



First 5 Fresno County Guidance for Tracking Individual Program Outcome Indicators

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Guidance for Tracking Individual Program Outcome Indicators

Introduction

This document gives information and guidance to First 5 Fresno funded programs for tracking Individual Program Outcome Indicators and entering them into Persimmony. These indicators will be used to track individual programs along key program outcomes. You will be entering these indicators for **core consented clients**, that is, clients who are receiving First 5 Fresno funded services (active clients), have consented and are entered in Persimmony. The evaluation team will then summarize the information across clients to look at how all clients are doing overall. Based on your feedback, this year (FY2011-12) the evaluation team made a few changes to the Outcome Indicators. The Outcome Indicators will now be collected **the 2nd and 4th quarter** of each fiscal year. Please also note the modifications made to several Outcome Indicators. These include Referral Outcome, Movement Toward Accreditation, Reading to the Child, Exclusive Breastfeeding, and High School Graduation.

Outcome Indicators

- a) Referral Outcome
- b) Movement Toward Accreditation
- c) Reading to the Child
- d) Well-Child Visit
- e) Child has Primary Care Physician
- f) Exclusive Breastfeeding
- g) Foster Child Continuity Status
- h) High School Graduation
- i) English Language Fluency

General Guidance for Tracking and Entering Individual Program Outcome Indicators

- a) Only a few of these indicators will be tracked and entered for each core client that is receiving First 5 Fresno funded services. Please check with your First 5 Fresno Program Officer to ensure you are clear on which indicators will be tracked and entered for your program.
- b) Information for the selected indicators will be collected by programs according to their own methods, using procedures and instruments that they have designed, with assistance from the evaluation team. Service providers can use paper forms or an existing database to gather the information.
- c) Once service providers have a record-keeping system in place to track the indicators, they will then enter the information on each indicator into Persimmony, in the assessment section at the **end of the 2nd (10/01-12/31) and 4th (04/01-06/30) quarter of each fiscal year**. In cases where the core clients who receive services are exited prior to the next round of data collection for the Outcome Indicators, the appropriate Outcome Indicator must be completed and entered in Persimmony prior to exiting the client.
- d) Clients who have terminated their participation in services will have data entered up to and including the last quarter in which they were still participants in the program.
- e) Program staff should be able to consistently record this information for each core **consented** client that received services at the **end of the 2nd and 4th quarter of each fiscal year**. You must ensure a 100 percent rate of tracking the indicator for all core **consented** clients at the **end of the 2nd and 4th quarter of each fiscal year**.

A. Referral Outcome

To be completed in the Persimmony assessment section at the end of the 2nd and 4th quarter of each fiscal year for each core consented parent/child that received services.¹

DEFINITIONS:

Referral: A “referral” is the act of sending a parent or child for services at another agency or to another program within the same agency.

Referral Outcome: Once a referral has been made, the provider making the referral should find out whether the parent or child actually received services with the new agency or program. Received services is defined as the parent having some form of contact with a staff member from the receiving agency or program at least once. This contact could be by phone or in-person and does not require that the parent or child actually receive service. You must have verifiable proof of contact, either through case notes, staff report, or by the parent, etc.

Outcome Indicator Questions and Scoring Instructions

A1. Has this parent or child been referred to another program within your agency or to another agency for additional service within the last six months or since these data were last recorded? (mark only one)

Yes, referral in process from previous reporting period. Mark this box if a referral for additional services was made during the previous reporting period for the parent or child. Marking this box indicates the outcome of the referral was not captured during the previous reporting period. The outcome of the referral will be tracked in this reporting period.

Yes, referral made this reporting period. Mark this box if a referral for additional services was made during this reporting period for a parent or child.

No. Mark this box if, within the last six months or since these date were last recorded, no referral was made.

Don't know. Mark this box if you do not have sufficient information to tell you whether or not a referral was made.

A2. If yes in A1, what type of referral was made? (mark only one)

Developmental referral. Mark this box if the referral made either in a previous reporting period or the present/current reporting period was for a developmental referral. **NOTE:** Developmental referrals are defined as referrals intended to connect children to early intervention services (e.g., hearing, vision, and/or dental screenings; identification of special needs, etc.) Primary recipients of developmental referrals are children.

Other referral. Mark this box if the referral made wither in a previous reporting period or the present/current reporting period was for another referral. **NOTE:** Other referrals are defined as referrals provided to parents and families to connect them to or help them access critical services and programs not provided by the program. May include basic needs such as food, clothes, and housing assistance. Other developmental referrals do not include referrals made to connect children to early intervention services. Primary recipients of other referrals are parents and the family.

Don't know. Mark this box if you do not have sufficient information to tell you what type of referral was made.

Not applicable. Mark this box if no referral was made in a previous reporting period or the present/current reporting period.

A3. If yes in A1, did this parent or child make contact with program or agency for these additional services? (Verifiable by you or someone else in your program, or the parent) (mark only one)

Made contact. Mark this box if you know that the parent or child made contact with the receiving agency (even they did not receive services). **NOTE:** Made contact is defined as any contact, either by telephone or in-person with the agency referred to.

No contact. Mark this box if you know that the parent or child did not make contact with the receiving agency.

Pending (in process) Mark this box if you are waiting to hear from the client if contact was made or if the outcome of the referral is not yet known.

Don't know. Mark this box if you do not know the outcome of a referral made within the last six months or since these data were last recorded.

Not applicable. Mark this box if no referral was made.

A4. If "made contact" in A3, did the parent or child receive the service from the program or agency referred to? (mark only one)

Service received. Mark this box if, within the last six months or since these data were last recorded, the client received services from the agency or program referred to. **NOTE:** Service received is defined as at least one-in person encounter with the agency/program referred to involving a service. This answer response differs from "made contact" in question A3 because this question is a slightly stricter criterion for a successful referral and it goes beyond "made contact" by requiring that the contact be in-person and that it involve receipt of at least one service.

Service not received. Mark this box if, within the last six months or since these data were last recorded, the client did not receive services from the agency or program referred to (see above for definition of service received).

Pending. Mark this box if the success of the referral is not yet known.

Don't know. Mark this box if you do not have sufficient information to tell you whether or not the client received services from the agency or program referred to.

Not applicable. Mark this box if the answer to question A3 was "No Contact," "Pending," "Not applicable," or "Don't know."

B. Movement Toward Accreditation

To be completed in the assessment section at the end of the 2nd quarter and 4th of each fiscal year quarter for each core consented provider that received services.ⁱⁱ

DEFINITION:

Accreditation. This is the process where an early childhood educational program or a child care setting, either center- or family home-based, received a “stamp of approval” for delivering a high quality program as determined by a national early childhood education organization.

Movement Toward Accreditation. Since achieving accreditation is a long process involving a number of key steps, the outcome indicator is based on tracking movement along these steps towards accreditation, rather than just the endpoint of achieving accreditation. Service providers must have procedures in place to record these steps or to have each core provider-client (the individual from an ECE program who is receiving training) report where they are in these steps.

Outcome Indicator Questions and Scoring Instructions

B1. Has the core provider client started the process towards accreditation within the last six months or since these date were last recorded? (mark only one)

Yes. Mark this box if, the current program in which the provider-client works has started the process towards accreditation, which is the same as movement towards accreditation.

No. Mark this box if, within the last six months or since these data were last recorded, the program of the provider-client has not yet started the process towards accreditation.

Don't know. Mark this box if you do not have sufficient information to tell you whether or the provider-client's program has started the process towards accreditation.

B2. Please indicate the current status of the core provider client's accreditation application (mark only one).

Pursuing enrollment into an accreditation program. Mark this box if the core provider client is pursuing enrollment into an accreditation program.

Enrollment into an accreditation program. Mark this box if an application was submitted by the ECE program to an organization that provides accreditation, and list the name of the organization/association (e.g., National Association for the Education of Young Children, NAEYC).

Meeting with accreditation association/organization mentor. Mark this box if, in the current quarter, there were any meetings between the ECE program and the accrediting organization, including meetings between the ECE program staff and a mentor.

Conducting Self-Study or using Self-Assessment tools (in progress). Mark this box if, within the last six months or since these data were last recorded, the self-study is still in progress. Self-Study involves completing a quality assessment tool provided by the accreditation organization or its training arm.

Completed self-study. Mark this box if, within the last six months or since these data were last recorded, the self-study was completed.

Submitted materials and fee for candidacy and/or request for site visit. Mark this box if, within the last six months or since these data were last recorded, all required materials were submitted and a fee was paid in order for the ECE program to become a “candidate” in the accreditation process.

Completed site visit. Mark this box if, within the last six months or since these data were last recorded, the site visit was completed by a member of the accrediting organization as part of the step towards becoming accredited.

Waiting for accreditation decision/recommendation. Mark this box if, within the last six months or since these data were last recorded, all materials for accreditation have been submitted, and the ECE program is waiting to hear about the accreditation decision.

Received decision/recommendation for deferred accreditation. Mark this box if, within the last six months or since these data were last recorded, the decision or recommendation from the accreditation organization was received by the ECE program.

Addressing issues/making improvements as per decision/recommendation. Mark this box if, within the last six months or since these data were last recorded, the ECE program is working on addressing the issues raised by the accreditation decision. Also mark this box if, within the last six months or when data were last entered, the ECE program is making improvements as a result of a second or subsequent site visit, known as a “re-visit.”

Submitted materials for new request for site visit. Mark this box if, within the last six months or since these data were last recorded, the issues have been addressed and the ECE program has submitted the materials required to ask for a second site visit. Also mark this box if a third or subsequent set of issues must be addressed after a second or subsequent site visit.

Completed site re-visit. Mark this box if, within the last six months or since these data were last recorded, the second site visit, sometimes known as the “re-visit” was completed by the accreditation organization. This box can also be marked for any subsequent re-visits if the ECE program does not receive accreditation after the second site visit.

Received full accreditation. Mark this box if, within the last six months or since these data were last recorded, the ECE program receives full accreditation from the accrediting organization.

Submitted Annual Accreditation Standards Compliance Report. Mark this box if, within the last six months or since these data were last recorded, the ECE program has submitted their annual report on compliance with the accreditation standards.

Don't know. Mark this box if you do not know the current status of the core provider client's accreditation application.

C. Reading to the Child

To be completed in the assessment section at the end of the 2nd quarter and 4th quarter of each fiscal year for each core consented child that received services.)ⁱⁱⁱ

DEFINITION:

Reading to the child. Reading to the child involves any adult member of the household who sits with the child and reads aloud from a storybook, or tells a story while the adult and child are looking at a picture book. This also includes situations where the child reads aloud to an adult household member, or they read together.

Outcome Indicator Questions and Scoring Instructions

C1. How often in a typical week has a parent or any other family member read stories or looked at picture books with this child? (mark only one)

- Every Day.** Mark this box if, in a typical week, reading to the child takes place at least once a day or seven times a week.
- 3-6 Times a Week.** Mark this box if, in a typical week, reading to the child takes place at least three times a week but not every day.
- 1-2 Times a Week.** Mark this box if, in a typical week reading to the child takes place at least once in the week, but not more than two times in the week.
- Never.** Mark this box if, in a typical week reading to the child never takes place.
- Don't know.** Mark this box if you do not know how often reading to the child takes place.

D. Well-Child Visit

To be completed in the assessment section at the end of the 2nd quarter and 4th quarter of each fiscal year for each core consented child that received services.^{iv}

DEFINITION:

Well-Child Visit. These are visits to a doctor when the child is not sick, but to get (him/her) checked over, or for vaccinations. They include what are known as well-child visits as well as routine visits. They do not include visits when the child has a cold, illness or injury or other medical problem needing immediate attention.

Outcome Indicator Questions and Scoring Instructions

D1. About how many times has the child gone for routine check-ups within the last six months or since these data were last recorded? These are visits to the doctor when (he/she) is not is not sick, but to get (him/her) checked over, or for vaccinations and these include well-child visits. (mark only one)

- Never.** Mark this box if, within the last six months or since these data were last recorded, the child was never taken for routine or well-child visits.

Once or twice. Mark this box if, within the last six months or since these data were last recorded, the child was taken for routine care or well-child visits once or twice.

3-4 times. Mark this box if, within the last six months or since these data were last recorded, the child was taken for routine care or well-child visits three or four times.

5 times or more. Mark this box if, within the last six months or since these data were last recorded, the child was taken for routine care or well-child visits five or more times.

Don't know. Mark this box if you do not know how often child was taken for well-child or routine visits within the last six months or when data were last entered.

E. Child has Primary Care Physician

To be completed in the assessment section at the end of the 2nd quarter and 4th quarter of each fiscal year for each core consented child that received services.^v

DEFINITION:

Regular Primary Care Physician. A regular primary care physician is usually a pediatrician or family doctor who is the main medical doctor providing medical care to the child on an ongoing basis. By definition, a primary care physician cannot be an emergency room doctor, trauma doctor or a specialist.

Hospital Emergency Room. This is defined as the section of a health care facility, which can be a hospital or other type of health care facility that treats emergencies, intended to provide rapid treatment for victims of sudden illness or trauma.

Outcome Indicator Questions and Scoring Instructions

E1. Does this child have a regular primary care physician? (mark only one)

Yes. Mark this box if, within the last six months or since these data were last recorded, the child had a regular primary care physician. It is not necessary that the child visited this physician, but just that the parents can indicate that the child has this person for ongoing medical care.

No. Mark this box if, within the last six months or since these data were last recorded, the child does not have a regular primary care physician OR the person the parent identifies does not fit with the above definition.

Don't know. Mark this box if you do not have sufficient information to tell you whether the child has a regular primary care physician

E2. In the last six months or since these data were last recorded, did this child visit a hospital emergency room? (mark only one)

Yes. Mark this box if, within the last six months or since these data were last recorded, the child visited a hospital emergency room.

No. Mark this box if, within the last six months or since these data were last recorded, the child did not visit a hospital emergency room.

Don't know. Mark this box if you do not have sufficient information to tell you whether the child visited a hospital emergency room.

E3. If yes, was the visit to a hospital emergency room for routine or well-child care? (mark only one)

Yes. Mark this box if, within the last six months or since these data were last recorded, the reason the child visited a hospital emergency room was in order to receive routine or well-child care as defined above, including vaccinations or inoculations.

No. Mark this box if, within the last six months or since these data were last recorded, the child visited a hospital emergency room but the reason was for an illness or injury, no matter how minor.

Not applicable. Mark this box if, within the last six months or since these data were last recorded, the child did not visit a hospital emergency room, that is, “No” was marked for E2.

Don’t know. Mark this box if you do not have sufficient information to tell you the reason for the child’s visit to a hospital emergency room.

F. Exclusive Breastfeeding

To be completed in Persimmony assessment section at the end of the 2nd quarter and 4th quarter of each fiscal year for each core consented child under 2 years of age that received services.^{vi}

ANSWERED ONLY FOR CHILDREN 2 YEARS OF AGE OR UNDER IN THIS QUARTER

DEFINITION:

Exclusive Breast-Feeding. The World Health Organization (WHO) defines exclusive breastfeeding as feeding the infant only breast milk (either directly or from a bottle)—nothing else, not even water, except for liquid medicines or vitamins—for the first six months, followed by continued breastfeeding with complementary feeding (breast milk plus solid or semi-solid food) up to and beyond two years of age. As distinguished from “exclusive” breast-feeding, there is also “predominant” breast feeding, where the infant gets mainly breast milk along with water, water-based drinks or fruit juices.

Outcome Indicator Questions and Scoring Instructions

F1. Was this child ever breastfed or fed breast milk? [This includes situations where breast milk was pumped and fed to child in a bottle.] (mark only one)

Yes. Mark this box if the child was ever fed breast milk, including situations where the breast milk is pumped and fed to the child in a bottle.

No. Mark this box if the child was never fed breast milk. One method is to ask if the child was always fed from formula since birth and no breast milk was included.

Don’t know. Mark this box if you cannot determine whether the child was ever fed breast milk.

F2. Please indicate the child’s feeding routine while he/she was still in the hospital following birth. (mark only one)

Only breastfeeding. Mark this box as long as the child was only fed breast milk, either directly or from a bottle, and that no other fluids such as juice, water, cow’s milk, not even water, was fed to the child.

Combination of breastfeeding and formula. Mark this box if the child was fed a combination of breast milk and formula, but not water or fruit juices or other liquids.

Only formula. Mark this box if the child was fed only formula, not breast milk and not any other kinds of fluids, such as juice, water, cow's milk, etc.

Breast milk or formula, plus other fluids, some solids. Mark this box if the child was fed breast milk or formula in addition to solid or semi-solid food. If breast milk is fed exclusively do not mark this choice but instead mark "Only Breastfeeding."

Only solid food plus other fluids. Mark this box if the child was fed only solid foods as well as fluids not including breast milk or formula.

Don't Know. Mark this box if you cannot ascertain which feeding routine occurred in the current quarter. Do not depend on the answer given in a previous quarter, because routines can change.

Not applicable, recorded response previously. Mark this box if the child's breastfeeding routine was identified in a previous quarter or since data were last recorded for this outcome indicator.

F3. Please indicate the child's current feeding routine. (mark only one)

Only breastfeeding. Mark this box if, within the last six months or since these data were last recorded, the child was only fed breast milk, either directly or from a bottle, and that no other fluids such as juice, water, cow's milk, not even water, was fed to the child.

Combination of breastfeeding and formula. Mark this box if, within the last six months or since these data were last recorded, the child was fed a combination of breast milk and formula, but not water or fruit juices or other liquids.

Only formula. Mark this box if, within the last six months or since these data were last recorded, the child was fed only formula, not breast milk and not any other kinds of fluids, such as juice, water, cow's milk, etc.

Breast milk or formula, plus other fluids, some solids. Mark this box if, within the last six months or since these data were last recorded, the child was fed breast milk or formula in addition to solid or semi-solid food. If breast milk is fed exclusively do not mark this choice but instead mark "Only Breastfeeding."

Only solid food plus other fluids. Mark this box if, within the last six months or since these data were last recorded, the child was fed only solid foods as well as fluids not including breast milk or formula.

Don't know. Mark this box if you cannot ascertain which feeding routine occurred within the last six months or since these data were last recorded. Do not depend on the answer given in a previous quarter, because routines can change.

F4. How old was the child when (he/she) completely stopped breastfeeding or being fed breast milk? (mark only one)

0-3 months (since leaving hospital)

4-6 months

7-9 months

10-12 months

13-18 months

19-24 months

- 25 months or more
- Still breastfeeding
- Never breastfed.
- Don't know.

Not applicable, recorded response previously. Mark this box if the answer to this question was recorded in a previous quarter or since data were last recorded for this outcome indicator.

F5. How old was the child when (he/she) was first fed formula? (mark only one)

- 0-3 months (since leaving hospital)
- 4-6 months
- 7-9 months
- 10-12 months
- 13-18 months
- 19-24 months
- 25 months or more
- Still breastfeeding
- Never breastfed
- Don't know

Not applicable, recorded response previously. Mark this box if the answer to this question was recorded in a previous quarter or since data were last recorded for this outcome indicator.

F6. How old was the child when (he/she) was first fed anything other than breast milk or formula (such as juice, cow's milk, sugar water, baby food, or water)? (mark only one)

- 0-3 months (since leaving hospital)
- 4-6 months
- 7-9 months
- 10-12 months
- 13-18 months
- 19-24 months
- 25 months or more
- Still breastfeeding
- Still formula
- Don't know.

Not applicable, recorded response previously. Mark this box if the answer to this question was recorded in a previous quarter or since data were last recorded for this outcome indicator.

G. Foster Child Continuity Status

To be completed in Persimmony assessment section at the end of the 2nd quarter and 4th quarter of each fiscal year for a sample of core consented foster children that received services. ^{vii}

DEFINITION:

Foster Care or Out-of-Home Placement. The 24-hour out-of-home care provided to children whose families are unable or unwilling to care for them and who are in need of temporary or long-term substitute parenting. ^{viii} A child is considered to be in out-of-home care or foster care if the State child welfare agency has care and placement responsibility for the child. This includes a child who is placed by the agency with relatives or in other kin-type placements and under care of the agency. It does not include a child who is living with relatives (or caregivers other than parents) but who is not under the care and placement responsibility of the agency.

Foster family home.^{ix} Any home where the caregiver, in his/her own home, provides care and supervision for six or fewer foster children and the caregiver has control of the property. This also includes sibling care for up to eight children under certain circumstances. Foster family homes are either licensed by a public licensing agency or certified by a private Foster Family Agency.

Detained or arraigned in juvenile court. This child has been charged with a crime as a juvenile and the child remains under the jurisdiction of the juvenile court until a verdict is reached. Once a verdict is reached the child can either be released back to the parents or placed in foster care or other setting, remaining under the care of the State child welfare agency.

Outcome Indicator Questions and Scoring Instructions

G1. Has this child been detained or arraigned in juvenile court and remains under its jurisdiction? (mark only one)

Yes. Mark this box if, within the last six months or since these data were last recorded, the child has been detained or arraigned in juvenile court according to the above definition.

No. Mark this box if, within the last six months or since these data were last recorded, the child has not been detained or arraigned in juvenile court.

Don't know. Mark this box if you cannot determine whether the child has been detained or arraigned in juvenile court according to the above definition.

G2. Is this child currently in out-of-home care? (mark only one)

Yes. Mark this box if, within the last six months or since these data were last recorded, the child is in out-of-home care according to the above definition.

No. Mark this box if, within the last six months or since these data were last recorded, the child is in out-of-home care according to the above definition.

Don't know. Mark this box if you cannot determine whether the child is in out-of-home care according to the above definition.

G3. If yes to G1 OR G2, what is the child's current status with regard to his/her foster care placement? (mark only one)

At home with at least one parent. Mark this box if, within the last six months or since these data were last recorded, the child is living at home with at least one of the child's current parents or legal guardian.

County shelter/receiving home. Mark this box if, within the last six months or since these data were last recorded, the child is living in a county shelter or a home that receives foster children.

Court specified home. Mark this box if, within the last six months or since these data were last recorded, the child is living in a home specified by the court. This situation involves child placements that the court has authorized that are not a relative, guardian, tribal home, group home, FFA or foster home (county or state). They may include, for example, out of state placement, some medical type facility placements, CVRC licensed homes. These could be used for short- or long-term placement when it is uncertain whether the child will be returned to the family home, although the conditions for keeping the child in this situation could vary.

Foster family agency certified home.^x Mark this box if, within the last six months or since these data were last recorded, the child is living in a home under the jurisdiction or supervision of a foster family agency otherwise known as a Foster Family Agency home. A non-governmental (private) agency licensed by the state and authorized to certify (approve) foster family homes.

Group home.^{xi} Mark this box if, within the last six months or since these data were last recorded, the child is living in a group home under the jurisdiction or supervision of the state child welfare agency. A group home is a privately-operated residential home of any capacity, including a private child care institution, which provides services in a group setting to children in need of care and supervision, and is licensed as a community care facility by the CA Department of Social Services.

Guardian home. Mark this box if, within the last six months or since these data were last recorded, the child is living in a home under the supervision of a caregiver whose status has been promoted to the level of an official legal guardian.

Relative or NREFM Home. Mark this box if, within the last six months or since these data were last recorded, the child is placed in a home where the caregiver is a relative or designated as a non-related extended family member (NREFM) and placement is made on that basis. NREFM is defined as any adult caregiver who has an established familial or mentoring relationship with the child. The County Welfare Department verifies the existence of a relationship through interviews with the parent and child or with one or more third parties. The parties may include relatives of the child, teachers, medical professionals, clergy, neighbors, and family friends. Also written as "nonrelated [or non-related] extended family member."^{xii}

Small family home. Mark this box if, within the last six months or since these data were last recorded, the child is placed in a foster family home that is licensed by the state. A small family home is defined by CA DSS as a home that provides care to a relatively small number of children.^{xiii}

Tribe-specified home. Mark this box if, within the last six months or since these data were last recorded, the child is placed in a home identified and cleared by the Tribe, that is, a federally-recognized American Indian tribe located in the state.

Other (describe: _____). Mark this box if, within the last six months or since these data were last recorded, the child is placed in a foster care home that does not meet any of the above definitions. Please write a brief description of the placement in the blank line.

Don't know. Mark this box if, within the last six months or since these data were last recorded, the child's foster home placement is not known.

H. High School Graduation

To be completed in Persimmony assessment section at the end of the 2nd and 4th quarter of each fiscal year for each core consented parent that received services.^{xiv}

DEFINITION:

High School Graduation. This is defined as the child obtaining his/her high-school diploma or the GED equivalency.

Outcome Indicator Questions and Scoring Instructions

H1. Does this parent have their high school diploma and/or equivalency? (mark only one)

Yes. Mark this box if the parent already has his/her high school diploma or equivalency in any prior quarter or obtained the diploma within the last six months or since the data were recorded. Also mark this box if the parent already has their diploma or equivalency when he/she entered the service.

No. Mark this box if the parent does not already have his/her high school diploma or equivalency and has not obtained the diploma within the last six months or since these data were last recorded.

Don't know. Mark this box if you do not know whether the parent already has his/her high school diploma or equivalency or you do not know whether the parent obtained the diploma within the last six months or since data were recorded.

H2. Did the parent obtain their high school diploma and/or equivalency in the last six months or since these data were last recorded?

(mark only one)

Yes. Mark this box if the parent obtained his/her high school diploma or equivalency within the last six months or since these data were last recorded and the parent had not already had their diploma in any previous quarter or prior to entering service.

No, obtained high school diploma previously. Mark this box if the parent obtained his/her high school diploma prior to the last six months or since these data were last recorded.

No, working on obtaining high school diploma. Mark this box if the parent has not obtained his/her high school diploma or equivalency but is currently working towards obtaining a high school diploma or equivalency.

Don't know. Mark this box if the parent did not obtain his/her high school diploma or equivalency within the last six months or since these data were recorded. You would also mark this box if the parent already had obtained his/her high school diploma in a previous quarter or prior to entering service.

Not applicable. Mark this box if you do not know whether the parent already has his/her high school diploma or equivalency or obtained the diploma within the last six months or since these data were recorded.

H3. Has this parent obtained any additional diploma, degree or certification in the last six months or since these data were last recorded? (mark only one)

Yes. Mark this box if the parent finished any additional educational or work-related training that resulted in a diploma, degree or certification within the last six months or since these data were recorded. This can be any other training or education that results in some form of diploma, degree or certification. Only mark this box if the diploma, degree or certification was successfully obtained within the last six months or since these data were recorded.

No. Mark this box if the parent did not finish any training or education that resulted in a diploma, degree or certification, even if the parent is currently working towards some additional training or education.

Don't know. Mark this box if you cannot determine whether the parent finished any additional educational or work-related diploma, degree or certification within the last six months or since data were recorded.

H4. Is the parent currently attending school, either full-time or part-time? (mark only one)

Yes. Mark this box if, within the last six months or since these data were recorded, the parent is attending some form of educational or work-related training that will eventually result in a diploma, degree or certification. You would mark this box if the parent is still involved in the education or training and has not yet completed it.

No. Mark this box if, within the last six months or since these data were recorded, the parent is not attending some form of educational or work-related training that will eventually result in a diploma, degree or certification. Also mark this box if you marked Yes to the previous item (the parent has completed the training or education).

Don't know. Mark this box if you cannot determine whether the parent is attending some form of additional educational or work-related diploma, degree or certification within the last six months or since these data were recorded.

I. English Language Fluency

To be completed in Persimmony assessment section at the end of the 2nd quarter and 4th quarter of each fiscal year for each core consented parent that received services.^{xv}

DEFINITION:

English Language Fluency. This is defined as the ability to speak and read English. This indicator would be marked regardless of whether the parent's primary language is English; that is, even if the parent only spoke English, because even among native English speakers there can be variation in how well they can speak and read. Thus, you will assign this indicator for a parent who is a native English speaker or whose primary language is something other than English.

Outcome Indicator Questions and Scoring Instructions

I1. Compared to other languages spoken in the home, how well does this parent speak English? (mark only one)

- Very well
- Fairly well
- Not well
- Not at all
- Don't know

I2. Compared to other languages read in the home how well does this parent read English? (mark only one)

- Very well
- Fairly well
- Not well
- Not at all
- Don't know

ⁱ New for this evaluation.

ⁱⁱ New for this evaluation.

ⁱⁱⁱ Source: California Health Interview Survey 2007 Child Questionnaire.

^{iv} Source: Evaluation of First 5 Sacramento 2009, modified from National Health Interview Survey 2005

^v Source: California Health Interview Survey 2007 Child Questionnaire.

^{vi} Source: Evaluation of First 5 Sacramento 2009, modified from World Health Organization. Indicators for assessing breastfeeding practices. Geneva, Switzerland: World Health Organization; 1991.

^{vii} Adapted from U. S. Department of Health and Human Services, Children's Bureau, Child and Family Services Reviews, Onsite Review Instrument and Instructions, July 2008

^{viii} Source: Definitions, California Department of Social Services, <http://www.cdss.ca.gov/cdssweb/entres/pdf/EnglishGlossary.pdf> retrieved July 2010

^{ix} Source: Definitions, California Department of Social Services, <http://www.cdss.ca.gov/cdssweb/entres/pdf/EnglishGlossary.pdf> retrieved July 2010

^x Source: Definitions, California Department of Social Services, <http://www.cdss.ca.gov/cdssweb/entres/pdf/EnglishGlossary.pdf> retrieved July 2010

^{xi} Source: Definitions, California Department of Social Services, <http://www.cdss.ca.gov/cdssweb/entres/pdf/EnglishGlossary.pdf> retrieved July 2010

^{xii} Source: Definitions, California Department of Social Services, <http://www.cdss.ca.gov/cdssweb/entres/pdf/EnglishGlossary.pdf> retrieved July 2010

^{xiii} Source: Definitions, California Department of Social Services, <http://www.cdss.ca.gov/cdssweb/entres/pdf/EnglishGlossary.pdf> retrieved July 2010

^{xiv} Adapted from California Health Interview Survey 2007 Child Questionnaire and Family and Child Experiences Survey, Fall 2003, U. S. Department of Health and Human Services, Office of Policy, Research and Evaluation.

^{xv} Source: Evaluation of First 5 Sacramento 2009, modified from National Health Interview Survey 2005