

ALLEGANY COUNTY JUDY CENTER EVALUATION

January 2001-June 2002



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1.0 Description of Judy Center

1.1. Purpose and Organization

The Judith P. Hoyer Early Child Care and Education Program (“Judy Center”) Grant was established in the memory of the late Judith P. Hoyer, wife of Congressman Steny Hoyer and lifelong child advocate. The statewide goal of the program was to provide funding for non-duplicative services that would fill gaps in existing early childhood service delivery or, in the words of the Maryland State Department of Education (MSDE) Judy Center Request for Proposals (RFP), “expand and enhance existing comprehensive early childhood education services” (MSDE 2000). Studies of early childhood care show that the current system of early childhood education and care is fragmented (Judith P. Hoyer Blue Ribbon Commission 2001), that in-need children are only partially covered by existing federal and state programs such as Head Start, Early Head Start, and the Extended Elementary Education Program (EEEP), and that the effects of quality Pre-K on both cognitive and non-cognitive skills are potentially profound (Judith P. Hoyer Blue Ribbon Commission 2001, Heckman 2001).

These needs and gaps were evident in Allegany County when the Board of Education (ACBOE) applied for funding. Indicators of county child poverty, child health, and student readiness are relatively poor and suggest a need for additional early childhood care and education resources (ACBOE 2000). Like elsewhere in the state, existing services were relatively fragmented, not centralized, geographically uneven, and sometimes relied on vulnerable soft funding sources. In addition, existing services such as Head Start were able to meet only part of their service area needs.

The Judy Center RFP identified 10 components (described in table 1.1) that every grant application must have (MSDE 2000). These 10 components formed the basis for the 11 component standards used in evaluating each of the Judy Centers (explained in section 4.0). In addition, the RFP outlined additional criteria that would be used in prioritizing applications (see table 1.2). The proposal submitted by the Allegany County Board of Education addressed each of the components and enlisted the support of eight agency and non-profit





Table 1.1 Judy Center required components

#	Component	Plan
1	“must expand and enhance existing comprehensive early childhood education services.”	Description of services was non-duplicative and filled gap in Allegany County Early Childhood Care and Education. The Judy Center expands Pre-K from six to seven sites and increases the number of Pre-K classes in county by 3. It funds two new 4-year Pre-K half-day classes and one half-day multi-age preschool class.
2	MOU from partners and LMB required	MOU from 9 partners and LMB obtained.
3	Judy Centers “shall include public prekindergarten, kindergarten, preschool special education, local Maryland Infants and Toddlers Program, and before and after early childhood education services provided by child care providers” and must also include at least five of the following “participating partners: (a) family literacy programs and services, (b) Head Start programs, (c) family child care providers, (d) Family Support Centers, (e) Healthy Family sites, (f) parent involvement programs, (g) early childhood program linked with institution higher education, and (h) other home visiting, community health, family support services, and Regional Child Care Resource Centers”	All programs provided by partners (and roles) identified in table 1.3



Table 1.1 Judy Center required components



Continued

#	Component	Plan
4	“Voluntary program accreditation of all participating early childhood education services.”	Head Start: NAEYC - National Association for the Education of Young Children. Center-based childcare/Before and after school childcare (HRDC): Pursuing MSDE accreditation.
5	“Coordination and case management staff	1 case management employee included in proposal.
6	“Services for children with disabilities . . . consistent with state requirements and best practice”	Pre-school special education, Infants and Toddlers, and inclusion of special ed students in regular classroom settings.
7	Services for children at risk	All Judy Center services target at-risk children.
8	Provision of staff development for MMSR (Maryland Model for School Readiness)	Staff development funds provided.
9	Provision of services when school closed and during summer months	Full-year, before-school, and after school childcare provided. Summer school program.
10	Breakfast and lunch programs	Provided by Allegany County Board of Education
11	Screening for health	Provided by Allegany County Health Department





Table 1.2 Judy Center priorities

Priority	Plan
Center in Title 1 eligible school or attendance area	Beall Elementary is schoolwide Title 1 School.
“Family-centered case management and referral procedures for families and their children to statewide services such as (a) Maryland’s Child Health Program (MCHP), (b) Healthy Start Public Health Nurse Case Management, Woman, Infants, and Children Program (WIC), Maryland Public Mental Health System (PMHS), Targeted Assistance for Needy Families (TANF), and adult education in form of enrollment in the Adult Basic Education (ABE) or General Education Diploma (GED) Program.”	Case management involving partners with focus on Family Preservation, Mental Health, and Family Support Schedules.
“Coordination with Family Support Centers and Healthy Families sites”	Coordinating partners include Office of Children, Youth, and Families

Source: MSDE (2000) and ACBOE (2000)

partners from the County, including: Allegany County Department of Social Services, Allegany County Health Department, Family Junction, Frostburg State University, Human Resource Development Commission (HRDC), Office of Children, Youth, and Families, Maryland Childcare Administration, and YMCA. The role of each organization in the Judy Center Management Plan is summarized in table 1.3

The three emphases (or activities) adopted by the Allegany County Judy Center were determined after focus group discussions with partners and reflecting upon the goals and criteria in the Judy Center RFP. These emphases include: (1) Parents (support and education), (2) childhood education, and (3) childhood health



Table 1.3 Judy Center partners



Organization	Role
Allegany County Board of Education	Family Literacy, GED program for parents, Family Case Management, Pre-kindergarten program, Kindergarten program, Multi-age Preschool, Preschool special education, Infants and Toddlers program, Diagnostic screening, Breakfast and lunch, Parent Resource Center
Allegany County Department of Social Services	Family preservation services
Allegany County Health Department	Dental health services, Nursing services, WIC, Mental Health
Family Junction	Parent/Child workshops
Frostburg State University	Student interns (Beall Elementary is a Professional Development School (PDS).)
Human Resource Development Commission (HRDC)	Head Start, Early Head Start, Childcare (before and after school)
Office of Children, Youth, and Families (Local Management Board)	Grantswriting, Building community support
Maryland Childcare Administration	
YMCA	Family Support Center



(nutrition, health, and safety). The major categories of services offered as a result of these three emphases included: (1) Pre-kindergarten, (2) Kindergarten, (3) Preschool special education, (4) Maryland Infants and Toddlers Program, (5) Head Start, (6) Family Literacy, (7) Parenting, (8) Child Development, and (9) Health Programs. Children are referred to the Judy Center by participating partners identified in the proposal Memorandum of Understanding.

The Judy Center is located at Beall Elementary School in Frostburg, Maryland. The proposal states that it will house: (1) Two full-day kindergarten classes (40 children), (2) Pre-kindergarten (Jan. 2001 through June 2001, half-day program with twenty children, and during 2001-2002, two half-day programs with forty children), (3) Preschool special education, (4) Infants and Toddlers program (approximately 80 children), (5) Before and after school childcare services (approximately 20 children), and (6) One half-day multi-age preschool class (20 children). Funding for 18 months was secured to establish the Center in the amount of \$647,000. The grant contained funds for staffing, staff development, materials and supplies, professional development, and partner agency services. The Center is administered by two staff members, Deborah Kolb (Center Coordinator) and Shella Navalaney (Case Manager) and employs nine teachers and instructional assistants. Beginning in June 2002, a registered nurse will be available at the Center and for home visits.

The Judy Center is jointly administered by Center staff and a Steering Committee consisting of local partners. The Steering Committee meets on a quarterly basis and reviews the Management Plan and partner coordination effectiveness. The Steering Committee also participated in self-appraisals of the Judy Center based on the eleven Judy Center standards distributed by MSDE. Weekly teacher meetings and a quarterly reporting system for MSDE provided additional information for accountability and feedback. Finally, much of the information reported in this evaluation (including parent and partner surveys and child progress reports) was used on an ongoing basis to provide information for program adjustments.



1.2 Evaluation

This study examines the degree to which goals and objectives outlined in the Allegany County Board of Education Judy Center proposal were met. The areas of particular concern to this evaluation are stated on page eleven of the proposal and described in table 1.4. In brief, the proposal indicates that the grant would assist in the development of an early childhood program that serves a specified number of clients (both children and families). The program would provide services in three areas, including child health, child education, and parental development. The program would adhere to a management plan in which certain objectives for service provision, purchasing, community awareness, staff development, internal review, and external reporting were met. The program would satisfy both parents and partners of the Judy Center. Most importantly,

Table 1.4 Evaluation questions.

Issues	Measurement
Clients served by Judy Center	# clients enrolled in Judy Center programs
Services deployed	# services accessed in areas of education, health, parental development, attendance rates
Community Awareness	newspaper articles, flyers distributed, parent/partner newsletter issues, website hits
Alignment with Judy Center Goals	Self-evaluation for 11 Judy Component Standards
Alignment of curriculum with Maryland Model of School Readiness (MMSR)	Pupil Progress Reports, Progress Report Results, staff training, staff professional development
Internal Review	staff meetings, Steering Committee meetings minutes
External Review	accreditation results
Staff Professional Development	modules attended
Partner Satisfaction	Partner Satisfaction Surveys
Parent Satisfaction	Parent Satisfaction Surveys
Child Readiness	Pupil Progress Reports



the program would improve school readiness (as measured by pre-kindergarten progress reports) and school readiness (as measured by the Maryland Model for School Readiness (MMSR) Work Sampling System (WSS)). Finally, the evaluation would identify strategies and activities that were most effective in meeting the goals of the program and provide suggestions for changes that would improve or enhance the Center.

This work complements the work of the MSDE and external evaluator, MGT of America, Inc. The MSDE developed standards for assessing the quality of Judy Centers and made on-site visits for accreditation review. MGT was contracted by the state to undertake a comprehensive analysis of the effectiveness of the Judy Centers. Among the data elements collected are information on staff and centers and characteristics of the children enrolled, including information regarding development progress. As part of this effort, MGT developed an Evaluation Manual and web-based data entry system to assist local directors in routinizing data collection. They also interviewed Allegany County Judy Center staff on April 23rd, 2002, regarding progress towards established goals.

This evaluation addresses major aspects of Judy Center performance and achievement, using information that was available as of May 15, 2002. Unfortunately, two major pieces of information were missing on this date, including pupil performance for the fourth grading period and MGT data. This information will be included in future reports.

This evaluation reports about the Center and its performance in the following order. In the next section, the characteristics of students and families are described. In section three, the methods for promoting community awareness are detailed. Section four explains the procedures used for quality control and internal assessment and evaluation. These include: case management, weekly teacher meetings, Steering Committee meetings, quarterly reports, staff development activities, accreditation, and self-assessment using the 11 Judy Center Component Standards. Section five reports the results of partner surveys administered in September 2001 and May 2002. Section six contains results of parent surveys administered in September 2001 and May 2002. Section seven reports the results of pre-kindergarten progress and Work Sampling System reporting systems and the attainment of milestones. The next section describes changes that will be introduced during the next fiscal year. The final section summarizes the results and describes a few additional recommendations for consideration.





2.0 Clients and Characteristics

A duplicated headcount of six-hundred fifty-one (651) children was served by activities originating from and associated with the Judy Center. A duplicated headcount of two-hundred ninety-one (291) was served by new and expanded early childhood services funded by the grant. The distribution of enrollment by program is shown in table 2.1 and figure 2.1. The most frequently accessed services were Family Support Network/Infant and Toddler, which enrolled 133 children, followed by WIC (Women, Infants, and Children). Childcare, Pre-K and Kindergarten enrolled approximately 50 children each. Capacity enrollments were attained in pre-kindergarten and multi-age preschool, but

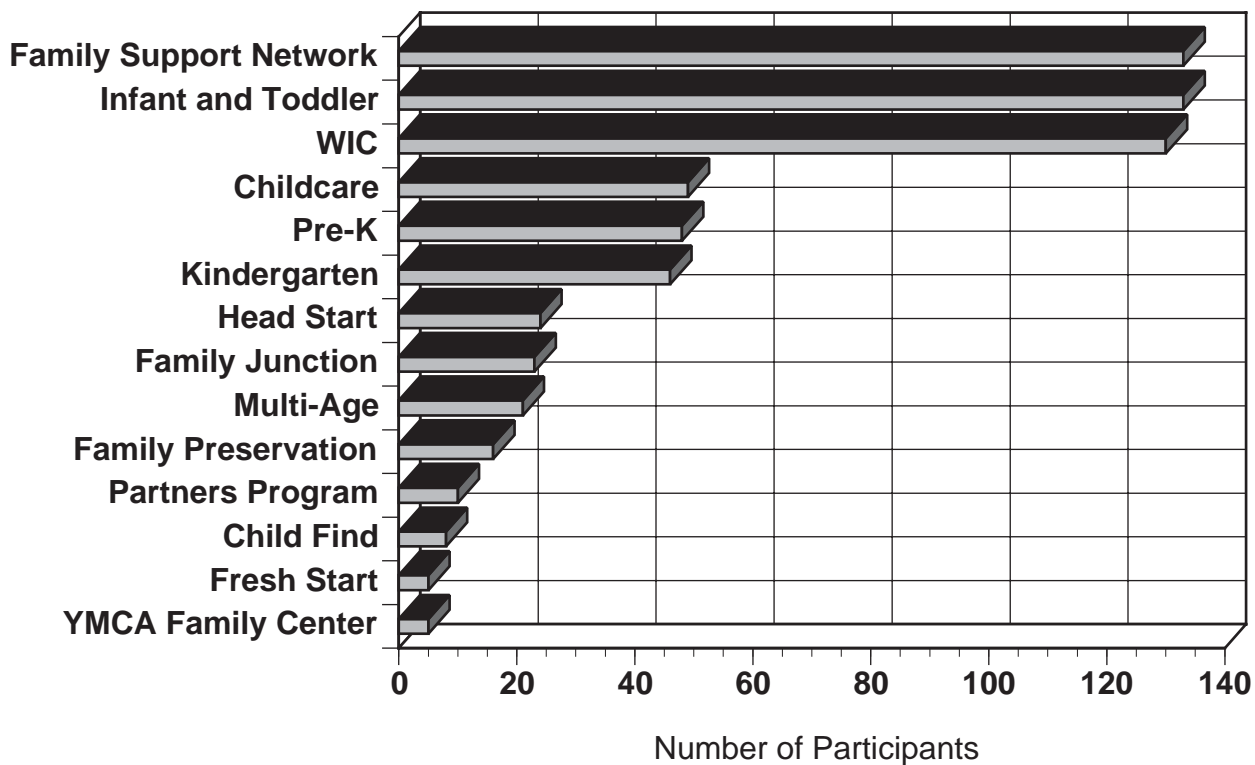


Table 2.1 Program enrollment by age

Programs	Birth to 3	3 year old	4 year old	5 year old	Total
WIC	65	32	33		130
Family Junction	12	5	5	1	23
Childcare	10	14	11	14	49
Infant and Toddler	133				133
Family Support Network	133				133
Child Find		2	6		8
YMCA Family Center	4	1			5
Family Preservation	5	2	5	4	16
Partners program	3	5	2		10
Fresh Start			3	2	5
Pre-K			48		48
Multi-Age		9	10	2	21
Kindergarten				46	46
Head Start		13	11		24
Total	365	83	134	69	651



Figure 2.1 Program Enrollment



some children entered and exited the program during the year, accounting for the higher than capacity headcounts. Other nutrition, health, and parental education programs connected with the Judy Center (see table 2.2) were also used frequently. Table 2.3 shows that 100+ families were affected by partner programs.



Table 2.2 Participants in other programs



Program Name	Number of Participants
Breakfast Program	109
Lunch Program	109
Home Visiting	490
Case Management	208
Health	120
Mental Health	10
In-class Interventions	115
Occupational Therapy	141
Physical Therapy	127
Dental	51
GED	8
ESOL	1
Family Counseling	9
Parenting	47
Nutrition information	55
Childcare trainings	22
Total	1629

An unduplicated total of two-hundred four (204) children were enrolled in Allegheny County Public School and Childcare programs at the Judy Center. Of this number, ninety (90) were added because of Judy Center funding. Child enrollment reflected the racial demographics of the area (see figure 2.2). Approximately eleven percent of the children were minority versus 8.4% for Frostburg reported in the 2000 U.S. Census.



Figure 2.2 Pupils by Race

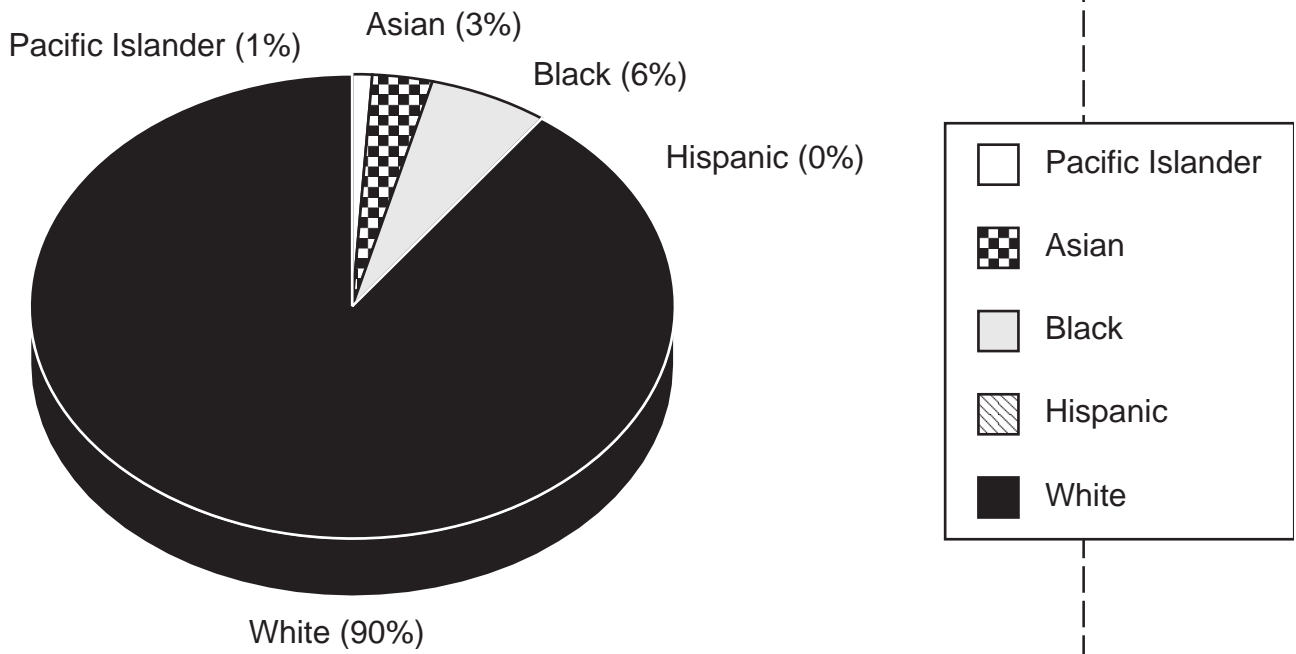


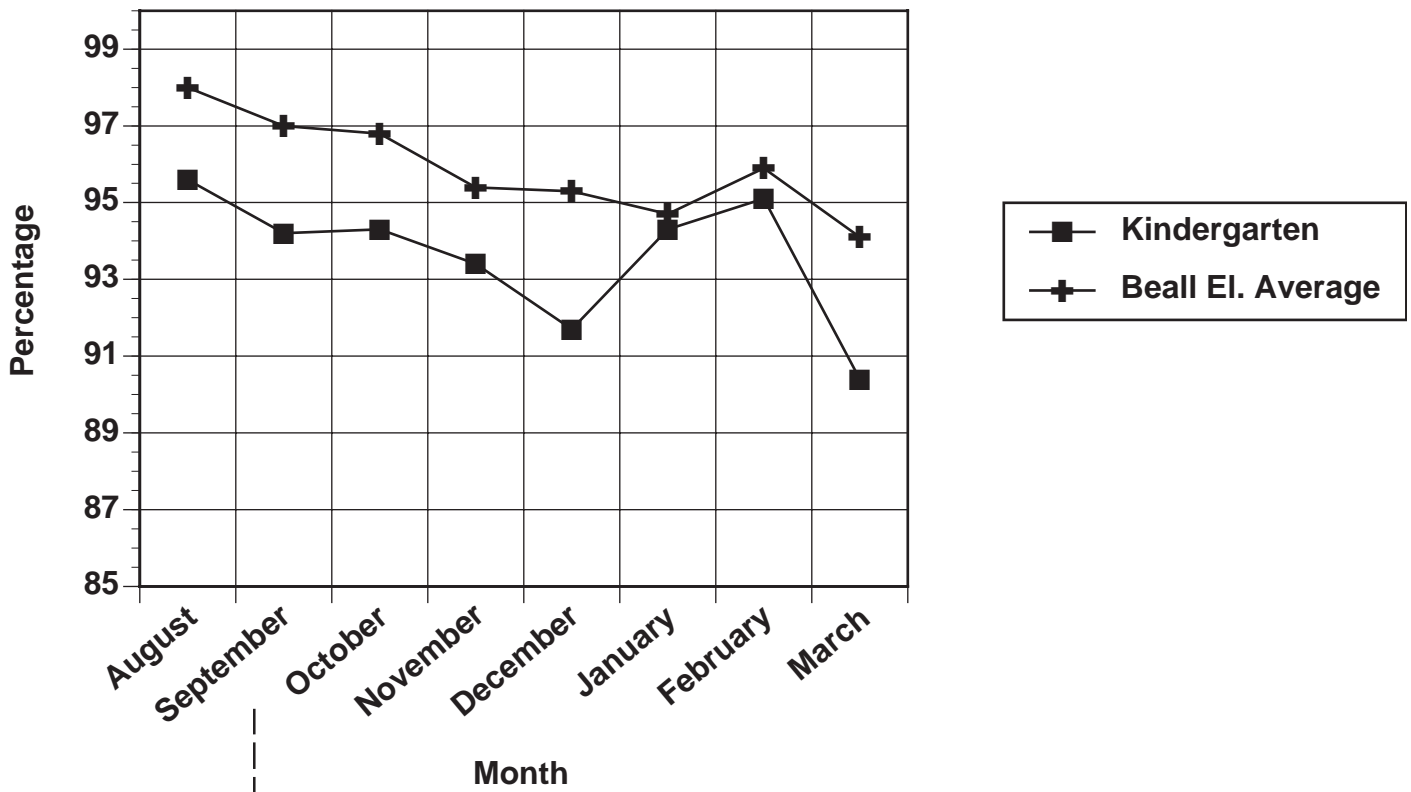
Table 2.3 Families served by program

Program	Number of Families	Number of Sessions
Head Start	35	16
Family Junction	10	13
Infant and Toddler	6	20
Fresh Start	1	1
WIC	100	28
YMCA	17	4
GED	18	N/A
Family Support Network	6	20
Family Preservation	13	180



During Judy Center Parent Orientation, regular school attendance in ensuring child progress was stressed. Figure 2.3 shows kindergarten attendance, which tends to lag Beall Elementary average attendance during the year and diverges sharply during the seasonal spring months. Comparable figures for Pre-K attendance were not available; however, staff will collect and report this information during the next fiscal year.

Figure 2.3 Attendance Rate



>> 3.0 Community Awareness

The local community was made aware of the Judy Center through a variety of media and methods. A mailing to parents in the Beall Elementary district was conducted before the Judy Center was opened. A commencement reception was held on February 13, 2001, to announce the opening of the Center. The event was attended by the local news media, and a large article about the Center appeared in the regional section of the *Cumberland Times-News* (see Appendix A.1). Press coverage was also received from a visit to the Center by children's author, Martin Waddell in April 2002 (see Appendix A.1).

The Center Coordinator and the Case Manager presented an overview of the program to the Western Maryland Kiwanis Club. The Director of Elementary Education did a presentation for the county's pediatricians at their monthly meeting called the Grand Rounds.

Information to the community was also disseminated by Judy Center partners, who provided referrals as needed to the Center. Although the original proposal stated that touch screen kiosks would be available at several locations, the purchases and software were not available during this start-up period. However, Family Junction (a Judy Center partner) is currently working to establish such a system in fiscal year 2003. In addition, the Judy Center worked with Frostburg State University (another partner) to film four Judy Center announcements that are being aired on the local university cable access channel.

Parents were kept aware of Center activities through information provided by newsletters and flyers (see samples in Appendix A.2). Announcements were made concerning programs offered at the Center and by partners, including Orientation, the WIC Clinic, YMCA Family Center programs, Fresh Start programs, Family Junction programs, Child Care (including before and after school care), GED and Adult Education classes, Kids Day America, the summer education program, breakfast and lunch program, Frostburg Library programs, dental screenings, job announcements, class material donations, parking, Head Start, developmental screenings, parent surveys, parent and child activities, book fair, and a parent support group.

The Judy Center also maintained a Center web page at URL <http://judycenter.allconet.org> (see Appendix A.3) that allowed staff, parents and community members to access information about programs, a calendar of events, and e-mail addresses of Center staff. The site, which was monitored with web tracking software, was accessed an average of 35 times each day (see Appendix A.4 for a full tracking report for the period May 1, 2002 – May 30, 2002). The site also was well positioned on major search engines. Using a search of the phrase "Judith P. Hoyer Center" on the Google search engine, for example, the Beall Elementary Judy Center turned up 5th (following in order the MSDE request for proposals, Blue Ribbon Commission Report, MSDE Press Announcement, and a Congressman Steny Hoyer Press Release).



4.0 Internal Quality Control



In order to ensure program quality and avoid duplication of services, Judy Center staff employed family case management that was coordinated with program partners. Staff used survey instruments (see Appendix A.5) to collect family information and track referrals, and oriented partners to the system that would be used. For each family, a lead agency was assigned. In addition, some partners met on a monthly basis to discuss and coordinate cases.

The Judy Center Steering Committee was made up of program partners and provided an opportunity for regular interaction. The Judy Center proposal describes their duties as “establishing major program policies, reviewing quarterly evaluation reports, and making recommendations for programmatic change.” The Steering Committee was made up of twelve major stakeholders in the project, including partners and Board of Education staff. However, a parent or community member (as indicated in the proposal) did not participate. Representatives on the Board included the following: Mary Biery, Director of Childcare Administration; Sue Coyle, Director of the Family Center; Heather Davis, Head Start Director; Kathryn Delaney, Executive Director, Allegany County Office of Children, Youth, and Families; Lesa Diehl, Allegany County Health Department, Mental Health; Melanie McDonald, Director of Family Junction; Debra Mantheyy, Board of Education Child Find Specialist; Sue Ottmar, Allegany County Health Department; Diane Rice, Allegany County Health Department; Natalie Tenaglio, Board of Education Infants and Toddlers Coordinator; Tom Palardy, Professor of Educational Professions, FSU; and Helen Ann Warnick, Board of Education Director of Elementary Education. The Steering Committee meets quarterly at the Board of Education Central Office. Representative minutes of these meetings are included in Appendix A.6

Staff at the Judy Center met regularly to discuss Judy Center issues and problems. These meetings gave staff a chance to review class material, discuss child learning problems, become aware of professional development opportunities, learn about partner activities and programs that could be disseminated to parents and children, and provided information that could be compiled in monthly, quarterly, and annual reports.



Judy Center Staff participated in a number of professional development activities during the funding period. All teachers received professional development activities in the following areas: (1) writing stance questions, (2) writing prompts, (3) guided reading, (4) intranet use, (5) TAT (Teacher Assistance Teams) model, (6) Retelling strategies, and (7) running records strategy. All aides received training in curriculum alignment and levels of intervention. Teachers also participated in individual activities such as MMSR training (4 teachers), curriculum alignment (4 teachers), kindergarten conference (4 teachers), math investigations (1 teacher), sensory integration workshop (1), early intervention workshop (1), and autistic classroom (1). Judy Center staff (the Center Coordinator and Case Manager) also contributed material to the *Operations Manual for Judy Centers* assembled by MSDE to orient Judy Center staff regarding how to manage the Centers according to component standards. The *Manual* drew extensively on the Case Management Plan approach developed by the Beall Elementary Judy Center. Furthermore, staff has been invited to share its experiences in state workshops, and the site has been visited on a number of occasions by staff of Judy Centers from elsewhere in the State.

The Judy Center grant emphasizes the importance of quality early childhood services and recommends that Centers pursue accreditation from state (i.e., MSDE) and national organizations. As of the date of this writing, Beall Elementary had received a MSDE validation visit in late April and was anticipated to receive accreditation in June. In addition, two partners are currently in the process of having their programs accredited for the Judy Center site (they are already accredited for other locations in the County). Accreditation for the Head Start program from the National Association for the Education of Young Children (NAEYC) is pending, as is the YMCA's accreditation from MSDE.

To meet the requirements of the grant, the Judy Center submitted quarterly progress reports that documented how the grant was meeting the management plan. Center staff and the Judy Center Steering Committee also assessed Center performance using the Judy Center Component Standards (see Appendix A.7). The first self-assessment occurred during fall 2001 (marked by an "F" in table 4.10) and indicated that the Center was meeting all of the standards. Six of the component standards were being fully met. However, some of the standards (e.g., Family Case Management, Integration of Early Education Services, Health Related Services, Staff Development, and Family Involvement) were only partially met. Because of these findings, the panel recommended the addition of on-site dental screening, the hiring of a full-time school nurse, and additional family-children activities.



A second self-assessment was conducted in May 2002 (marked by an “S” in table 4.10). This evaluation shows marked overall improvement (from an average component standard of 4.0 to 4.6). On the individual components, one rating remained the same (provision for breakfast and lunch), five improved (family case management, integration of early education services, early identification, health related services, staff development, and parent involvement), and four slightly declined (full day/full year services, family support services, preschool special education, and accreditation/validation).

4.10 Judy Center Component Standards



Table 4.1 Judy Center Component Standards Self Rating Results

	1	2	3	4	5
1. Full day/full year services					S F
2. Provision for breakfast/lunch					F/S
3. Family case management			F		S
4. Integration of early education services			F		S
5. Family support services					S F
6. Early identification					F S
7. Preschool Special Education					SF
8. Health related services			F		S
9. Staff development is aligned with the Maryland Model for School Readiness (MMSR)			F		S
10. Parent involvement			F		S
11. Accreditation/Validation					S F
Average rating				F	S

F=Fall 2001 self-assessment
S=Spring 2002 self-assessment



>> 5.0 Partner Survey

A survey was conducted of Judy Center partners in both September 2001 and May 2002. The two surveys allow the attitudes toward the Center and its activities to be tracked over the first full school year of Center operation. Nine partners in total responded to each survey. The survey instrument is included in Appendix A.8. The questionnaire asks partners to rate the most effective Center strategies and activities and to evaluate the satisfaction of both families and partners.

Table 5.1 shows that partners believe the most effective programs are those that “give parents the knowledge, skills and resources to provide an environment and experiences that meet their children’s basic health, safety, physical, emotional and intellectual needs.” This assessment did not change during the school year. In August, partners thought the most effective programs were 4-Year Pre-K and Head Start. At the end of the school year, 4-Year Pre-K, Multi-age Pre-K, and Infants and Toddlers were the most frequently identified. None of the current family/parent education programs was identified among the top five, but two respondents wrote that they would like to see additional family activities (e.g., “a family night each month” and “More parent-child activities for younger children—on a regular basis so parents can plan on them.”).

>> Table 5.1 Judy Center Strategies, percentage of partners.

	September 2001	May 2002
Parents Knowledge ¹	56	67
High quality early ² childhood programs	33	33
Quality Health services ³	11	0

¹ Provision of programs that will give parents the knowledge, skills and resources to provide an environment and experiences that meet their children’s basic health, safety, physical, emotional and intellectual needs.

² Provision of affordable, high quality early childhood programs that will be accessible to families.

³ Provision of quality health services which promote the healthy growth and development of children.





Table 5.2 Most effective activities, percentage of partners identifying among 5 most important activities.

	September 2001	May 2002
Kindergarten	11	0
4 year old Pre-K	78	56
2-3 Year old Pre-K	11	22
3-4-5 Year old Pre-K	44	56
Before school childcare	0	11
After school childcare	11	11
School closing childcare	11	11
Case management	44	23
Preschool special education	33	44
Infant and Toddler	44	56
Family Support Network	33	11
Preschool Partners	22	0
Family Literacy (GED)	11	33
Family Preservation (DSS)	11	22
WIC	22	33
Nurturing Program	11	0
Family Junction	0	22
Head Start	67	33
Fresh Start	0	33
Breakfast	11	11



Partners were generally satisfied with the Judy Center and estimated that families served by the Center were even more so (see tables 5.3 and 5.4). There was little change in assessments of family satisfaction during the school year. Partners praised the array of services, efficiency, and coordination of services with partners that the Center offers. As one partner writes: “The Judy Center acts almost as one stop shopping for families. It makes it easier for parents to meet the needs of their children without overextending themselves.” Another responded “I feel that the Judy Center has helped our children greatly.”

Nevertheless, partner ratings dropped from a modal category of “very satisfied” to “satisfied” from September to May (see figure 5.1). Partners made specific suggestions on both surveys with many of the ones made earlier in the year being adopted (e.g., establishing community connections, expanding child-care, adding school nurse, providing dental screenings). During the second round, partners identified some additional areas of focus, including, as mentioned previously, more family-children activities but also “more emphasis on 0-4,” and recognition of transportation difficulties experienced by families and space limitations at the Center.

>>> Table 5.3 Feeling of families served by Judy Center, percentage of partners.

	September 2001	May 2002
Very Satisfied	33	33
Satisfied	56	56
Somewhat Satisfied		
Somewhat Dissatisfied		
Not satisfied at all		
Don't know/Confused or		
Uninformed about services		
Don't know/no feeling about the center	11	11

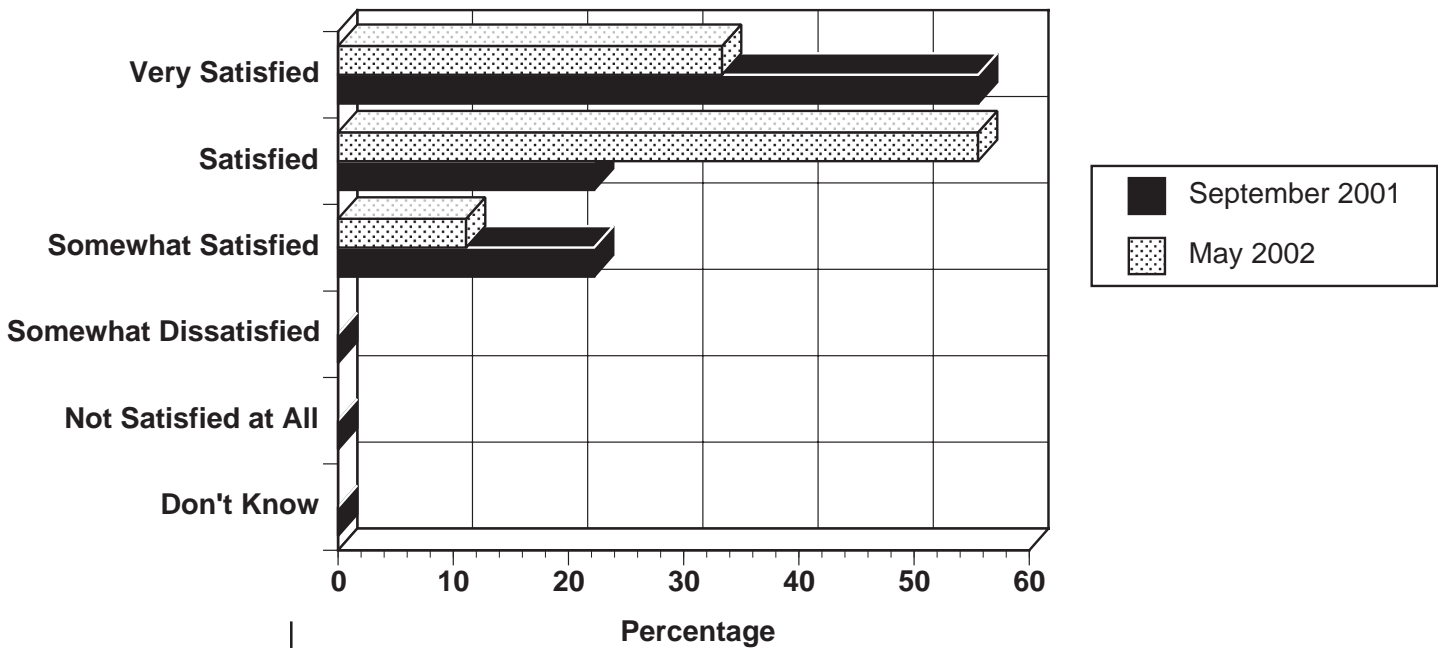




Table 5.4 Partner satisfaction with Judy Center, percentage of partners.

	September 2001	May 2002
Very Satisfied	56	33
Satisfied	22	56
Somewhat Satisfied	22	11
Somewhat Dissatisfied		
Not Satisfied at All		

Figure 5.1 Partner Satisfaction



>> 6.0 Parent Survey

A second survey was conducted of parents enrolled in programs at the Judy Center or provided by affiliated partners in both September 2001 and May 2002. Once again, these surveys allow attitudes toward the Center and its activities to be tracked over the first full school year of center operation. Eighty-six families responded to the September survey, while forty-four responded to the second. The survey instrument is included in Appendix A.9. The questionnaire asks parents to identify the programs they use, rate the most effective Center strategies and activities, and to indicate their level of satisfaction with the Center.

Table 6.1 shows the distribution of program enrollment for the respondents. For the September respondents, the most frequently used programs were WIC (30%), Kindergarten (28%), Lunch (26%), Breakfast (22%), 4 year Pre-K (20%), and Head Start (20%). For May, the breakdown was Breakfast (53%), Lunch (39%), 4-year Pre-K (35%), Kindergarten (31%), WIC (25%), and multi-age Pre-K (22%). Differences in program use/enrollment may reflect differences in characteristics of respondents as well as program opportunities/attractiveness.



Table 6.1. Activities used (percentage of total children).

	September 2001	May 2002
Kindergarten	28	31
4 year old Pre-K	20	35
2-3 year old Pre-K	7	6
3-4-5 year old Pre-K	12	22
Before school childcare	6	8
After school childcare	3	10
During school childcare	5	12
School Closing childcare	7	8
Case Management	0	2
Preschool Special Education	1	6
Infant and Toddler	13	0
Dental Services	3	10
Partners for Success	1	0
Family Support Network	3	6
Preschool Partners	2	0
Family Literacy (GED)	0	0
Family Preservation (DSS)	3	2
WIC	30	25
Healthy Start (Health Dept.)	4	0
Nurturing Program	2	4
Family Junction	0	2
YMCA—Family Center	3	0
YMCA class @ Judy Center	0	0
Head Start	20	16
Fresh Start	1	4
Mental Health (Health Dept.)	1	0
Breakfast	22	53
Lunch	26	39
English as Second Language	0	2



At the beginning of the year, survey respondents identified (see table 6.2) Head Start as the most effective activity (35%), followed by 4-year Pre-K (21%) and multi-age Pre-K (17%). At the end of the year, the same three programs were identified with a slightly different ordering: 4-year Pre-K (50%), multi-age Pre-K (25%) and Head-Start (20).

Table 6.3 shows that parents rated all three Judy Center strategies (i.e., “parents knowledge,” “high quality early childhood programs,” and “quality health services” higher at the end of the year. However, “early childhood programs” made the biggest leap, probably due in part to the higher level of utilization of early childhood programs as indicated above. Parental assessments of the most effective strategy also differ from those of partners—the latter having identified programs directed at “parents knowledge” as the most effective.

>>> Table 6.2 Most effective activities (percentage of families).

	September 2001	May 2002
Kindergarten	5	5
4 year old Pre-K	21	50
2-3 year old Pre-K	12	5
3-4-5 year old Pre-K	17	25
Before school childcare	5	5
After school childcare	6	5
During school childcare	6	5
School closing childcare	3	5
Preschool special education	6	10
Infant and Toddler	6	0
Dental Services	1	5
Family Support Network	2	7
Preschool Partners	5	2
Family Preservation	2	0
WIC	5	5
Healthy Start	2	2
Nurturing Program	1	2
YMCA – Family Center	1	0
Head Start	35	20
Fresh Start	2	0
Breakfast	5	14
Lunch	7	7
English as Second Language	0	2





Table 6.3 Most effective strategies (percentage of family respondents).

September 2001							
	(5) Very Effective	(4)	(3) Somewhat Effective	(2)	(1) Not Effective	(0)	Mean
Parents knowledge	54	38	8	0	0	0	4.46
High quality early childhood programs	60	29	11	0	0	0	4.49
Quality health services	53	31	16	0	0	0	4.38
May 2002							
	(5) Very Effective	(4)	(3) Somewhat Effective	(2)	(1) Not Effective	(0)	Mean
Parents knowledge	61	28	11	0	0	0	4.50
High quality early childhood programs	74	21	5	0	0	0	4.69
Quality health services	55	30	15	0	0	0	4.40

Table 6.4 and figure 6.1 show that satisfaction increased over the course of the school year from a level of 56% indicating they were “very satisfied” to 79% in May. This is more than double the percentage estimated to be “very satisfied” by partners (37.5%). Comments gathered from the survey reinforce these results. Typical parent comments: “Everyone is very helpful. . . My son loves it. He is bouncing out of bed in the morning to go.” Another parent: “I was very satisfied with the centers because they both helped with my child getting ready to go to kindergarten. He liked school and learned how to do things that he wouldn’t learn at home.”

At the same time, parents offered several areas where services might be expanded or improved, including: (1) a nutrition program, (2) more parent/child activities like a Family Day or evening events, (3) more library activities, (4) the provision of a nurse on staff, (5) more space, (6) securing of locks on entranceways, (7) more “school work” (e.g., reading and spelling), (8) transportation scheduling, (9) easier access to YMCA services, and (10) full-day multi-age Pre-K. Next year’s program has expanded provisions for many of these areas, including the addition of a nutrition program by Allegany County Cooperative Extension, expansion of parent/child activities, a new partnership with the Allegany County Library, and the addition of a staff nurse. Funding limitations make it difficult to expand other activities.

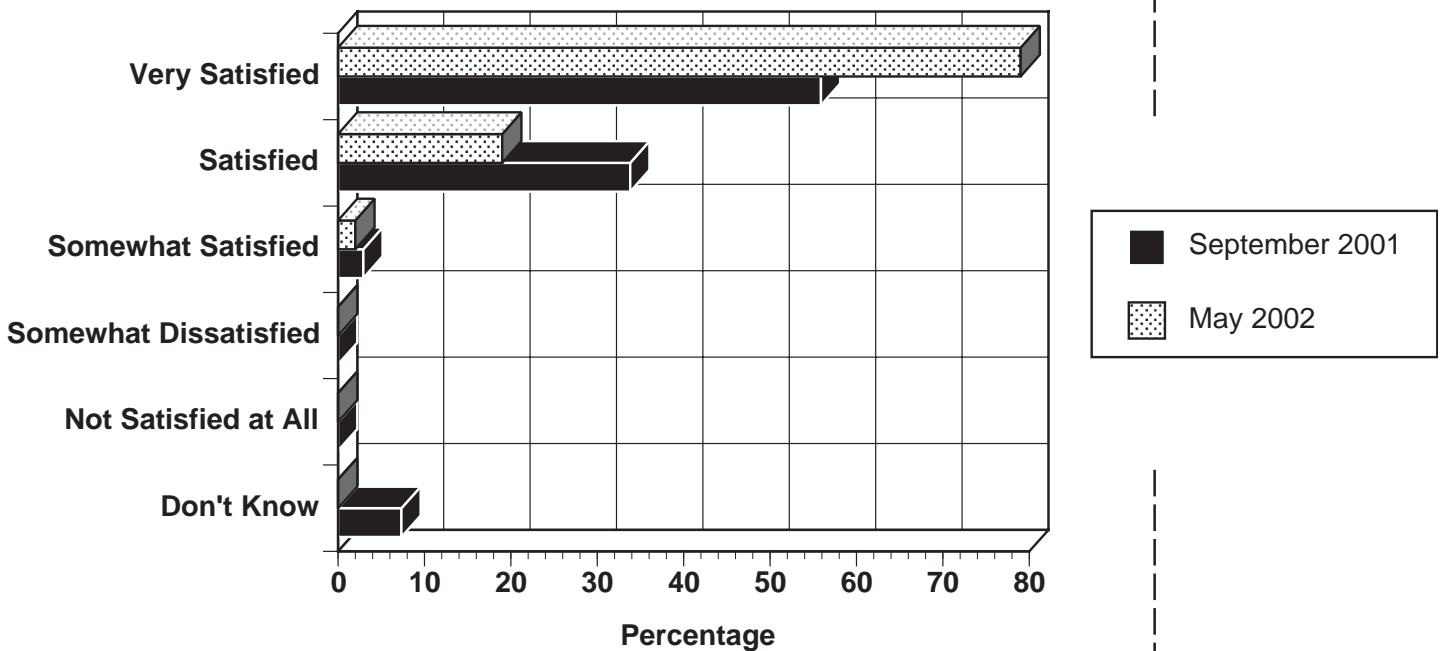




**Table 6.4 Satisfaction with Judy Center Services
(percentage of families).**

	September 2001	May 2002
Very Satisfied	56	79
Satisfied	34	19
Somewhat Satisfied	3	2
Somewhat Dissatisfied	0	0
Not Satisfied at All	0	0
Don't know/Confused or Uninformed about services	3	0
Don't know/No feeling about the Center	4	0
Need to get the data for after	0	0

Figure 6.1 Parent Satisfaction





7.0 Child Readiness

The ACBOE proposal presents two child development objectives and corresponding milestones that would be accomplished during FY 2002. The first set of milestones concerns kindergarten development and the second set addresses pre-kindergarten development.

The instrument used to measure kindergarten pupil development is the Kindergarten Pupil Progress Report. This progress report (see Appendix A.10) uses the Work Sampling System (WSS) and is aligned with the 30 MMSR indicators. It includes thirty-seven checklist items—seven supplemental indicators in addition to the “core” indicators. Each indicator is assessed a progress level of (3) “Proficient,” (2) “In process,” or (1) “Needs Development” and is aggregated into the seven domains of Social and Personal, Language and Literacy, Mathematical Thinking, Scientific Thinking, Social Studies, The Arts, and Physical Development. Composite ratings for these individual seven domains are aggregated into an overall composite score to measure comprehensive school readiness. Composite scores are divided into three readiness categories: “full” readiness, “approaching” readiness, and “developing” readiness.

Student and progress report information is sent to MSDE for inclusion in annual statewide baseline calculations and a publication *Children Entering School Ready to Learn: School Readiness Baseline Information* (MSDE 2002). This report describes statewide pupil progress and disaggregates student development by geographic and demographic variables. It provides “baseline” information that can form the counterfactual for evaluating the success of this and other pre-kindergarten programs.

In addition, four self-imposed milestones were established that would be used in assessing the progress and success of the program. By October 31, 2001 (first grading period), 30% of all kindergarten students at the Judy Center would meet the MMSR indicators that are part of the kindergarten student progress report. By January 31, 2002 (second grading period), this figure would be 40%, by March 30, 2002 (third grading period), it would be 50%, and by June 30, 2000 (fourth grading period), 60% would meet the indicators.



The second instrument is the pre-kindergarten progress report (see Appendix A.11). This report card uses 30 indicators. These indicators are categorized into the same seven domains as the kindergarten progress report but reflect expectations at an earlier stage of development. Children are reported on how frequently they exhibited each of the behaviors on a three-point scale: M – “Most of the time,” E – “Emerging,” and N – “Needs Attention.”

In assessing whether or not the program was effective in stimulating child learning and development, no baseline information is provided by the State for this instrument. Baseline information from other pre-kindergarten programs within the county is used in lieu of it. In addition, the Judy Center proposal establishes four milestones for child progress. By October 31, 2001 (first grading period), 30% of all kindergarten students at the Judy Center would meet the 30 items/skills on the kindergarten student progress report. By January 31, 2002 (second grading period), this figure would be 40%. By March 30, 2002 (third grading period), it would be 50%. By June 30, 2000 (fourth grading period), 60% would meet the indicators.

Since the Beall Elementary Judy Center mainly upgrades pre-kindergarten programs, the bulk of first-year effects would be expected to occur in the area of readiness reported at the end of pre-kindergarten education. However, the Judy Center began operation in January 2001 (enrolling 20 children in Pre-K care) and the first eight months included a cohort of students (approximately 12-15 students) who progressed into kindergarten education. Furthermore, although kindergarten at Beall Elementary predated the Judy Center, grant funds were used to improve and expand kindergarten services in several ways, for instance by hiring two additional teaching assistants and purchasing additional supplies and materials (e.g., computers, library books, and curriculum materials). Therefore, improvement in kindergarten indicators might be expected as well.



Figure 7.1 Prekindergarten, Percentage Ready

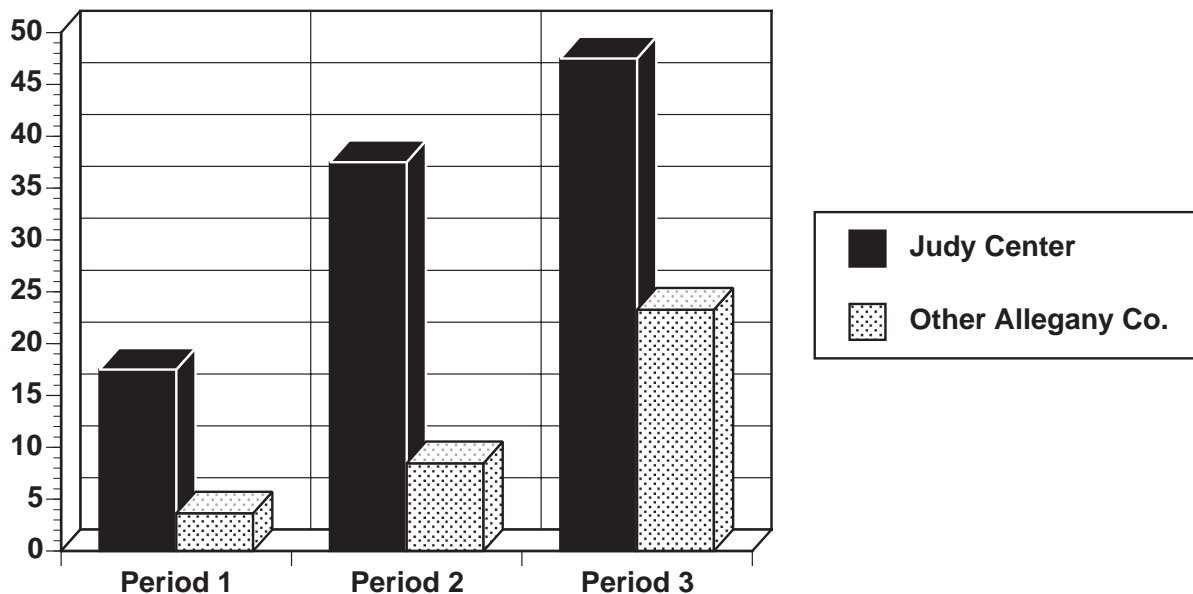


Figure 7.1 shows the performance of children on the pre-kindergarten progress report. No pre-test information is available for the instrument (ideally both Judy Center Pre-K pupils and other Allegany County Pre-K pupils would be assessed before admission to their programs). However, the indicators are suggestive that the Judy Center is having an impact above and beyond that provided by other Pre-K care in the county. The figure shows that proportionally more than twice the number of students achieved all the indicators compared to other pre-kindergarten programs. In addition, the program is close to achieving the ambitious milestones that it established. Although the 18% success rate achieved for the first grading period fell long short of the 30% mark, the second period reported rapid progress of 38% (versus a 40% milestone) and 48% for the third period (versus 50% milestone). Therefore, one can conclude that the program has demonstrated remarkable progress towards achieving these targets.



The next set of graphs show Beall Elementary kindergarten student development as reported during the fall 2001 kindergarten progress report period. Figure 7.2 shows Beall Elementary fall progress report results relative to Allegany County and State of Maryland baseline data for the overall composite score. The figure reveals that 80% of pupils are at “full” readiness for school—this achieved during the first-half of the year and exceeding the 40% milestone established for January 31, 2002 by a large margin. No pupils fall into the least ready “developing” category. The percentage full readiness exceeds both Allegany County (66%) and State of Maryland (49%) by a substantial magnitude. Among individual domains (see figure 7.3), Beall Elementary exceeds the State in every area, except for scientific thinking. No Beall Elementary students are assessed as being fully ready in that area when the progress report was completed. This result reflects the fairly limited way that science topics were introduced into the curriculum. However, this component of the curriculum has since been upgraded. Figure 7.4 shows that improvement continues into second period, with 95% of the 40 children being identified as fully ready for school.

Figure 7.2 Kindergarten, Percentage Ready

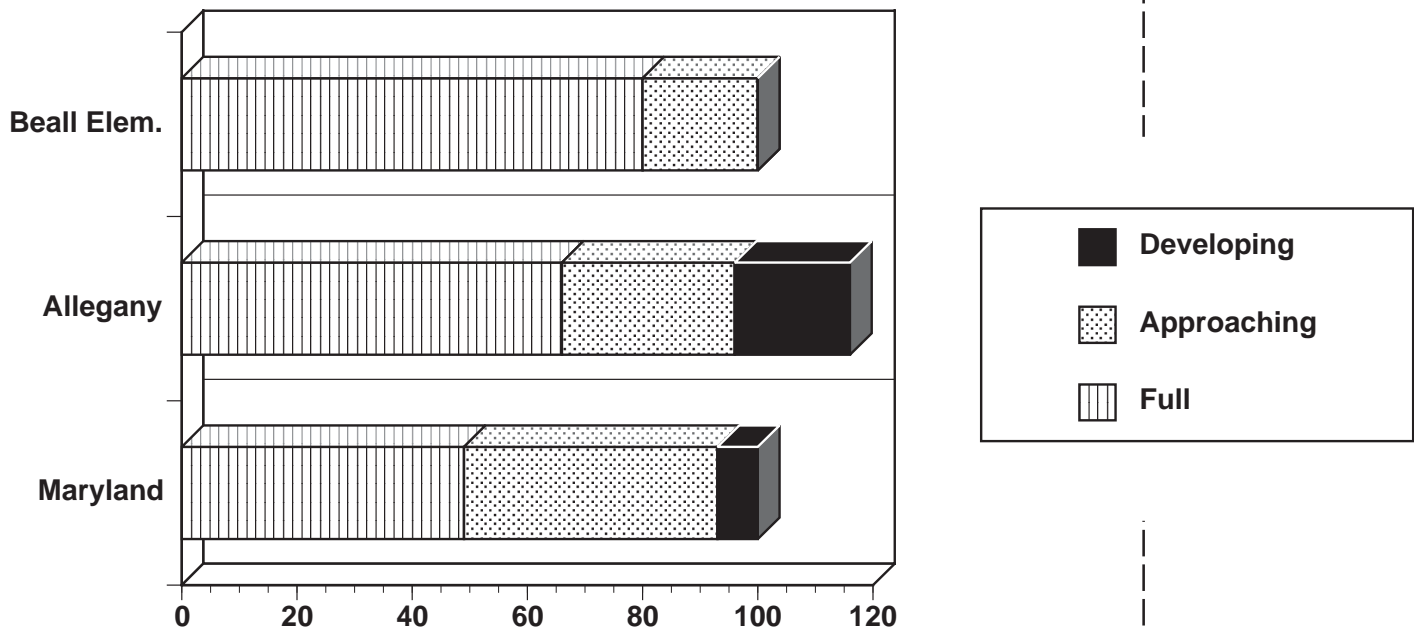
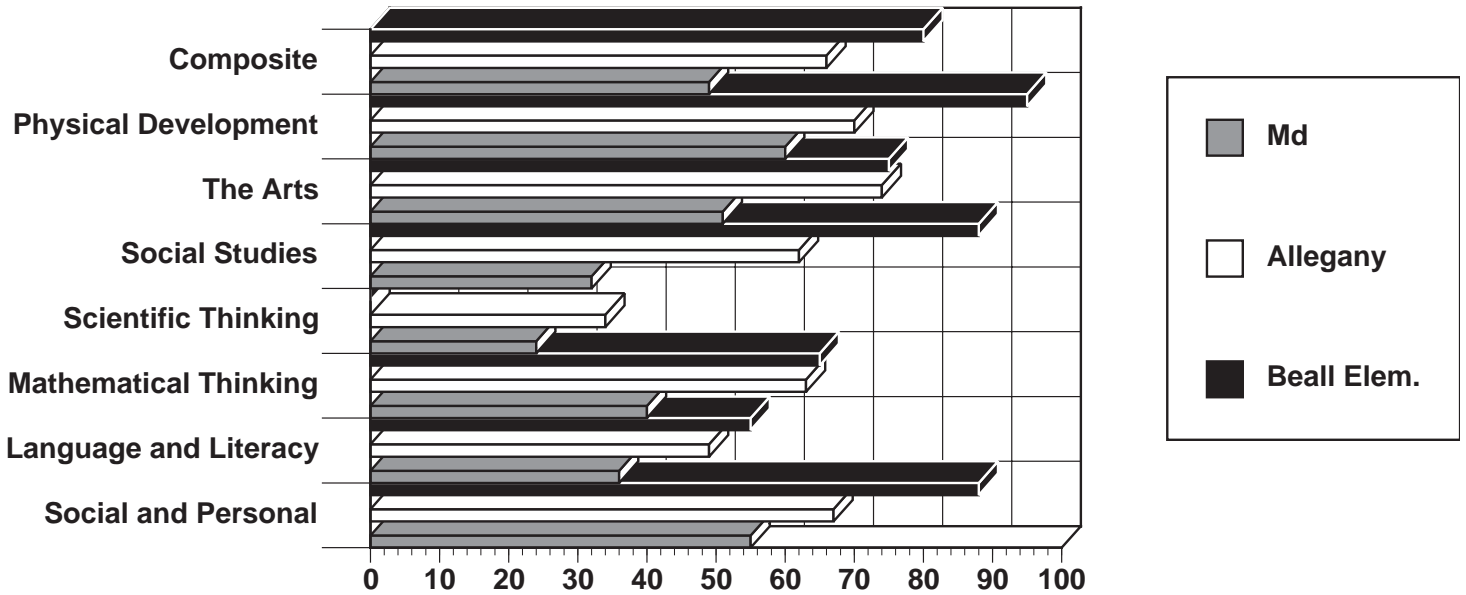


Figure 7.3 Percentage Ready by Domain



Beall Elementary students are similar to other Allegany County pupils in terms of family resources but are drawn from more economically deprived backgrounds than the average State of Maryland pupil (see figure 7.5) as evidenced by the percentage of school pupils receiving free or reduced price meals. On the other hand, their kindergarten readiness exceeds both by a very large margin. Since social and economic background is an important determinant of student achievement, this leads one to suspect that program level factors may be playing an especially important role in affecting these readiness outcomes. Unfortunately, the results are only suggestive because information on kindergarten-level pupil background and pre-program characteristics are not available. A more comprehensive evaluation of pupil outcomes, utilizing family background and extensive program-level indicator microdata (like that undertaken by MGT) is necessary to more definitively connect program-level factors with these outcomes.



Figure 7.4 Kindergarten Readiness by Period

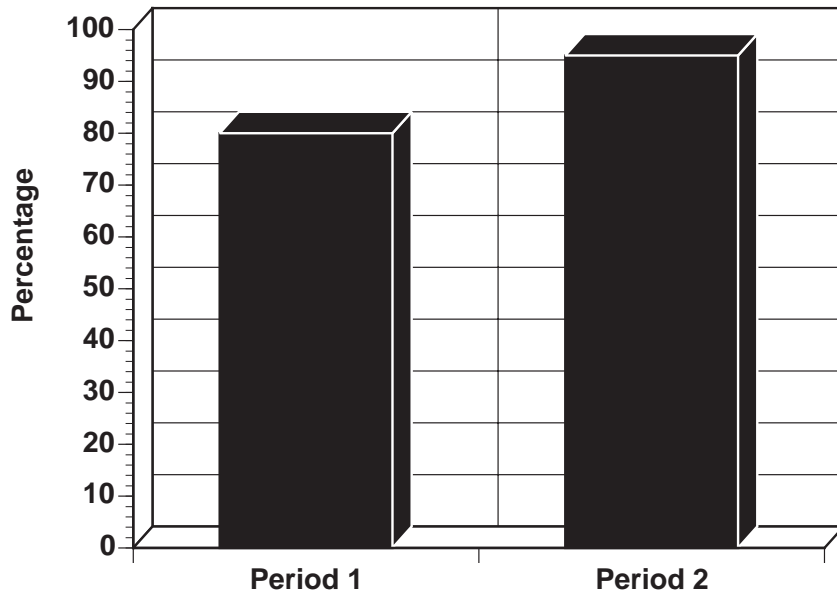
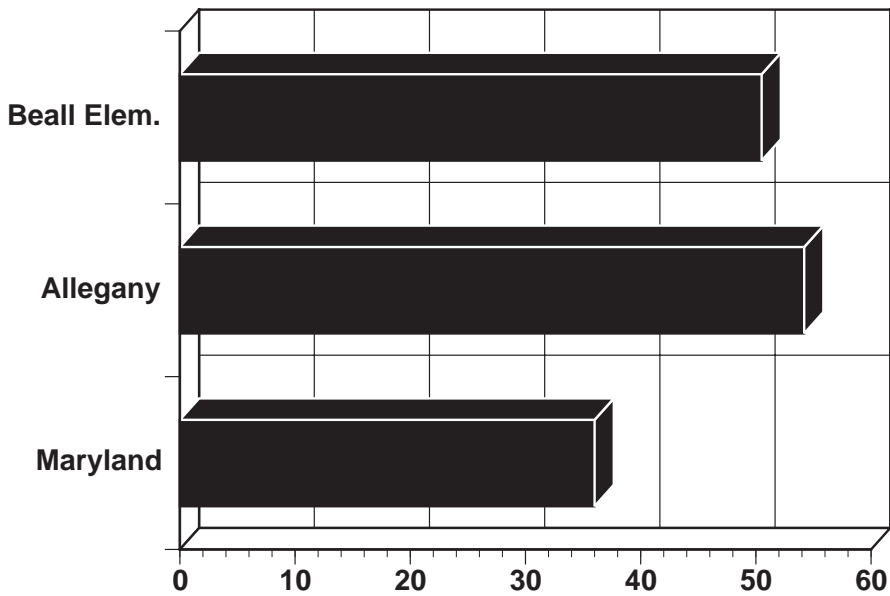


Figure 7.5 Free /Reduced School Meals, 2001





8.0 Changes Introduced

As a result of information provided by self-evaluation, parents, and partners, the Judy Center will introduce a number of changes to make it even more effective during the next fiscal year. Some of the actions being considered are listed below in the categories of (1) goals and objectives, (2) community awareness, (3) curriculum and programs, (4) partnerships, (5) facilities, (6) professional development/dissemination of findings, and (7) evaluation.

Goals and Objectives

↑ The Judy Center has modified its goal statement to indicate the critical importance of partner collaboration in case management and service delivery in the success of the Center. This statement now reads:

“The goal of Allegany County Public School System’s expanded Judy Center program is to promote the school readiness skills of children ages birth to five by providing comprehensive, integrated, full-day full-year early childhood services at Beall Elementary School, Frostburg, Maryland. This goal will be achieved by providing: (1) programs that will give parents the knowledge, skills, and resources to help them meet their children’s basic health, safety, physical, social, emotional, and intellectual needs; (2) affordable, high-quality early childhood educational and care programs that will be accessible to families; (3) quality health services, which promote the healthy growth and development of children; and (4) ongoing cooperation, coordination, and collaboration among partners to improve children’s school readiness.”

Community Awareness

↑ During the first year, the Judy Center experimented with several media techniques (e.g., videos and video broadcasts) that went beyond what was described in the proposal. However, the Judy Center website was revised less frequently than anticipated because of the lack of personnel dedicated for web site maintenance. In the fiscal year 2002 budget, however, provision is being made for regular updating of the website. The website will contain an updated calendar of activities, current contact information, newsletters and other announcements, and important evaluation results. Furthermore, it will be possible to track the number and type of web users who access the site with special web tracking software.



↑ During the first year, the Judy Center did not have literature that described the role, mission and overview of services available at the Center. It was expected that a piece of literature being developed by MSDE would be available for this purpose. However, this literature was found to be inappropriate for a lay audience and Center staff will publish another, more accessible piece of literature that can be used to inform parents about their services.

Curriculum and Programs

↑ Because of budgetary limitations, the Judy Center will possibly not be able to contract with HRDC (Human Resource Development Center) for before and after-school childcare programs. The Center is looking currently at providing these services “in-house.” Also, staffing for instructional assistants may need to be reduced.

↑ A large volume of pre-registration during spring 2002 for fall kindergarten (58 children were pre-registered as of May 22nd) has created the need for an additional kindergarten class at the Center. The Board of Education may move a position from a low enrollment school in the county to the Judy Center site.

↑ Self-evaluation revealed a gap in the availability of health related services. A school nurse provided by the Health Department will be available on site at the Center during the next fiscal year. The nurse will also be available for home visits.

↑ Parent and Partner feedback indicated that a nutrition education program would be a useful supplement to the health care program offerings at the Center. Therefore, the Judy Center has enlisted another partner, the Cooperative Extension Service, to provide these services on site for staff development, parents, and children.

↑ Additional parenting services will be added by both the YMCA (a program currently offered but restricted to families of birth-3 years old will be expanded to families with kindergarten aged children) and Family Junction.

↑ Relatively weak WSS results in the area of science understanding indicated the need to strengthen the science curriculum. Therefore, the Center will introduce new instructional modules and new science materials, provide additional kindergarten teacher training, and utilize the science resources of Frostburg State University for science field trips.



↑ Both partners and parents expressed the importance of family activities that involve parents in their children’s activities. During the next year, the Center intends to increase the involvement of parents, particularly in the activities that “encourage literacy experiences in the home.” The Center will provide material resources (i.e., book donations), parent education, and children activities (e.g., story time and participation in Frostburg State University’s annual Children’s Literature Festival) to accomplish this task.

Partnerships

↑ Partnership duties specified in the Memorandum of Understanding have been expanded to include participation on the Case Management Team. This was added to reflect the reality of the current setup and show the critical role of coordinating agency activities.

↑ New partnerships have been formed with the following agencies: (1) Maryland Cooperative Extension (“to provide training for child care providers, parents, children related to health and nutrition and an on-site nutritionist”), (2) Apples for Children (to provide staff training), (3) Allegany County Circuit Court (to provide co-parenting seminars and a “kidshare” program), (4) the Health Department’s Fresh Start Program (to provide a mental health program for 2-5 year olds) and, (5) the Mass Communications Department at Frostburg State University (to continue producing video/broadcast outreach materials).

↑ The Center has expanded its list of “advocates” (i.e., those providing free or in-kind services) to include: (1) Allegany College of Maryland (early child care programs), (2) Dr. Romaine (dental screenings), (3) Esther Boleyn (ESOL), (4) Allegany County Health Department (anti-smoking programs), (5) City of Frostburg Fire Department (fire safety program), (6) Allegany County Department of Social Services (child abuse program), and (7) Family Crisis Resource Center (program on domestic violence awareness for parents and staff).

Facilities

↑ In an effort to provide additional support to students, a sensory integration room was established. Research indicates that sensory integration problems are found in up to 70% of children who are considered learning disabled. However, the problems of sensory integration are not confined to children with learning disabilities. Through the use of the room, staff believes that the number of incidences of classroom behavior problems will be lower and that children will be better able to focus and stay on task in the classroom.



Professional Development and Dissemination of Findings

- ↑ During the next fiscal year, staff will receive four days of MMSR training to help familiarize them with goals, strategies, and measurement of school readiness. Areas of focus will be portfolio assessment and communications with parents.
- ↑ The Judy Center program at Beall Elementary is beginning to gain statewide recognition as a successful model for other school districts. Therefore, Center staff recognize that they will be called upon to share their experiences and disseminate results to other groups at seminars and conferences. This activity was promised in the original proposal.

Evaluation

- ↑ During the first year, the Center learned that its activities were having a measurable impact on pupil readiness and that parents and partners held positive feelings about the Center. During the second year, the evaluation will look more closely at what specific activities were most effective and how programs are impacting parents as well as children. As part of this effort, a new and more detailed parents survey will be used with both pre-test and post-test to gauge the effect of the Judy Center on children and parents.
- ↑ A revised partners survey and new staff survey (for both Judy Center teachers and first grade teachers) will be developed to better measure the attitudes and recommendations of those working most closely with the Center.
- ↑ Regular child attendance is regarded as an important prerequisite for good developmental outcomes from the program. Currently, kindergarten attendance is being tracked, but Pre-K attendance is not. During the next fiscal year, an attendance documentation procedure will be adopted for Pre-K as well. Explicit goals for attendance are being established.



↑ The Steering Committee has identified eleven questions that it would like to have answered during the next fiscal year in order understand better the effect of the Center on participants and the need for additional resources. These include the following:

- ❖ Are children with the greatest educational need being adequately recruited, identified, and enrolled in appropriate early childhood programs to increase their readiness for kindergarten?
- ❖ How many children in the target area are being served by private providers of early childhood services?
- ❖ If participants are receiving full day services are they performing at a higher level than those with no services or part-time services?
- ❖ Does the Judy Center experience impact positively on special education referrals and placement?
- ❖ Has the use of technology increased awareness of resources which support early childhood programming?
- ❖ Has involvement by the partners provided a cost effective program for all participants?
- ❖ Has the Case Management Team process reduced the duplication of services being offered to parents?
- ❖ Is the Judy Center “model” being adopted and replicated in other settings in Allegany County?
- ❖ How can the Judy Center be maintained when the funding cycle ends?
- ❖ As a result of program interventions and collaborations, has there been a decrease in the number of referrals to the principal’s office for discipline?
- ❖ What specific requests for services have been received from parents beyond the target area?



>> 9.0 Summary and Conclusions

Allegany County's first Judy Center was established during the winter of 2000 for the purpose of providing non-duplicative services to fill gaps in Allegany County early childhood service delivery. A needs analysis performed prior to grant application showed that Allegany County lagged other areas of the state in key indicators of child readiness for school entry and that locating a Judy Center at Frostburg's Beall Elementary School would target an underserved population within the county. The Center targeted three areas: (1) parent support and education, (2) childhood education, and (3) childhood health (nutrition, health, and safety). The primary focus of funding was childhood education, especially staffing for 4-year Pre-K and multi-age Pre-K. However, as the program progressed, increasing program development occurred in the other two areas, with expanded support from partners.

The Beall Elementary Judy Center exceeded its goals in terms of program enrollment. An unduplicated total of two-hundred four children were enrolled in Allegany County Public School and childcare programs at the Center. Ninety of these were added as a direct result of Judy Center Funding. Capacity enrollments were achieved in pre-kindergarten and multi-age preschool, but limits were not exceeded because children entered and exited the program at different times. A highly visible outreach program that spanned print media, mailings, word-of-mouth, the Internet, and broadcast media probably played an important role in achieving enrollment goals.

The Judy Center was able to implement successfully the partnership model described in its grant proposal. By enlisting the cooperation and support of nine partners the Center was able to share resources and organize case management in a way that increased the overall effectiveness of the Center. Some partners provided supplemental child-care services (e.g., HRDC, YMCA), other parenting education (e.g., Family Junction), and others health services (e.g., Health Department).

Partner agencies expressed satisfaction with the Judy Center during its first eighteen months, but offered specific recommendations for change in surveys, through participating in a Steering Committee, and in Case Management meetings. Among the recommendations eventually adopted were expanded child-care, adding a school nurse, provision of dental screenings for children, and additional family-children activities. The evolution of these recommendations is detailed in Steering Committee minutes.



Parents indicated a very high level of satisfaction with the program, and this satisfaction increased as the year progressed. They also offered several areas where services might be expanded or improved, including nutrition programs, parent/child activities, library activities, school nurse, space, and curriculum. During the next fiscal year, many of these requests will be accommodated.

The most important indicator of program success is improvement in school readiness as measured by the MMSR indicators that are embedded in both kindergarten and pre-kindergarten student progress reports. Using benchmarks reported by the Board of Education and MSDE, substantial progress was made in relative performance and meeting milestones established in the Judy Center grant proposal. For pre-kindergarten, proportionally more than twice the number of students achieved all the MMSR indicators compared to other pre-kindergarten programs in the county. In addition, by the spring of 2002, Pre-K students were close to achieving the 50% milestone that was established. Kindergarten students exceeded both relative benchmarks and milestones by a large margin. The only MMSR area where kindergarten students fell short of their peers was “scientific thinking.” Provisions have been made to upgrade this component of the curriculum during the next fiscal year.

Although the Judy Center met its goals in terms of partner coordination, community awareness, services, client satisfaction, student readiness, and evaluation and assessment, this report suggests several possible areas for additional follow-up that are not currently addressed in next year’s program.

First, both partners and parents indicated that space limitations are becoming evident at Beall Elementary. The establishment of dedicated space for WIC and a Sensory Integration Room occurred during the past year and a new kindergarten class will be added next year. Therefore, staff should closely examine how these activities will impact current space availability and investigate whether other space configurations are desirable or necessary. Also, the availability of appropriate out-door play equipment that meets current standards should be addressed. Few modern pieces of recreational equipment were available in the school play-yard.

Second, the original Judy Center proposal indicated that a parent/community representative would be appointed to the Steering Committee. This did not occur during the first year. However, this additional person would satisfy the grant proposal and might provide some valuable outside perspective.



Third, the Center should study how funding limitations will affect service delivery during the next year. As a result of smaller grant awards this next fiscal year, staff indicated that they may substitute an internal program for the HRDC before and after-school care and that the number of instructional assistants may have to be reduced. Any reduction in the quality of these services could have a detrimental effect on program outcomes and make it more difficult for the Center to achieve more ambitious milestones established for the next grant funding cycle.

Fourth, although partners indicated that activities which fortify good parenting practices are the most effective (parents rated them the second most effective activity, after child education), fewer resources were dedicated to these kind of programs. Some difficulties with parent programs were encountered (e.g., a program provided by the Family Crisis Resource Center on domestic violence was not attended). Perhaps, more outreach materials (including video broadcasts) and/or daytime/evening parent-children activities would help to improve parent participation rates. During the next year, it may be useful to more closely monitor parent participation levels.





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