion of diverse populations.	Increase family awareness regarding quality early care and education	how they connected with QECC	Outreach log Intake record			intake form
	Provide training and/or services on the importance of quality care and education.	type of service and topics	Intake form FRC group meeting attendance	frequency of services and topics		
	Connect families to quality centers/programs	how many families get connected	Intake form Family info record	number of referrals to quality programs number of consultations regarding quality		intake form
6. Increase family/parent awareness of best transition practices	Training and consultation regarding transition practices		Intake form FRC group meeting attendance	Number of consultations regarding transition and number of trainings		
7. Increase local district participation in transition practices	Training and consultation regarding transition practices		FRC group meeting attendance	number of staff involved in training consultation		

Appendix B: Parent–Young Child Program Outcomes

The Preschool and Early Childhood Functional Assessment Scale (PECFAS) is designed to assess the degree of emotional or behavioral symptoms/disorders in children age four through seven. Behaviors are rated on seven scales that yield a summary score. There are four possible ratings in each scale/domain ranging from 0 through 30. No disruption in functioning is rated 0, significant problems or distress is rated 10, major or persistent disruption is rated 20 and severe disruption or incapacitation is rated 30. Persistent and observable changes must occur to qualify as improvement. For this report we consider a change of 10 points in the summary score to constitute significant change; the entrance (intake) score for children ranged from 0 to 120. (For children with a PECFAS of 0, the therapist focused on the emotional and environmental needs of the parent, which if not addressed would have an increasingly negative influence on the child.)

The following information is based on the analysis of the second full year of the Lansing SS/HS grant program. A more comprehensive evaluation of changes in child and parent behaviors is in process. Initial results indicate that PYC achieved the target outcome, as 78.1 percent of cases showed a decrease of 10 points or more in the score at the end of treatment as compared to the initial score. The goal was to show an improvement in 70 percent of children because of the multiproblem nature and complex needs of PYC families.

Appendix C: ACTS Family Resource Center Activities

The information below is drawn from calendars submitted by the eleven Family Resource Centers in Ingham County.

Playgroups:
- On average, 180 playgroups were held each month at the eleven FRCs.
- The number of playgroups during the past nine months was fairly consistent, with the exception of October (N=78).
- Because the reporting of topics varied among FRCs, detailed information is not included here.

Parent Groups:
- The average number of parent group meetings held monthly across the eleven FRCs was 23.
- The number of parent groups was fairly consistent during the past nine months, with the exception of the first and last months (October, N=13; June, N=15).
- The most frequent topics were support for parents and single parents, positive discipline and behavior issues, kindergarten readiness, and toilet learning.

Other Events:
- The average number of other events held monthly across the eleven FRCs was 27.
- Fewer other events were held during the first several months (October–December), and the number has increased since.
- The most frequent events were literacy events, such as Story Time; family activity nights; music and movement sessions; open houses; and access to a public health nurse.

Exhibit C-1 lists of the number of playgroups, parent groups, and other events at each FRC. Exhibit C-2 provides a listing of topics at parent group meetings and other events.

EXHIBIT C-1
Number of Playgroups, Parent Meetings, and Other Events, by FRC

Playgroups	Oct-01	Nov-01	Dec-01	Jan-02	Feb-02	Mar-02	Apr-02	May-02	Jun-02	Total
Allen Street	0	38	17	50	35	35	40	31	10	256
BCFI	10	12	13	14	15	9	16	20	12	121
East Lansing (EL)	14	26	16	34	37	33	27	35	17	239
Holt	28	19	11	24	19	28	28	30	20	207
Ingham Regional (IR)	n/a	Common calendar during this period				15	23	27	8	73
Maple Hill	5	(Please refer to the next record)				31	26	30	15	107
IR and Maple Hill		21	26	31	30					108
Mason	n/a	12	18	17	n/a	21	21	22	26	137
Northtown	n/a	10	11	12	12	8	9	17	23	102
Okemos/Haslett	4	18	7	9	9	9	7	6	4	73
Waverly	14	14	11	12	14	11	19	18	16	129
Williamston	3	10	18	12	24	13	23	23	n/a	126
Total	78	180	148	215	195	213	239	259	151	1678

Parent Groups	Oct-01	Nov-01	Dec-01	Jan-02	Feb-02	Mar-02	Apr-02	May-02	Jun-02	Total
Allen Street	0	7	3	2	1	4	2	1	0	20
BCFI	3	2	2	2	2	2	4	3	3	23
East Lansing (EL)	0	0	0	1	3	3	1	1	0	9
Holt	0	1	2	4	2	3	3	3	3	21
Ingham Regional (IR)	n/a	Common calendar during this period				3	3	3	2	11
Maple Hill	4	(Please refer to the next record)				3	2	2	1	12
IR and Maple Hill		4	6	8	7					25
Mason	n/a	0	2	1	n/a	4	3	3	1	14
Northtown	n/a	1	0	3	2	1	1	1	3	12
Okemos/Haslett	0	3	2	4	2	2	2	2	1	18
Waverly	3	2	2	2	2	4	4	2	1	22
Williamston	3	3	3	3	3	2	3	3	n/a	23
Total	13	23	22	30	24	31	28	24	15	210

Other Events	Oct-01	Nov-01	Dec-01	Jan-02	Feb-02	Mar-02	Apr-02	May-02	Jun-02	Total
Allen Street	7	0	0	0	2	1	1	1	0	12
BCFI	0	2	2	1	1	7	5	3	4	25
East Lansing (EL)	0	1	0	0	1	4	6	7	1	20
Holt	1	0	0	3	7	2	2	1	2	18
Ingham Regional (IR)	n/a	Common calendar during this period				8	4	4	3	19
Maple Hill	2	(Please refer to the next record)				3	4	3	3	15
IR and Maple Hill		1	0	0	2					3
Mason	n/a	0	0	0	n/a	0	0	4	5	9
Northtown	n/a	3	3	1	1	1	4	0	5	18
Okemos/Haslett	2	0	0	4	2	7	3	5	1	24
Waverly	0	7	3	5	5	7	5	9	7	48
Williamston	2	0	1	8	1	8	8	8	n/a	36
Total	14	14	9	22	22	48	42	45	31	247

Note: These were the scheduled activities, and some may have been cancelled.

EXHIBIT C-2
Topics of Parent Meetings and Other Events

Topics for Parent Group Meetings

	Allen Street	BCFI	EL	Holt	IR	Maple Hill	IR & Maple	Mason	Northtown	Okemos /Haslett	Waverly	Williamston	Total
Parent Support Group		7	1	3		6			11			1	29
Positive Discipline & Behavior Issues	3	2		4	1		1	1		1	2		15
Single Parents Support Group										6	4		10
Kindergarten Readiness	1			2	1			1		1	1	2	9
Toilet Learning	3		1	1		1	2						8
Dealing with Stress		3		1								3	7
Household Safety		1			1		2	2			1		7
Self-Esteem Is the Key	2							1			1	3	7
Appropriate Toys							4			1			5
Effective Parenting for Parents of Children under Six	5												5
Infant and Child CPR Courses		2		3									5
Playing to Learn											2	3	5
Your Child's Amazing Brain								4			1		5
First Aid and Safety Training			1	2						1			4
Healthy Snacking							4						4
The Brain—Baby's Personal Computer						1	3						4
Children and Television												3	3
Cooking on a Budget												3	3
How to Tame the Temper Tantrum												3	3
Parent Craft Morning											3		3
Personal Safety		1					2						3
The Lunch Bunch		3											3
Baby Signs								2					2
Breastfeeding							2						2
Budget Blues		2											2
Child Proofing Your Home	2												2
Dealing with Cabin Fever							2						2
Dealing with Divorce							2						2
Early Brain Development										2			2
Homemade Toys				1			1						2
Kids in the Kitchen					1						1		2
Preparing Your Child for Reading Success			1								1		2
Ready to Learn about Conflict								1			1		2
Setting Limits			1							1			2
Squash the Seasonal Stress										2			2
Temper Tantrums or Temperament	1		1										2
Trick or Treat Halloween Activities												2	2
Why Play Is Important!	2												2
Books and the Brain											1		1
Can Kids Swim				1									1
Children's Friendships			1										1
Choosing Childcare			1										1
Creating a Life Plan					1								1

EXHIBIT C-2
Topics of Parent Meetings and Other Events

	Allen Street	BCFI	EL	Holt	IR	Maple Hill	IR & Maple	Mason	Northtown	Okemos/Haslett	Waverly	Williamston	Total
Dealing with an Aggressive Child					1								1
Doctor's Visit				1									1
Helping Your Child Learn to Talk										1			1
Helping Your Child Make Good Decisions									1				1
How to Raise a Reader					1								1
Immunizations				1									1
Keeping Peace at Home								1					1
Kid Crafts						1							1
Lead Poisoning		1											1
Learning, Literacy, Little to Big						1							1
Make-It-Take-It: Books for Children Ages Birth-Five			1										1
Practical Parenting Conference			1										1
Pull-ups or Underwear										1			1
Remember … You Are the Adult and You Are in Charge											1		1
Rituals and Traditions				1									1
Scrapbooking				1									1
Sibling Rivalry	1												1
Summer Safety								1					1
Summertime Fun					1								1
Talking so Your Kids Will Listen					1								1
The Importance of Music in Brain Development										1			1
The Importance of Play											1		1
Traveling with Children						1							1
Understanding Your Bundle of Joy					1								1
Ways to Have Fun with Your Child											1		1
Your Sick Child		1											1
Total	20	23	9	21	11	12	25	14	12	18	22	23	210

Ingham Regional and Maple (November - February)

Other Events

	Allen Street	BCFI	EL	Holt	IR	Maple Hill	IR & Maple	Mason	Northtown	Okemos/Haslett	Waverly	Williamston	Total
Literacy Events - Story Time		15	2	12	19	9	1		6	1	33	31	129
Family Fun Night	5	1	10			1	1	3	6	4	6	2	39
Music and Movement		6	6							15			27
Open House	7			3		2			1	1	2	2	18
Public Health Nurse		1							5		4		10
All Ages Sing-Along		2	1							2			5
Ice Cream Social								3					3
Parent/Child Luncheon											2	1	3
1-2-3 Magic						2							2
Father/VIM and Child Olympics						1					1		2
Clothing Exchange							1						1
Field Trip to Charlotte Airport				1									1

EXHIBIT C-2
Topics of Parent Meetings and Other Events

Field Trip to Fenner Nature Center				1									1
Field Trip to Fire Department				1									1
Into ACTS							1						1
Milestone Celebration								1					1
MSU Small Animal Day			1										1
Toy Swap								1					1
Treasure Hunt at the Library										1			1
Total	12	25	20	18	19	15	3	9	18	24	48	36	247