

## Glossary of Evaluation Terms

*Aggregate Data* is data that has been collected from two or more sources to document the *unduplicated* counts of children, parents, providers who received services from programs funded under First 5 Merced per *type of service* or *Activity*.

*Type of Activity* refers to “how” services were delivered to clients (children, parents, providers) from a given program.

*Direct Services* refers to services delivered to an individual or group of children and/or their parents or other family members and service providers, who were the **direct** recipients of the service, e.g. parenting classes to parents of children 0-5.

*Direct Services Form* documents *unduplicated* counts of children and/or parents/family members who received services from a given program as unique participants (counted only once per *type of activity*).

Fiscal Year for First 5 Merced County starts July 1<sup>st</sup> and ends June 30<sup>th</sup>.

*Provider Capacity Form* documents *unduplicated* counts of service provider participants, and/or staff, who received general or specific training and/or support to improve their capacity to deliver services to children 0-5 and their families, in identified topical area.

*Unduplicated* counts refers to the *first time* a child, parent or provider receives a service from a unique Scope of Work Activity, within a fiscal year. This count is kept using the Direct Services Form or the Provider Capacity Form.

*Total Service Contacts* is the *total number of service contacts provided to all clients as identified in each Scope of Work Activity.*

**Example A:**

A program in the second quarter of the fiscal year enrolled 5 new children in their home visitation service. Now they have 20 children, 15 from last quarter. The home visitor goes to the children's homes 2 times during the quarter, this includes the new children. Using the *Direct Services Aggregate Data Form*, the numbers should total:

Total Unduplicated for second quarter: **5** (new enrollees)

*Now, let's calculate the TOTAL service contacts for this quarter*

Unduplicated served 2 times	5 children x 2 visits = 10
Children from previous quarter served 2 times	15 children x 2 visits = 30
Combined total	10 + 30 = 40 service contacts

***Total Service contacts: 40***

**Example B:**

A clinic has just received funding from First 5 and is required to use the *Provider Capacity Form*. During the first quarter the program trained 20 medical residents on how to screen children for developmental delays. 18 medical residents attended the 3 workshops offered by the program, 2 residents attended only 2 of the workshops. Using the *Provider Capacity Aggregate Data Form*, the numbers should total:

Total Unduplicated: **20** (medical residents)

*Now, let's calculate the TOTAL service contacts for this quarter*

Unduplicated served 3 times	18 residents x 3 trainings = 54
Unduplicated served 2 times	2 residents x 2 trainings = 4
Combined total	54 + 4 = 58 service contacts

***Total Service Contacts: 58***



*Quarterly Persimmony Report (Online data system)* - All Scope of Work activities must have quarterly updates entered into the Persimmony data system.

*Evaluation Summary Report*- refers to the annual (12 months) and final, life of the program report required of each funded program.

*Vignette* or story refers to the example of a representative client indicating demographic characteristics as well as other relevant circumstantial information about the client and how the program's efforts supported/assisted/connected the client to needed services.

*Special Needs* includes "children birth to 5 who: 1) are protected by the Americans with Disabilities Act (ADA); or, 2) have or are at risk for a chronic physical, developmental, behavioral or emotional condition and also require developmental, health, mental health, and related services and or supports of a type or amount beyond that required generally." (For more information please refer to the following website:

[http://www.first5caspecialneeds.org/documents/SNPCT\\_DisabilitiesBrief.pdf](http://www.first5caspecialneeds.org/documents/SNPCT_DisabilitiesBrief.pdf) )

*Early Care and Education* refers to a diverse system of child care and education services for children birth – 5 (or age 8) provided in child care centers, family child care homes (licensed or exempt from license), and formal preschool programs. The intent of such services ranges from the basic care of a child in a safe environment to the implementation of an intentional instructional program that addresses the full range of a child's developmental needs including readiness for school.

*Child Development* refers to the increase in abilities - physical, intellectual and social - through which a child progresses. Child development experts and other professionals assess the under five child in four main areas: 1) locomotion, 2) hearing and speech, 3) vision and fine movement, and 4) social behavior and play. When delays are suspected, they attempt to identify the extent of the delay using valid and reliable developmental assessments.

*Quality environment* refers to a safe, stimulating and nurturing child care environment where children are intentionally supported by qualified adults to be healthy, socially competent and prepared for school success. (from ACCESS Parent Handbook)

### ***First 5 Merced County Desired Outcomes***

**Desired Outcome 1:** Improve parents' (especially new/early parents') capability to spend time with their children through nurturing and engaging relationships.

**Desired Outcome 2:** Improve the quality of care provided in out-of-home environments through:

Non-licensed / Family, Friend & Neighbor (FFN) settings: Focusing on quality environments and caregiver skills, particularly with infant toddler care.

Family child care provider settings: Focusing on quality environments and caregiver skills, particularly with infant toddler care.

Preschool / Childcare center-based services: Focusing on teacher skills in providing critical elements of quality.



**Desired Outcome 3:** Improve the system for early screening, referral, assessment, and services for children with developmental, health, social, emotional, behavioral, and other special needs.

**Desired Outcome 4:** Improve community level awareness and acknowledgement of the critical need to prioritize care benefiting our youngest kids (0-5) across a broad spectrum of areas critical to optimal development.

**Desired Outcome 5:** Improve the availability of affordable, broadscale center-based child care and preschool services for children 0-5 years, through advocacy and local preparation, planning, and development necessary for local implementation