

First 5 Fresno County  
FY2011-12 Individual Program Outcome Indicators

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**A. Referral Outcome (completed in Persimmony assessment section at the end of the 2<sup>nd</sup> and 4<sup>th</sup> quarters of each fiscal year for each core parent/child who received services)**

- A1. Has this parent or child been referred to another program within your agency or to another agency for additional services **within the last six months or since these data were last recorded?** (mark only one)
- Yes, referral in process from previous reporting period
  - Yes, referral made this reporting period
  - No
  - Don't know
- A2. If yes in A1, what type of referral was made? (mark only one)
- Developmental referral
  - Other referral
  - Don't know
  - Not applicable
- A3. If yes in A1, did this parent or child **make contact with** the program or agency for these additional services? (Verifiable by you, someone else in your program, or the parent) (mark only one)
- Made contact
  - No contact
  - Pending (in process)
  - Don't know
  - Not applicable
- 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
  - Service not received
  - Pending
  - Don't know
  - Not applicable

**B. Movement towards Accreditation (completed in Persimmony assessment section at the end of the 2<sup>nd</sup> and 4<sup>th</sup> quarter of each fiscal year for each core provider client who received services)**

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

- Yes
- No
- Don't know

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

- Pursuing enrollment into an accreditation program
- Enrollment into an accreditation program  
(if checked indicate which association: \_\_\_\_\_)
- Meeting with accreditation association/organization mentor
- Conducting Self-Study or using Self-Assessment tools (in progress)
- Completed Self-Study
- Submitted materials and fee for candidacy and/or request for site visit
- Completed Site Visit
- Waiting for Accreditation decision/recommendation
- Received decision/recommendation for deferred accreditation
- Addressing issues/making improvements as per decision/recommendation
- Submitted materials for new request for site visit
- Completed Site Re-Visit
- Received Full Accreditation
- Submitted Annual Accreditation Standards Compliance Report
- Don't know

**C. Reading to the Child (completed in Persimmony assessment section at the end of the 2<sup>nd</sup> and 4<sup>th</sup> quarter of each fiscal year for each core child who received services)<sup>i</sup>**

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
- 3-6 times a week
- 1-2 times a week
- Never
- Don't know

**D. Well-Child Visit (completed in Persimmony assessment section at the end of the 2<sup>nd</sup> and 4<sup>th</sup> quarter of each fiscal year for each core child who received services)<sup>ii</sup>**

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 sick, but to get (him/her) checked over, or for vaccinations and these include well-child visits.*] (mark only one)

- Never
- Once or twice
- 3-4 times
- 5 times or more
- Don't know

**E. Child has Primary Care Physician (completed in Persimmony assessment section at the end of the 2<sup>nd</sup> and 4<sup>th</sup> quarter of each fiscal year for each core child who received services)<sup>iii</sup>**

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

- Yes
- No
- Don't know

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
- No
- Don't know

E3. If yes in E2, was the visit to a hospital emergency room for routine or well-child care? (mark only one)

- Yes
- No
- Not applicable
- Don't know

**F. Exclusive Breastfeeding (completed in Persimmony assessment section at the end of the 2<sup>nd</sup> and 4<sup>th</sup> quarter of each fiscal year for each core child who received services)<sup>iv</sup>**

*ANSWERED ONLY FOR CHILDREN 2 YEARS OF AGE OR UNDER*

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
- No
- Don't know

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

- Only breastfeeding
- Combination of breastfeeding and formula
- Only formula
- Breast milk or formula plus other fluids
- Don't know
- Not applicable, recorded response previously

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

- Only breastfeeding
- Combination of breastfeeding and formula
- Only formula
- Breast milk or formula plus other fluids, some solids
- Only solid food plus other fluids
- Don't know

F4. How old was this 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

F5. How old was this 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 formula fed
- Don't know
- Not applicable, recorded response previously

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 fed
- Don't know
- Not applicable, recorded response previously

**G. Foster Child Continuity Status (completed in Persimmony assessment section at the end of the 2<sup>nd</sup> and 4<sup>th</sup> quarter of each fiscal year for each core foster child who received services)<sup>v</sup>**

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

- Yes
- No
- Don't know

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

- Yes
- No
- Don't know

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
- County shelter/receiving home
- Court specified home
- Foster family agency certified home
- Foster family home
- Group home
- Guardian home
- Relative or NREFM home
- Small family home
- Tribe-specified home
- Other (describe: \_\_\_\_\_)
- Don't know
- Not applicable

**H. High School Graduation (completed in Persimmony assessment section at the end of the 2<sup>nd</sup> and 4<sup>th</sup> quarter of each fiscal year for each core parent who received services)<sup>vi</sup>**

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

- Yes
- No
- Don't know

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
- No, obtained high school diploma previously
- No, working on obtaining a high school diploma
- Don't know
- Not applicable

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
- No
- Don't know

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

- Yes
- No
- Don't know

**I. English Language Fluency (completed in Persimmony assessment section at the end of the 2<sup>nd</sup> and 4<sup>th</sup> quarter of each fiscal year for each core parent who received services)<sup>vii</sup>**

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

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<sup>i</sup> Source: California Health Interview Survey 2007 Child Questionnaire.

<sup>ii</sup> Source: Evaluation of First 5 Sacramento 2009, modified from National Health Interview Survey 2005

<sup>iii</sup> Source: California Health Interview Survey 2007 Child Questionnaire.

<sup>iv</sup> Source: Evaluation of First 5 Sacramento 2009, modified from World Health Organization. Indicators for assessing breastfeeding practices. Geneva, Switzerland: World Health Organization; 1991.

<sup>v</sup> 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

<sup>vi</sup> 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.

<sup>vii</sup> Source: Evaluation of First 5 Sacramento 2009, modified from National Health Interview Survey 2005