

# Program Evaluation and Data Collection

CARES Plus Round 2 RFA Information Session

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Results and Evaluation

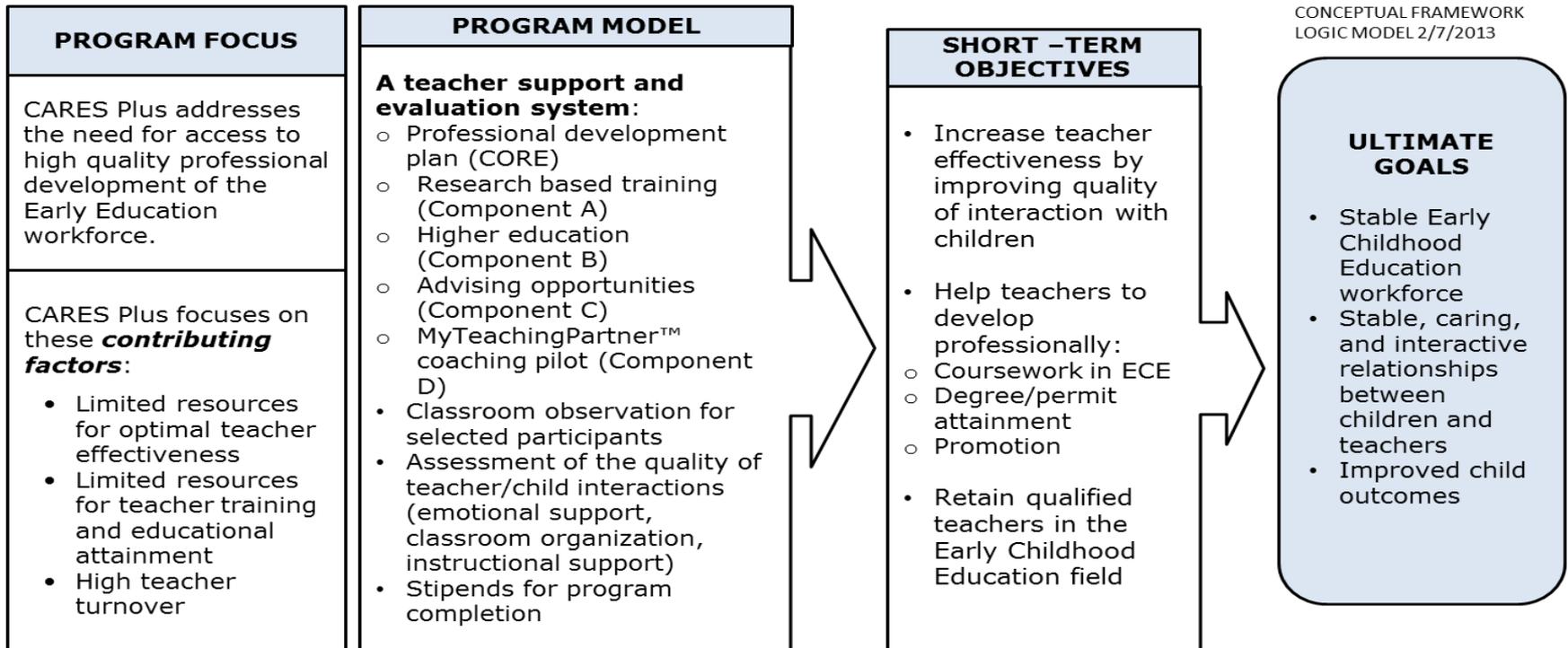


# Comprehensive Approaches to Raising Educational Standards (CARES) Plus

Appendix K

*Promoting high quality interaction between teachers and children in pre-school\**

CONCEPTUAL FRAMEWORK  
LOGIC MODEL 2/7/2013



## GUIDING PRINCIPLES

1. Interventions based on research and scientific theory (developmental psychology, neuropsychology).
2. Curriculum meeting standards of California Department of Education: *California Infant/Toddler and Preschool Learning Foundations* and *California Preschool Curriculum Framework*
3. *First 5 Principles on Equity*: Inclusive governance and participation, access to services, legislative and regulatory mandates, results-based accountability.
4. Cost-effective quality improvement of preschool learning environments.

\* Teacher effectiveness is one of the most important factors for quality of early learning programs. "The relationship a child has with a teacher or caregiver...is the central most critical component of child care quality" (US Department of Education).

# Evaluation Questions

1. Does training provided by CARES Plus improve teacher effectiveness in the classroom?
2. Do program participants consider training provided by CARES Plus to be useful for their work in Early Childhood Education?
3. Does training provided by CARES Plus improve retention of teachers working in Early Childhood Education?

# Evaluation Methods

Data to address the three core evaluation questions will be collected by the following methods:

- 1) participant demographic and program information collected from enrollment through program completion, each fiscal year;
- 2) classroom observations coded with the *Classroom Assessment Scoring System*<sup>TM</sup> (*CLASS*<sup>TM</sup>) to assess teacher effectiveness twice for selected participants, each fiscal year;
- 3) a CARES Plus Participant Survey each fiscal year; and
- 4) a post-program participant survey at some time following the program fiscal year.

# Lead Agency Data Responsibilities

Participating CARES Plus Lead Agencies must agree to fully participate in the CARES Plus statewide evaluation by complying with and taking the following steps:

1. Meet requirements of the evaluation protocol approved by the Committee for the Protection of Human Subjects (CPHS).
2. Enter and maintain timely and accurate CARES Plus participant and program completion information consistent with the CARES Plus Data Element Requirements, using the CARES Plus data system.
3. Comply with the data reporting schedule.

# Lead Agency Data Responsibilities (cont'd)

4. Follow the CARES Plus data system transition plan.
5. Complete an annual Quality Performance Report (QPR).
6. Participate in additional program evaluation efforts as determined by First 5 California such as participant surveys, lead agency surveys, and other efforts reasonably related to the evaluation objectives.

# Committee for the Protection of Human Subjects (CPHS)

Key Provisions of the CPHS protocol that must be observed by Lead Agencies include:

- Provide to each program participant required documents related to the evaluation protocol.
  - Limitation of Data Sharing Form
  - Non-Medical Bill of Rights
  - Notification of Observation

# Committee for the Protection of Human Subjects (CPHS) cont'd

- Ensure no misuse of data related to program participation or evaluation of the CARES Plus program.
- Immediately notify First 5 California management in the event of any adverse event or unanticipated problem with regard to program participants as the result of program evaluation activities.
- Meet data security requirements as described in the CPHS Data Security Requirements.

# Participant Data Deadlines

<b>Data</b>	<b>Collection Method</b>	<b>Responsible Party</b>	<b>Deadline Date</b>
<b>Initial enrollment for MTP™ (Component D)</b>	CARES Plus Data System*	Lead Agency	Aug 20
<b>Initial enrollment for all other participants (Component A, B, C and CORE Only)</b>	CARES Plus Data System*	Lead Agency	Sept 15
<b>Final enrollment data for all participants (Component A, B, C, D and CORE Only)</b>	CARES Plus Data System*	Lead Agency	Dec 31
<b>Program completion data for all participants (Component A, B, C, D, CORE Only)</b>	CARES Plus Data System*	Lead Agency	July 31 beginning on July 31, 2014

# Data Elements

PARTICIPANT DEMOGRAPHIC DATA – PERSONAL INFORMATION							
DATA ELEMENT	DATA TYPE	VALUE	REQUIRED DATA ELEMENTS			PURPOSE	COMMENTS
			INITIAL ENROLLMENT	FINAL ENROLLMENT	PROGRAM COMPLETION		
First Name	Text		Required	Required	Required	PI	
Middle Name	Text						Optional <i>Replaces Middle Initial.</i>
Last Name	Text		Required	Required	Required	PI	
Date of Birth	Date		Required	Required	Required	PI	
County of Participation	List	List of CARES Plus Counties	Required	Required	Required	O,D	
Participant Status	List	<ul style="list-style-type: none"> <li>Active</li> <li>Deactivated</li> </ul>	Required	Required	Required	O,D	Defaults to "Active".
Last 5 Digits of SSN	Number						Optional
Other Unique Identifier	Text						Optional
Gender	List	<ul style="list-style-type: none"> <li>Male</li> <li>Female</li> <li>Decline to state</li> </ul>		Required	Required	D	
Race/Ethnicity	List	<ul style="list-style-type: none"> <li>American Indian or Alaska Native</li> <li>Asian</li> <li>Black or African American</li> <li>Hispanic or Latino</li> <li>Native Hawaiian or Pacific Islander</li> <li>White</li> <li>Other</li> <li>Decline to state</li> </ul>		Required	Required	D	Select all that apply. <i>Revised list of values.</i>

# Data Elements (cont'd)

THE DATA ELEMENTS LISTED BELOW WERE REQUIREMENTS OF ROUND 1 AND ARE NOT REQUIRED FOR ROUND 2.		
OPTIONAL	REMOVED	
1. Middle Initial (replaced with Middle Name )	1. Previous Last Name	27. Incentive Estimated Value
2. Work Phone	2. City of Birth	28. Incentive Type
3. Typical Hours of Operation	3. Consent	29. Component A-Area
4. Teaching Credential	4. Secondary Language	30. Component B-Statement on Prioritization of Courses
5. Teaching Credential Type (Conditional)	5. Type of Care Provided	31. Component B-Course Provider
	6. Hourly Wage (Conditionally Required)	32. Component B-Course Provider Location
	7. Date of Last Wage Increase	33. Component B-Applicability of Coursework
	8. Hours Per Week	34. Component B-Applicability of Degree
	9. Months Worked Per Year	35. Component B-Applicability of Credential
	10. Benefits	36. Component C-Local CARES Plus Training-Course Title
	11. Center Type	37. Component C-Local CARES Plus Training-Provider
	12. Accreditation Type	
	13. Licensing Status	
	14. Priority Zone Status	
	15. Typical Hours of Operation	
	16. How Many Months of Operation Per Year	
	17. Age Served by Program (by Age Group)	
	18. Relation to Children in Care	
	19. Foreign Education	
	20. Credential Expiration	
	21. Professional Growth Hours in Last 5 Years	
	22. Date Permit Acquired	
	23. Permits Applied for but not yet received	
	24. Date Permit Applied for	
	25. First Aid Training	
	26. CPR Certification	

# CARES Plus Data System Transition Plan

Process	FY 2013-14 (Transition Year)	FY 2014-15	FY 2015-16
<b>Standard Process: Entry into PROOF</b>	<p>By Aug 20, Lead Agencies key data into PROOF for initial enrollment of Component D participants.</p> <p>By Sep 15, Lead Agencies key data into PROOF for initial enrollment data for CORE, Component A and Component B participants.</p>	PROOF will no longer be used for data reporting	PROOF will no longer be used for data reporting
<b>Standard Process: Entry into New CARES Plus System</b>	<p>By Oct 1, Existing PROOF data are converted to CARES Plus data system.</p> <p>By Dec 31, Lead Agencies complete enrollment data in new CARES Plus data system</p> <p>By July 31, Lead Agencies report program completion data using new CARES Plus data system</p>	CARES Plus data system will be used for key data entry or participant self-registration (if feasible)	CARES Plus data system will be used for key data entry or participant self-registration (if feasible)
<b>Exception Process: Digital file transfer</b>	<p>Five counties currently providing digital data may continue during FY 2013-14:</p> <ul style="list-style-type: none"> <li>Alameda</li> <li>Contra Costa</li> <li>Los Angeles</li> <li>Riverside</li> <li>Santa Clara</li> </ul>	Lead Agencies must meet CARES Plus data system interface requirements for file validation and updates	Lead Agencies must meet CARES Plus data system interface requirements for file validation and updates

# FY 2013-14 PROOF Data Entry

## Required Data Elements for Initial Enrollment:

- First Name
- Last Name
- Date of Birth
- County of Participation
- Participant Status
- Primary Language
- Home Address
- Mailing Address (if different from home address)
- E-Mail Address
- Setting or Program Type
- Primary Position
- Number of Children in Each Age Group Enrolled in the Participant's Classroom
- Primary Language Spoken with Children in the Classroom
- Period of Participation (Fiscal Year)
- Program Participation Status
- CARES Plus Application Date
- Program Component Applying For
- Program Component Approved For

# Participant Application

First Name				Middle Name (Optional)				
Last Name								
Date of Birth	/	/		County of Participation				
Last 5 Digits of SSN (Optional)				Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Decline to State	
How do you identify your Race/Ethnicity? (Select all that apply):								
<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander						
<input type="checkbox"/> Asian		<input type="checkbox"/> White						
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Other						
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Decline to State						
What is your Primary Language? (Select one):								
<input type="checkbox"/> English	<input type="checkbox"/> Arabic	<input type="checkbox"/> Japanese	<input type="checkbox"/> Russian					
<input type="checkbox"/> Spanish	<input type="checkbox"/> Armenian	<input type="checkbox"/> Korean	<input type="checkbox"/> Filipino (Pilipino or Tagalog)					
	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Vietnamese					
	<input type="checkbox"/> Hmong	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Other					
Home Address								
Apartment/Unit#								
City				State			Zip	
Mailing Address (If different)								
City				State			Zip	
Home Phone Number								
Additional Phone Number(s) (Optional)				Cell:			Work:	
Email Address (Required)								
Did you participate in the CARES Program between 2000 and 2010?							<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you participated in the CARES Plus Program since 2011?							<input type="checkbox"/> Yes	<input type="checkbox"/> No

The Participant Application was designed to:

1. Ensure all required participant data is collected.
2. Capture data elements to answer the primary evaluation questions.
3. Identify whether the participant is already in the CARES Plus Data System.