



# 2017-2018

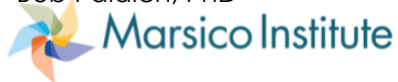
Year 4 Evaluation Report

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## Evaluation of Mile High Early Learning's **Babies Ready for College & Next Steps**





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# Executive Summary

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Drawing on research and extensive experience, Babies Ready for College (BRFC) and Next Steps came into existence out of a need to affect a child's academic success by involving the caregiver. The programs' goals and curricula are geared to equip caregivers with the knowledge and expertise to help prepare their children academically and socially before they even enter preschool, with Next Steps also offering more hands-on sessions to practice the skills learned in both programs. Sessions are offered in the Denver Metro community and selected Denver Public Schools. Trained facilitators conduct each session, and skilled and knowledgeable early childhood caregivers provide developmentally appropriate activities for the children.

The Marsico Institute for Early Learning was commissioned by Mile High Early Learning (MHEL) to conduct an evaluation of the BRFC and Next Steps programs. This Executive Summary presents key findings and recommendations surfaced during data collection. MHEL leadership can use this information to inform their work in supporting families and improving child outcomes.

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## Building on Strengths

### **Finding: Participants value BRFC and Next Steps and are calling for additional, expanded programs.**

BRFC and Next Steps participants reported greatly valuing the information learned and connections made while participating in the programs. Participants frequently requested additional information/programs targeting older age groups of children.

**Moving Forward: Expand Programs.** Should funding allow, MHEL could consider adding special sessions or additional programs that focus on older age ranges of children. It may also be possible to locate high-quality programs targeting the parenting of these older age groups that already exist in the community, and forming partnerships with these organizations to connect MHEL families with these resources.

### **Finding: Participants' knowledge of targeted child development topics increased across the BRFC program.**

Participants reported gaining knowledge and feeling more confident as a result of participating in the BRFC program, and these findings were supported by results from the Caregiver Knowledge Survey (CKS), with scores on the CKS increasing from pre- to post-program. **Moving Forward: Tailored Content Coverage.** This information could be used to further tailor the content covered within existing session topics. Based on participant requests and participant data, program developers and facilitators could add more hands-on activities or case studies, develop handouts on topics showing room for

growth, or include mini "homework" activities that encourage participants to try skills learned in program sessions at home.

**Finding: Participants report, and data suggest, improved caregiver and child well-being after program participation.** Participants reported noticing changes in themselves as caregivers and in their children. Parenting Stress Index (PSI) data also show a decrease in caregivers' stress from pre- to post-program.

**Moving Forward: Continued Work with Families via Tailored Supports and Resources.** The participant-reported changes and decreased stress as assessed by the PSI suggest that the information and supports already provided by the programs are having an important and positive impact on families. These supports should be kept in place, and perhaps expanded, as a way to continue to empower them to see themselves as more confident parents/caregivers.

### **Finding: Participants have positive impressions of both programs, value the content covered, and would recommend them to other families.**

Participants place a high value on the programs, with many individuals indicating they would recommend the programs to other families. Across both programs, multiple topics were identified as being particularly helpful for families, with some participants also focusing on the sense of community developed during the programs as an



important benefit of participation. The BRFC program facilitator's knowledge and way of interacting with families was another strength identified as key to the programs' success.

**Moving Forward: Continued Funding for Program Offerings.** The overwhelmingly positive impressions of the programs, combined with findings showing participant learning and reported personal growth previously discussed suggest that continued funding for the programs would be a benefit to families, current and future. The current findings, and/or interest surveys could be used to further tailor existing sessions and/or identify new programs or courses that may be beneficial to families.

**Finding: Data provide preliminary evidence of the social validity of the programs.** Data related to

program goals, procedures, and outcomes suggest the social validity of the BRFC and Next Steps programs. Participants often reported reaching their goals, found the programs' procedures (i.e., content, methods, facilitator) helpful and worthwhile, and showed improved outcomes on the measures collected.

**Moving Forward: Programs should continue to be implemented and additional data collected to further establish their social validity.** MHEL should continue implementing both programs, taking into consideration participant feedback, with additional systematic and routinely collected information regarding participants' and facilitators' goals, program procedures, and adult and child outcomes to further establish the social validity of the programs.

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## Opportunities for Growth

**Finding: Programs are continuing to expand and reach those in need, but participation includes a limited demographic.** The majority of families currently in the program were mothers and caregivers who reported being of Hispanic or Latino descent. Data from the *Family Resource Scale* and resource mapping suggest the programs are reaching families most in need of the services offered by the programs.

**Moving Forward: Expanded Recruitment and Program Locations.** Targeted recruitment efforts may be beneficial in recruiting more male parents/caregivers and individuals from more diverse ethnic and cultural groups. Additional course offerings at expanded geographic locations identified in mapping analyses should be considered as funding allows.

**Finding: The BRFC and Next Steps can continue to expand upon their current data collection, entry, and tracking system to further track program outcomes.** Participants are learning and utilizing information from the programs that is positively impacting them and their children. MHEL has created and begun to use a customized data collection system; expanding upon this system will allow leadership to more fully and empirically verify program impacts and effects over time.

**Moving Forward: Implement Systematic and Longitudinal Data Collection.** Additional time and

resources to support wider data collection can further benefit the programs by helping to target content and resources for families and by providing data to demonstrate program effectiveness. Such data collection could include: evaluation survey data, kindergarten readiness and achievement data, and caregiver-child interaction data. These outcome data would also be important for conducting in-depth benefit-cost analyses.

**Finding: Cost and outcome data suggest the BRFC program is likely to generate a positive benefit-cost ratio.** The significant improvement by program participants on the PSI and Caregiver Knowledge Survey, in concert with the program's modest costs, the value of benefits accruing to individuals who graduate from high school and attend college, and estimates of the costs of stress, suggest that the program is likely to generate a potentially significant positive benefit-cost ratio.

**Moving Forward: Expanded data collection for valid cost effectiveness analyses.** To generate an estimate of how successful programs like BRFC and Next Steps may be when important long-term outcomes are considered, a research design capable of answering these research questions is required (i.e., an impact study research design). Such a design would require significantly more time and funding resources.

## Summary

Data suggest that the BRFC and Next Steps programs are meeting their goals of supporting families. More specifically, participants seem to be gaining a newfound confidence as caregivers, while also beginning to increase their general well-being and their knowledge of child development, which leads to perceived changes in themselves and their children. It is also clear that both the BRFC and Next Steps programs are greatly valued by their participants and view the programs as helpful for themselves and others in their communities. Related to this, cost and outcome data also suggest that the BRFC program is likely to generate a positive benefit-cost ratio. The programs are also faced with opportunities for growth, particularly centered on program reach and data collection. The findings and steps for moving forward can be used as a roadmap when considering future changes to ensure the programs continue to meet their goals and positively impact Denver Metro families.

# Introduction

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School readiness skill disparities are notable prior to kindergarten entry for children from backgrounds of socio-economic risk (Bulotsky-Shearer, Fantuzzo, & McDermott, 2010; Hartas, 2011; USDHHS, 2011). Within this population, young children's learning environments and maternal supportiveness have been linked to vocabulary and letter-word knowledge and emotion regulation skills at 5 years of age; early learning environments have also been linked to behavior problems and approaches toward learning (Chazan-Cohen et al., 2009). Collectively, this research suggests that young children's school readiness skills are of pivotal concern for multiple stakeholders – parents, teachers and early childhood education program leaders, and policymakers alike – and need specific attention in order to ensure that all young children are ready for kindergarten (Chazan-Cohen et al., 2009; Zepeda, Varela, & Morales, 2004). Importantly, research suggests that parents speaking English as a second language may be less involved in parent education programs compared to their English-speaking counterparts due to immigration and language barriers (Pelletier & Brent, 2002).

Drawing on such research and extensive experience, Babies Ready for College (BRFC) and Next Steps came into existence out of a need to affect a child's academic success by involving the caregiver. The programs help caregivers and families ensure their children are ready for school and stay on track to graduate from high school, and are adequately prepared for whatever course lies ahead. The programs' goals are to begin planting the seed of expectation for higher education in families living in chronically under-resourced communities, improving children's long-term educational outcomes through parent and caregiver education, and developing civic leadership among parents and caregivers. Briefly, the curricula are geared to equip parents and Family, Friend and Neighbor (FFN) caregivers with the knowledge and expertise to help prepare their children academically and socially before they even enter preschool, with Next Steps offering more hands-on sessions to practice the skills learned in both programs. Sessions are offered in the Denver Metro community and selected Denver Public Schools. Trained facilitators conduct each session, and skilled and knowledgeable early childhood caregivers provide developmentally appropriate activities for the children.

The Marsico Institute for Early Learning and Literacy (MIELL) was commissioned by Mile High Early Learning (MHEL) to conduct an evaluation of the BRFC Program. The following report is organized around three primary evaluation goals:<sup>1</sup>

1. To assess potential changes in participants' knowledge of child development after participating in the BRFC program;
2. To assess potential changes in participants' parenting stress after participating in the BRFC and Next Steps programs;
3. To assess participants' perceptions of the BRFC and Next Steps programs.

## Methods

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Several methods were used to collect data to inform the current study, including surveys, focus groups, and secondary data collection. The surveys contained a mix of close- and open-ended items assessing a variety of topics (discussed in additional detail in the following sections), briefly including: resources available to families, parenting stress indicators, knowledge of child development topics covered in BRFC sessions, and caregivers' perceptions of their participation and experiences with the BRFC and Next Steps programs. Results from the close-ended survey items are presented in summary tables and figures throughout this report. When reviewing tables and figures, it is important to note that because participants could answer as many or as few questions as they chose, each question has a different sample size (referred to in tables and figures as "n"). Thus, throughout, the numbers and percentages in tables and figures reflect the number of participants that responded to that particular question, not the entire survey sample. Similarly, the "n" in focus group tables reflects the number of times a comment was made related to that theme, not the number of unique

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<sup>1</sup>A fourth goal was included in the original Scope of Work: To assess potential changes in caregiver-child interactions after participating in the BRFC and Next Steps program. However, due to unforeseen circumstances, it was mutually agreed that this goal would not be assessed in this evaluation round.

participants providing a response related to the theme. The responses to the open-ended survey items and focus group results are summarized throughout the report and framed around relevant quantitative data and topics as appropriate. The report also includes secondary data, collected by MHEL and provided for inclusion in the report. Such data include registration information collected at program enrollment and participant attendance at each session. As part of the benefit-cost portion of this evaluation, MHEL provided financial information related to the costs of running the BRFC and Next Steps programs.

In an attempt to link data points for individuals (e.g., linking pre- and post-surveys and other information collected), participants were asked to provide their name on the surveys and identifying information was provided for participant information/demographics and attendance collected by BRFC staff. To protect participant information, a unique identification number was provided to each participant and their name removed from surveys after data were collected and entered in a secure, password-protected database. While information is linked across selected questions and instruments, all data are reported in aggregate in this report to protect individual participants and maintain confidentiality.

## Samples, Instrument Development, and Data Collection

The Marsico evaluation team worked closely with Mile High Early Learning, Babies Ready for College, and Next Steps leadership to select evaluation sites and develop evaluation instruments to ensure appropriate and essential data were being collected. A total of five BRFC and Next Steps program sites were identified for inclusion in the evaluation (Table 1). It is important to note that not all 66 participants completed surveys or participated in focus groups; however, individual sample sizes for these data collection methods are presented in relevant figures and tables throughout the report. A list of instruments, collection points, and related sample sizes are presented in Table 2. Further information on data collection instruments, methodology, and participants can be found in Appendices A and B.

**Table 1. Program Sites Included in the Evaluation.**

Sites with Full Data Collection*	Program	Sample Size (n)
Escalante-Biggs Academy	Next Steps	11
Escalante-Biggs Academy	BRFC	18
Maxwell Elementary	BRFC	19
Trevista at Horace Mann	BRFC	11
Westwood Early Learning Center	BRFC	7
Sub-Total		66
Sites with Secondary Data Collection Only*	Program	Sample Size (n)
Florence Crittenton Services	BRFC	21
Ascencion Catholic Parish	BRFC	16
Northeast Early Learning Center	BRFC	16
Florence Crittenton Services	Next Steps	19
Maxwell Elementary	Next Steps	23
Sub-Total		95
Grand Total		161

\*Only sites marked as “full data collection” were included in the evaluation, meaning they completed all outcome surveys. Sites marked as “secondary data collection only” were those for which the MHEL team provided demographic, Family Resources Scale, and attendance information; these participants are not included in data discussions/tables/figures related to other data throughout this report.



**Table 2. Instrument Sample Sizes and Collection Methods.**

Instrument/Data	BRFC Sample Size	Next Steps Sample Size	Collection Time Point
Family Resource Scale*	61		Time of enrollment
Participant Demographic Information*	64	34	Time of enrollment
Parenting Stress Index	44	7	Pre and post program (usually at first and last content sessions)
Caregiver Knowledge Survey	51	N/A	Weekly at program sessions**
Post-Program Survey	33	7	At or after last program session
Focus Groups	19	24	After last program sessions (July 2018)
Session Attendance*	108	53	Weekly at program sessions

\*Secondary data collected by BRFC Program staff

\*\* Two sites completed the Caregiver Knowledge Survey in its entirety at the beginning and end of the entire program; however, due to the amount of time it took to complete all survey items at one time, data collection protocols were adjusted and the remaining two sites completed subsets of questions at the beginning and end of each individual session related to content covered at that session.

**Participant Information.** Participant demographic and background information was collected by the BRFC program at the time of registration and is presented here to provide additional contextual information in which to interpret evaluation findings. Such information included, but is not limited to, participant role (e.g., parent or FFN caregiver), caregiver and child ages, home language, country of origin, family income, support programs utilized, and other such information.

**Surveys.** Evaluation surveys included a combination of established and specially-created instruments. Pre-existing surveys collected as part of this evaluation included the Parenting Stress Index (Abidin, 2012a) and the Family Resource Scale (Dunst & Leet, 1987), while the Caregiver Knowledge Survey and Post-Program Perception Survey were both created specifically for the current evaluation. All surveys were available in English and Spanish, with participants choosing their language of preference.

**Parenting Stress Index.** The Parenting Stress Index, Fourth Edition (PSI-4; Abidin, 2012a) is a 120-item survey designed to measure self-reported levels of parental stress, which takes a parent's relationship with their child into consideration. The scale includes three domains (Total Stress, Child Domain, and Parent Domain), with Child and Parent Domains including multiple subscales to further break apart areas of stress in the parent-child relationship for parents/caregivers of children ages 1 month to 12 years. The PSI-4 has been shown to be a reliable measure of parental stress, and had been validated in many samples in the U.S. and internationally (see Abidin, 2012b). The PSI-4 was collected at data collection sites for BRFC and Next Steps participants pre- and post-program. Due to copyright permissions, specific PSI items are not presented in this report; however, a table describing the various subscales and main scales of the assessment is included in Appendix A-1.

**Family Resource Scale.** The Family Resource Scale (FRS; Dunst & Leet, 1987) is a self-report survey designed to assess family concerns and priorities on numerous needs and factors: growth/support, health necessities, physical necessities, physical shelter, intra-family support, communication/employment, child care, and personal resources. The FRS includes 30 items rated on a 5-point Likert-type scale, with responses ranging from "not at all adequate" to "almost always adequate." Lower scores on the FRS indicate less reliable access to basic needs resources, with possible scores ranging from 30-150. The FRS was collected by BRFC/Next Steps staff as part of the general enrollment process of the program and, as such, data were collected and are presented for all participants. A copy of the FRS can be found in Appendix A-2.

**Caregiver Knowledge Survey.** An extensive review of the literature was conducted by MIEEL staff in an attempt to find an already-existing and validated measure of caregivers' knowledge of child development and other topics covered by the BRFC program.<sup>2</sup> A total of eight existing measures were identified and reviewed in detail during a meeting with MIEEL and

<sup>2</sup> It was jointly determined by MIEEL and MHEL staff that the Caregiver Knowledge Survey would be designed and collected for the BRFC program only, not Next Steps. The nature of the Next Steps program sessions (taught by outside individuals for which no content or "curriculum" could be reviewed to create surveys ahead of time) influenced this decision.

MHEL staff; it was decided that no single measure adequately captured the information covered in the BRFC program. Taking this into consideration, the MIEEL team created a survey designed specifically for this evaluation, with a combination of mostly new questions and some questions modified from existing measures (e.g., Knowledge of Infant Development Inventory and Knowledge of Infant Development Inventory-Preschool; MacPhee, 2002). The final Caregiver Knowledge Survey (CKS) includes 51 questions tailored to the BRFC session topics, with 3 to 14 questions per topic. The CKS was collected pre- and post-session/program at participating BRFC sites. The CKS broken into topic areas can be found in Appendix A-3.

*Post-Program Perception Survey.* Similar to previous years' evaluations, a Post-Program Perception Survey was created with and approved by MHEL and BRFC/Next Steps leadership. Open- and close-ended questions from previous years' evaluations were updated and included on the surveys, and new questions were added to address current evaluation questions and needs. Surveys generally assessed participants' perceptions of their own knowledge and skills related to program topics, program content expectations and experiences, and perceptions of facilitators and program content. Participants' reasons for joining the program, information learned, and changes in themselves and their children were also surveyed. Perception Surveys were collected at participating BRFC and Next Steps sites at the end of the program. Surveys can be found in Appendices A-4 and A-5.

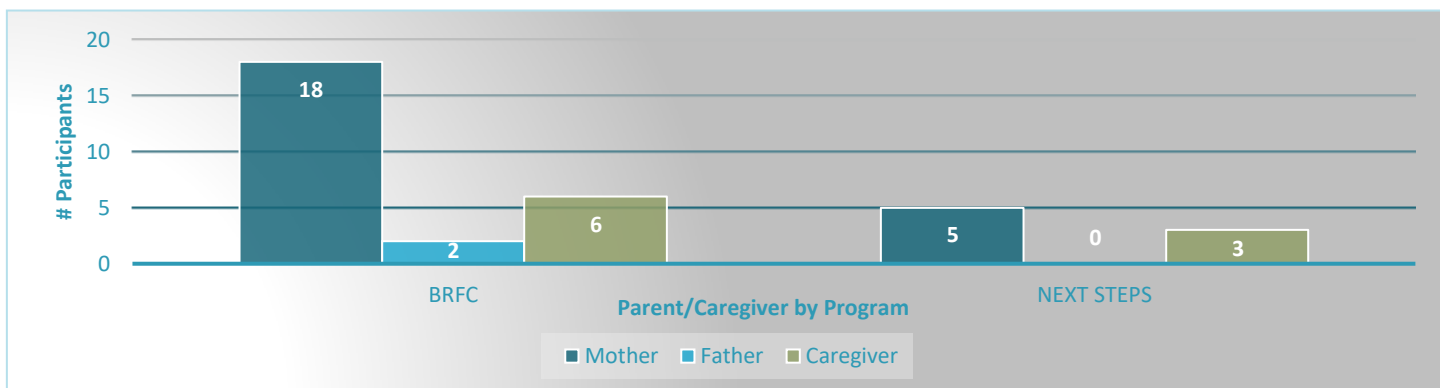
*Focus Groups.* All program participants, even those from non-data collection BRFC and Next Steps sites, were invited to participate in a focus group session at the conclusion of the program. Focus group protocols and questions were developed in partnership with MHEL and BRFC/Next Steps leadership, and included many questions from previous years' evaluations. Questions were designed to assess participants' perceptions of program content, their own knowledge and skills, and perceptions of program facilitators and the overall program (see Appendix A-6 for focus group questions). Focus group questions were frequently aligned with survey questions and served to provide additional information and context in which to interpret survey findings (see Appendices D and E for complete focus group responses by program).

BRFC and Next Steps participants from the 2017-2018 academic year were invited to take part in focus groups occurring near the conclusion of program at various sites. Focus groups were conducted at the following program sites: Ascension Church (3 groups) and Northeast (1 group). Importantly, the dates, locations, and times at which all focus groups were conducted were identified by the BRFC/Next Steps Program Coordinator and selected to optimize caregiver participation. A member of the Marsico evaluation team fluent in Spanish and English conducted the focus groups; all focus groups were conducted in Spanish. Groups were audiotaped to capture participants' responses for later coding and analysis. To help protect participant confidentiality, BRFC/Next Steps program staff or personnel were not present in the room during the focus groups. All participants received a \$25 Target gift card for their participation in the focus groups.

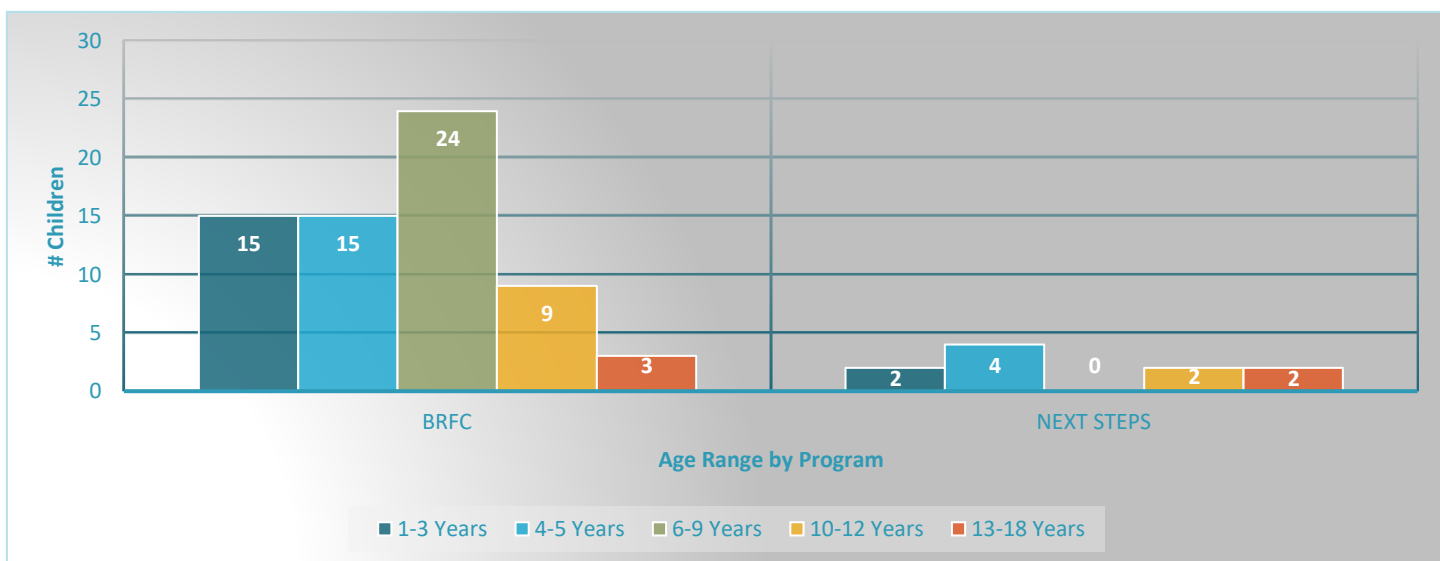
## Program Participants

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Prior to examining the evaluation results of Babies Ready for College and Next Steps, it is important to first understand who participates in the programs. To provide context for this report, it is important to note that demographic data are presented in this section only for individuals who participated in the current evaluation; these individuals represent those at selected program sites who volunteered to complete evaluation surveys and questionnaires. Additional demographic data for *all* BRFC and Next Steps participants for whom such information is available are presented in Appendix B. For the evaluation period (September 2017 – June 2018), a total of 55 parents and FFN caregivers participated across 4 sites as part of the BRFC program; another 11 parents and caregivers participated at 1 site as part of the Next Steps program. The majority of participants were parents (77% for BRFC and 63% for Next Steps), with the number of mothers outnumbering fathers (Figure 1). BRFC and Next Steps participants reported having from 0 to 4 children, with the majority of families having 2-3 children. While the programs specifically focus on and include children ranging in age from birth to five years, participating families reported having children with ages ranging from one year to 18 years, with the majority of children being 9 years or younger (Figure 2). Additional demographic information can be found in Appendices B and C.



**Figure 1. Program Participants' Relationship to Child.** (Data Source: BRFC and Next Steps Registration Form, n = 34)

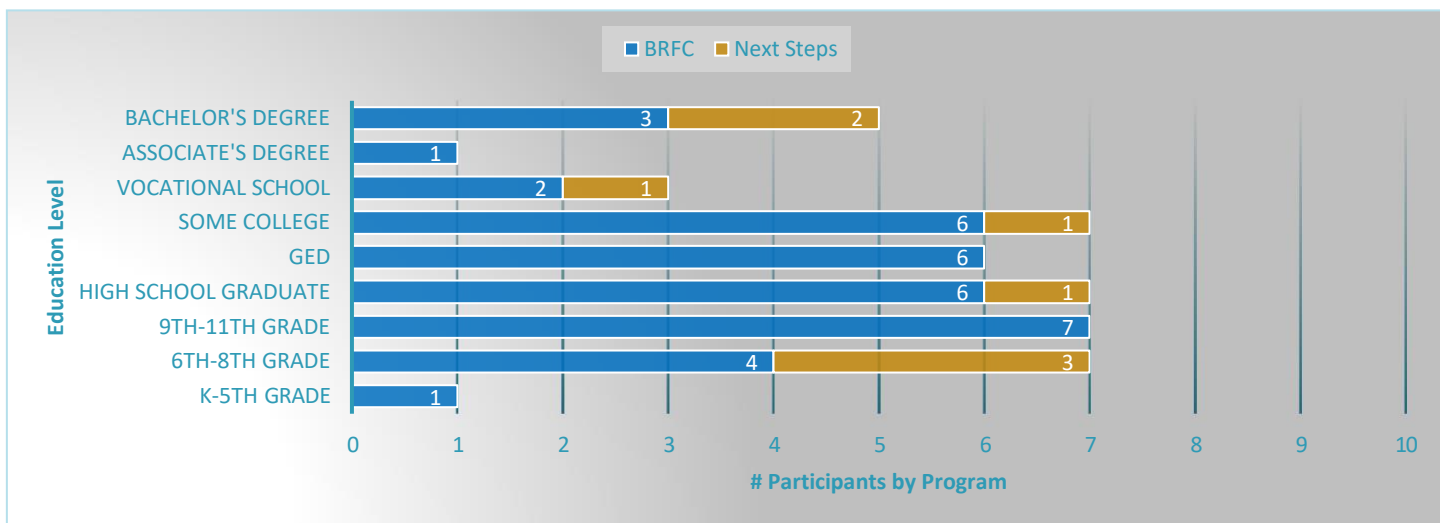


**Figure 2. Age Ranges of Participants' Children.** (Data Source: BRFC and Next Steps Registration Form, n = 38)

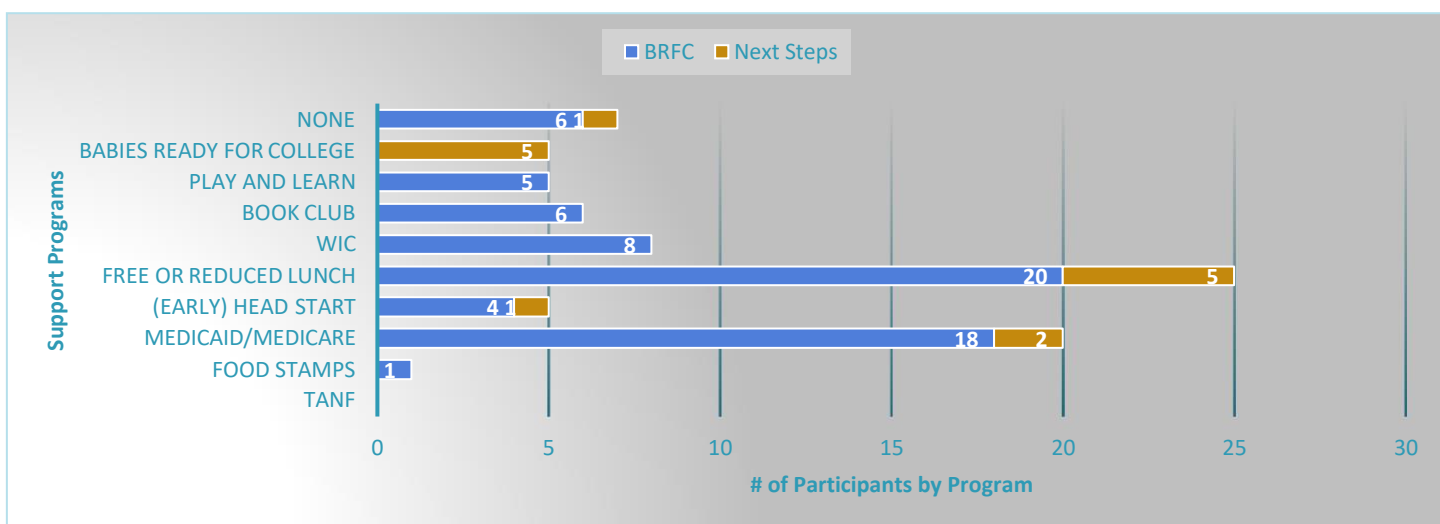
Program participants' highest levels of education completed vary and are presented by program in Figure 3. Overall, 34% of participating caregivers/parents did not complete high school, 29% completed high school or earned a GED, 23% completed vocational school or some college, and 14% had some form of college degree. When asked which support programs they accessed, families reported utilizing 1-2 programs on average, with some families not accessing any supports and others utilizing as many as five programs. Figure 4 shows which programs participants in each program reported accessing at the time of enrollment.

All individuals enrolling in the BRFC and/or Next Steps programs also completed the Family Resource Scale.<sup>3</sup> The scale is scored such that lower scores indicate less reliable access to basic needs, with possible scores ranging from 30 to 150. The average score for all enrolling participants was 95, with scores ranging the full possible scale from 30-150. Further examination of the data suggest that families most often scored their access to individual items as "sometimes adequate." This is important contextual information to keep in mind as the results from this report are reviewed – many participating families report not having consistent access to adequate basic needs resources.

<sup>3</sup> Identifying data was not collected as part of the completion of the FRS. As such, data are presented in aggregate for all individuals who completed the scale.



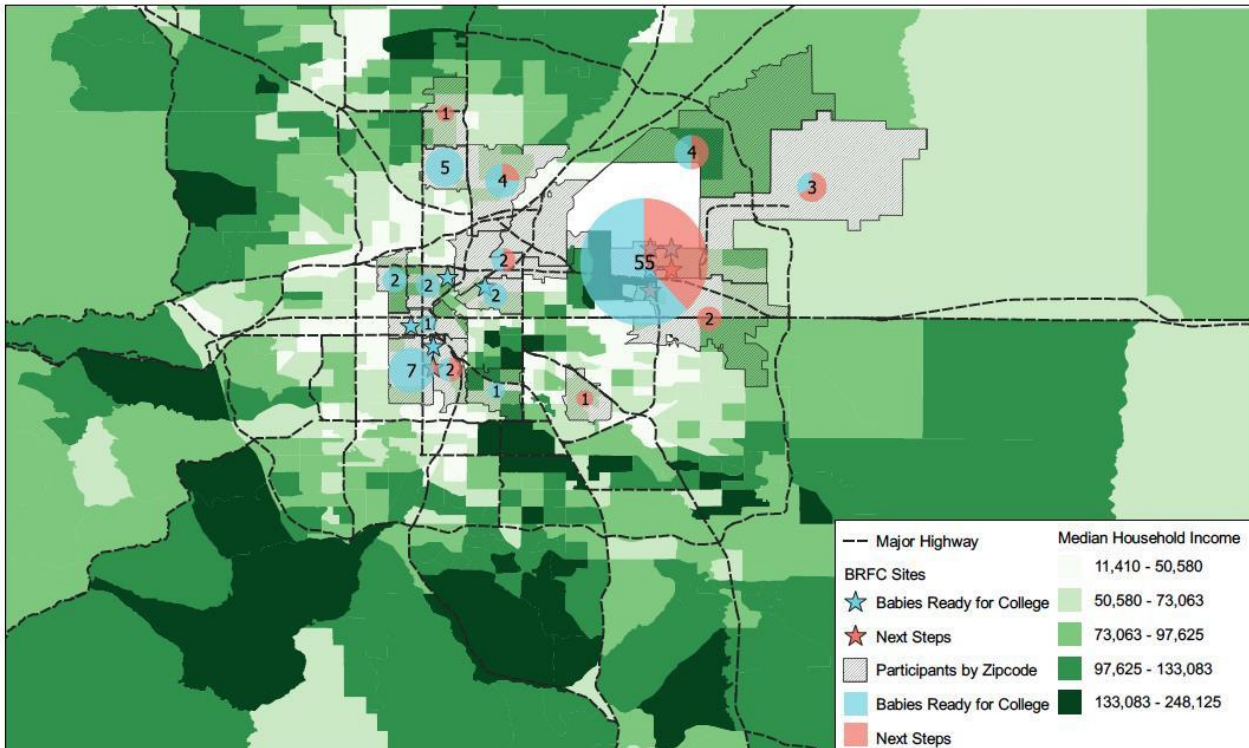
**Figure 3. Parent/Caregiver Highest Educational Level Attained.** (Data Source: BRFC and Next Steps Registration Form, n = 44)



**Figure 4. Support Programs Utilized by Participants.** (Data Source: BRFC and Next Steps Registration Form, n = 45)

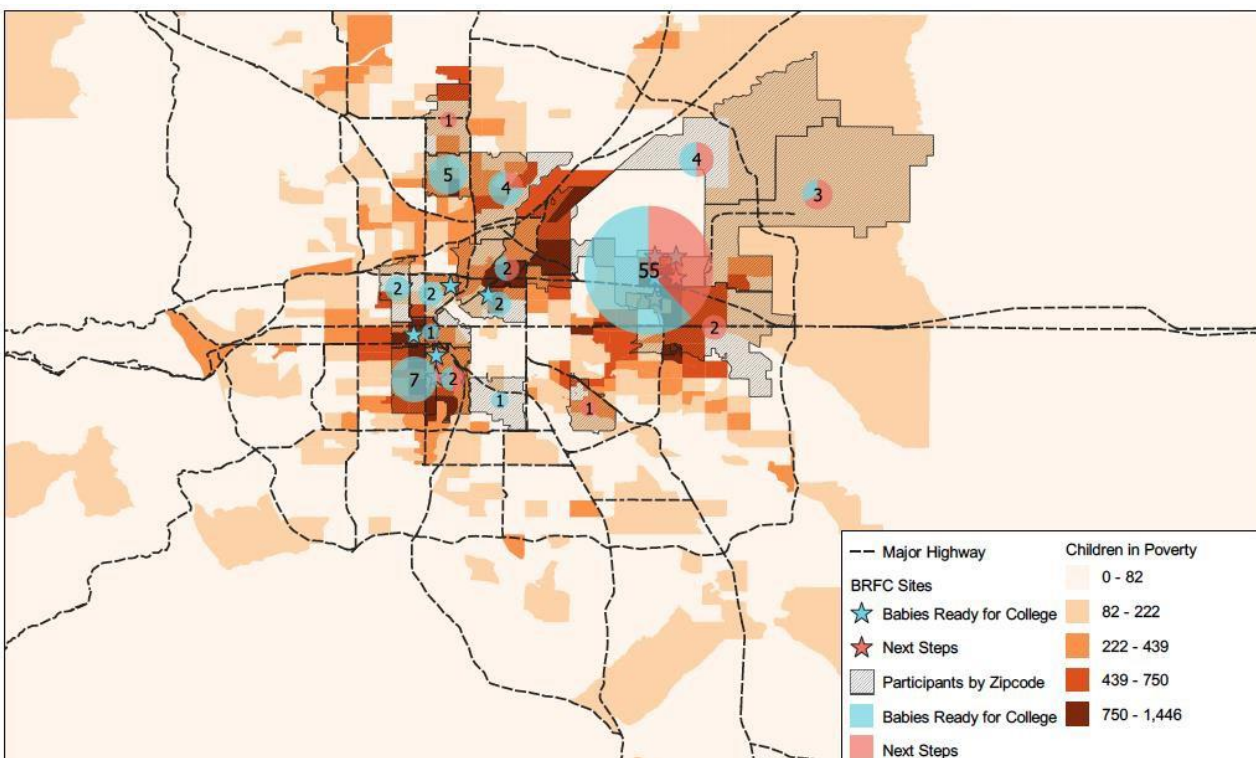
All of the caregivers at participating data collection sites (for whom data was reported and available) identified their ethnicity as Hispanic or Latino, with the majority of families (86%) reporting Mexico as their country of origin, and the remaining 14% reporting the U.S. as their country of origin (see Appendices Figures B-4 and C-4 for additional details). Families report living in 7 different Metro Denver neighborhoods (see Appendices Figure B-1 and C-1). Figures 5, 6, and 7 present data visualizations of BRFC and Next Step family and program locations in relation to income, poverty, and vulnerable births in the Denver Metro area.<sup>4</sup> The majority of participating families live in or very near areas with the lowest median household incomes (Figure 5) and highest numbers of children living in poverty (Figure 6). The locations of participating families also tend to overlap with areas identified as having high numbers of vulnerable births (Figure 7). Together, these data suggest that the programs are targeting the intended population – those from at-risk and/or under resourced communities. Importantly, the figures also show that BRFC programs in particular are frequently offered near family locations and areas of need. The maps also suggest that the western portion of the Denver Metro area may offer promising locations for offering additional Next Steps programs.

<sup>4</sup> For data presented in Figures 5-7, some areas represented may have witnessed a shift in demographics since 2016 when Census and Vital Statistics data were collected. Thus, when considering these data, it is important to keep in mind that the median household income, and concentrations of poverty and vulnerable births may be over/under estimated. Vulnerable births (Figure 7), include those in which a child is born to a teenage mother or a mother over the age of 20 with less than a high school education. A special thanks to the Shift Research Lab: A Program of the Piton Foundation for their assistance in creating these figures for this report.



**Figure 5. BRFC Program Participant Locations in Relation to Median Household Income.**

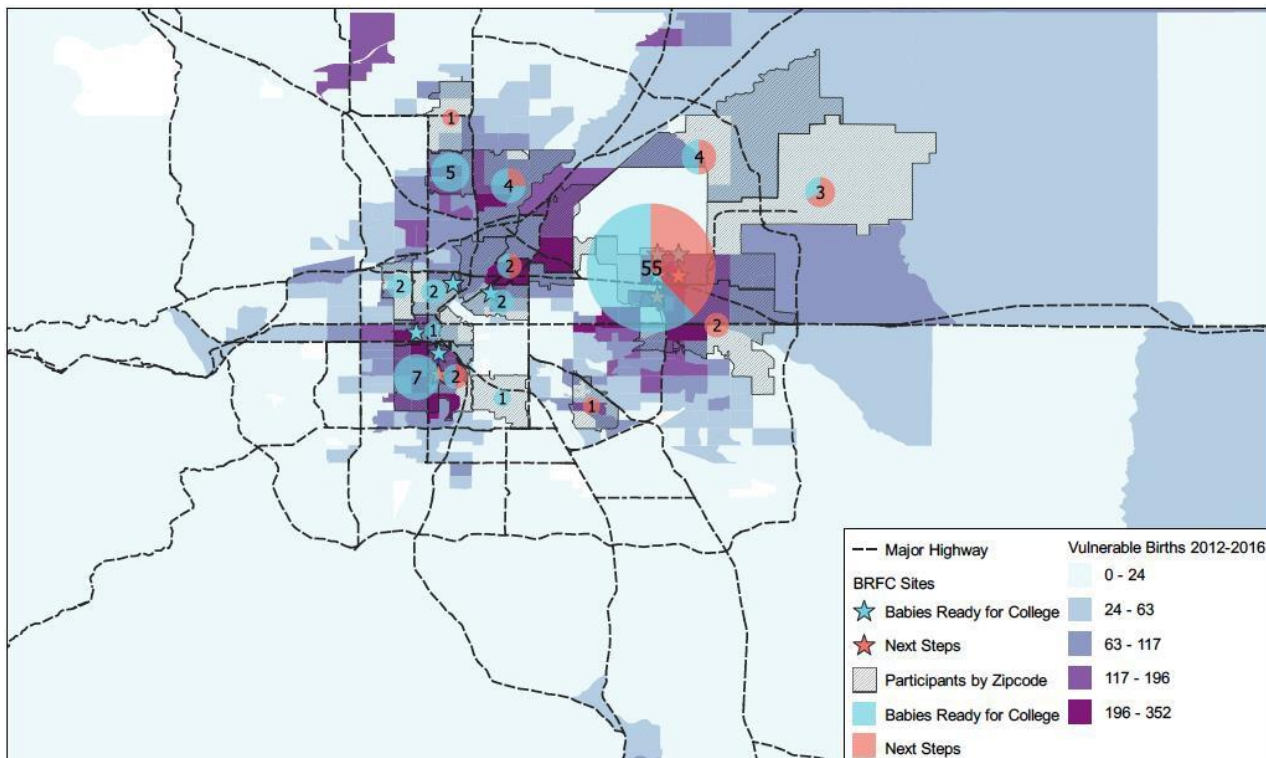
*(Data Source: BRFC and Next Steps Registration Form and American Community Survey 5 Year 2016, Census Bureau Table B19013)*



**Figure 6. BRFC Program Participant Locations in Relation to Concentrations of Children in Poverty.**

*(Data Source: BRFC and Next Steps Registration Form and American Community Survey 5 Year 2016, Census Bureau Table B17001)*

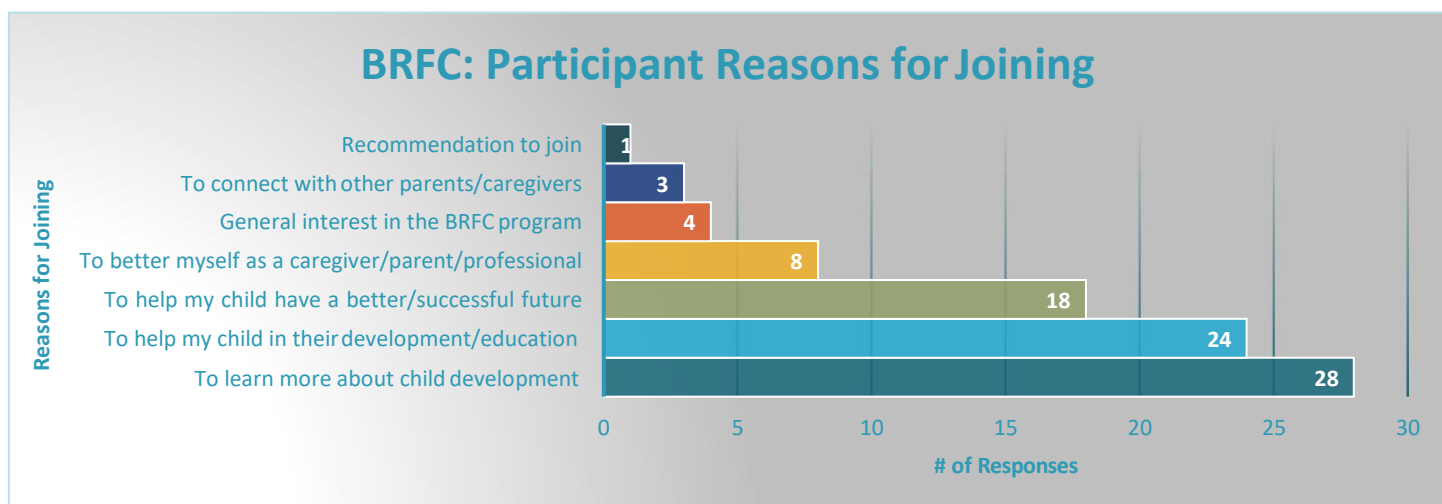




**Figure 7. BRFc Program Participant Locations in Relation to Concentrations of Vulnerable Populations.**  
 (Data Source: BRFc and Next Steps Registration Form and Vital Statistics, Colorado Department of Public Health and Environment)

## Knowledge Gained

**Reasons for Joining.** In line with the main goals of the programs, the majority of parents and caregivers joined BRFc and Next Steps in order to learn more information so they could help their children in terms of their general development and educational growth and attainment and to have a successful future. Additionally, participation in these programs helps to better themselves as parents and/or caregivers, with similar reasons identified by focus group participants (Figure 8, Table 3, Table 4).



**Figure 8. Participant Reasons for Joining BRFc.** (Data Source: BRFc Caregiver Knowledge Survey, n =51)

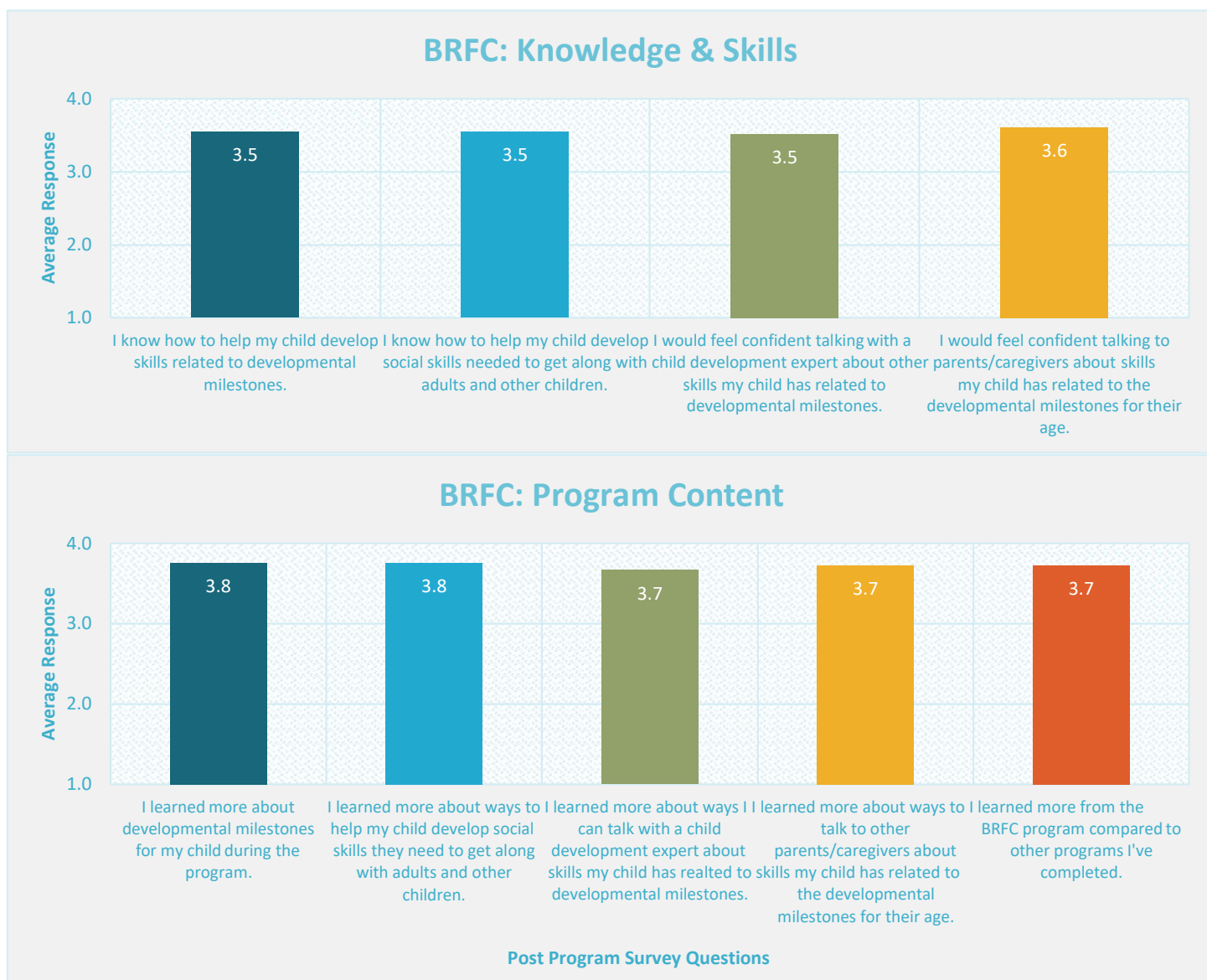
**Table 3. Participant Reasons for Joining BRFC. (Data Source: BRFC Focus Groups, n = 19)**

Participant Responses	Number of Comments	Sample Quote(s)
To learn information to help my child in their development	8	"[The BRFC program is] a great opportunity that shouldn't be wasted because you never stop learning. I've seen how by learning, we can teach our children."
To learn information to help my child in their education	6	"... as the program says, <i>Babies Ready for College</i> , I wanted to know what tips I could implement to help my daughter in the future so she can go to college – what I need to do for her to succeed and be better."
To better myself as a caregiver/parent	3	"...to sometimes take action instead of just talking to them, taking action to improve things."
General interest in the BRFC program	2	"Interesting programs..."
To connect and share experiences with others	1	"What attracted me to the program was not so much the program, but rather getting closer to my [child and other caregivers]."
Cultural importance	1	"For me personally, it stood out to me because I see what happens here in the United States and very few of us Latinos complete a degree."

**Table 4. Participant Reasons for Joining Next Steps. (Data Source: Next Steps Focus Group, n = 24)**

Participant Responses	Number of Comments	Sample Quote(s)
To receive information/learn more about child development	14	"Because there is always something new to learn. You think you know everything and you go somewhere and, 'Oh, I didn't know this.' And you are always learning new things."
To better myself as a caregiver/parent	7	"I took the class because I was interested in being a better parent and advocate for my child."
To learn information to help my child in their education	6	"I became involved mainly to try to help my children, because I would like for them to have a career, to be successful and I think that as parents, we should be the ones to start in order to drive them to accomplish all of their goals."
To learn information to help my child in their development	3	"To have foundations, to know how to guide our children and more information about what comes after—most importantly, because there are things that are different from Mexico, so you guide yourself to see what comes next. It helps us. It's information."
To connect and share experiences with others	2	"Being with other moms helps us learn a little bit from them and they learn a little bit from us."
General interest in the BRFC program	2	"I took the course rather out of curiosity."

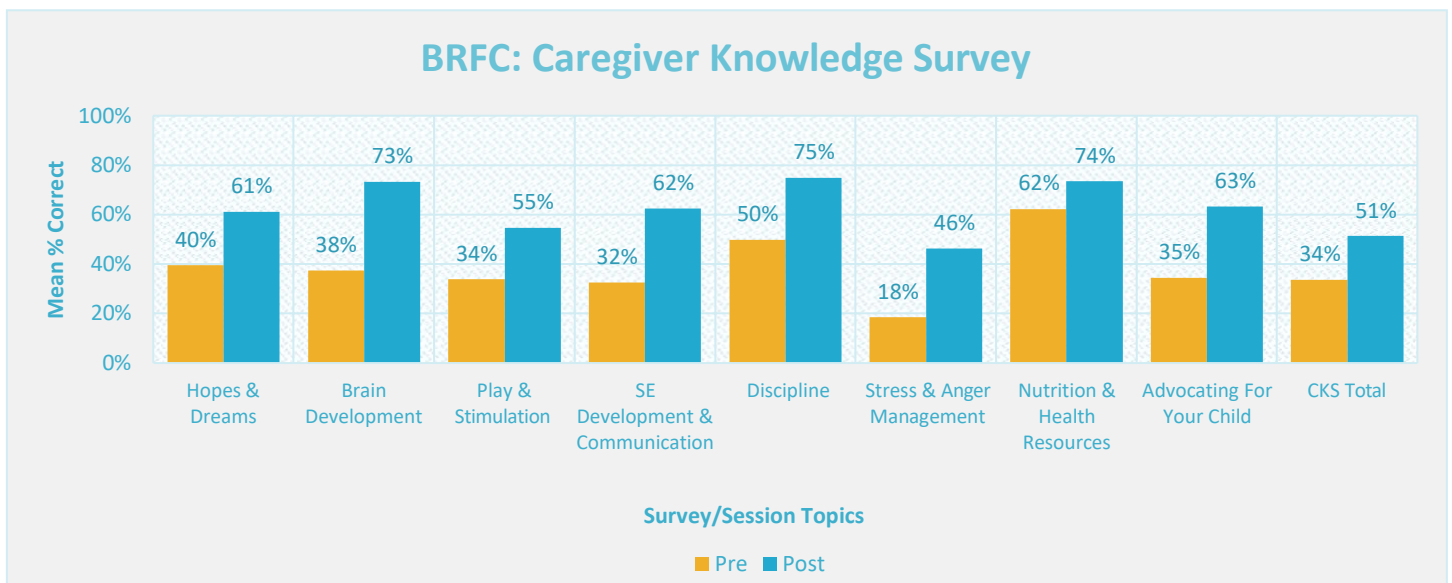
**Participant Knowledge & Confidence.** As part of the Post-Program Surveys completed, BRFC participants were asked about their perceived current knowledge and skills related to child development, as well as their confidence in talking with other parents/caregivers and experts about such topics. They were also asked whether they felt they had learned more about those topics from the program. On average participants agreed or strongly agreed with survey statements, suggesting that they were confident in their knowledge and skills, and that they felt the BRFC program had taught them important information related to the topics. Importantly, they also tended to agree or strongly agree that they had learned more from the BRFC program compared to other similar programs in which they may have participated in the past (Figure 9).



**Figure 9. BRFC Mean Scores on Questions of Knowledge & Skills and Program Content. (Data Source: BRFC Post-Program Surveys, n =33)**

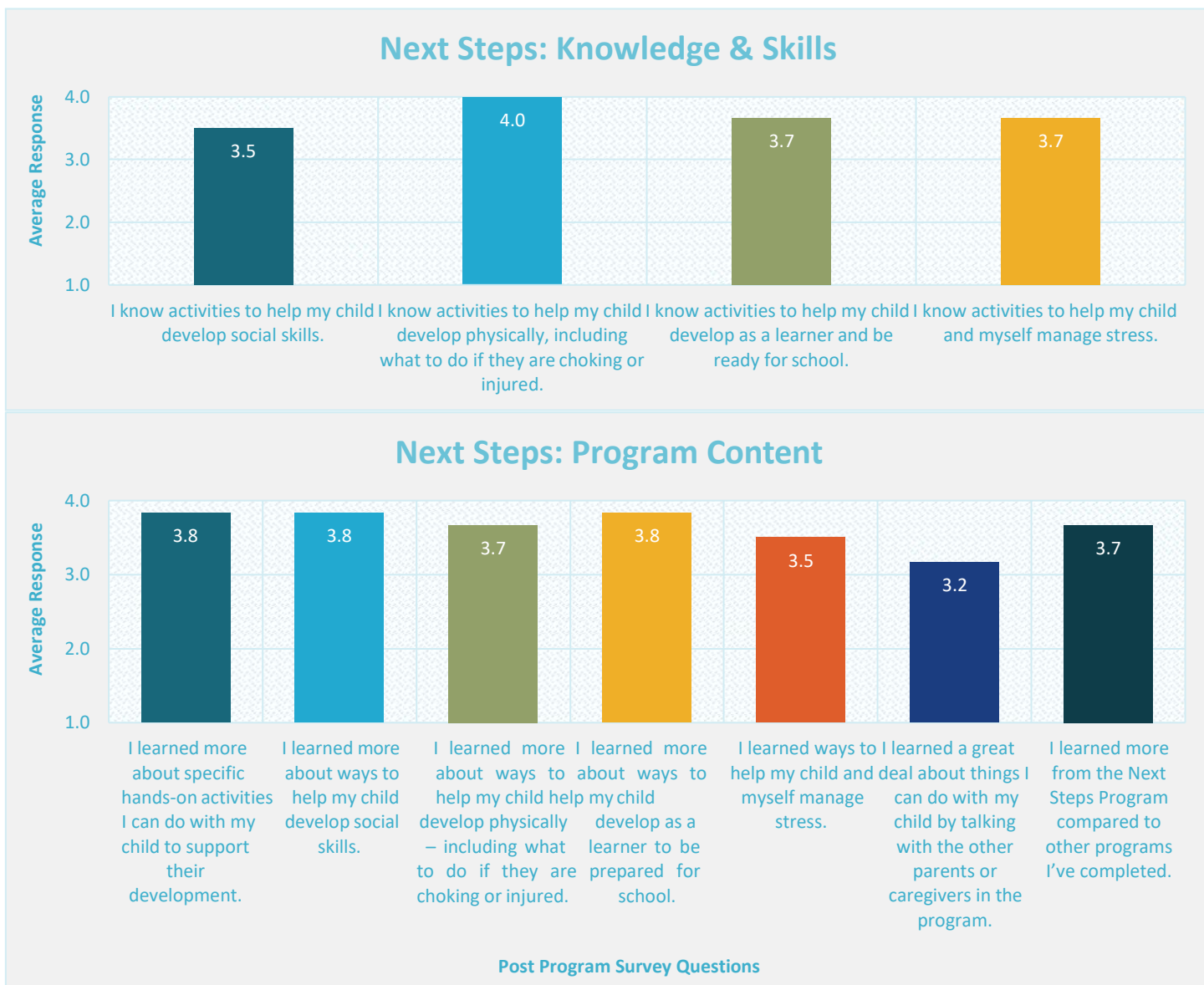
Different from previous years' evaluations, BRFC participants were also asked to complete a Caregiver Knowledge Survey (CKS) pre- and post-program sessions in order to assess their retention of information taught during each of the sessions. In line with participants' self-reported growth in knowledge and skills as assessed by the Post-Program Survey and presented in Figure 9, data from the CKS show that participants were, in fact, demonstrating a higher percentage of correct responses to topic-specific questions after participating in the sessions (Figure 10). While these results cannot guarantee that participants will retain this information for the longer-term, it does provide evidence that participants, at least in the short-term, are "holding onto" key information taught in the BRFC program.

The results of the CKS can also be used to provide important information for program developers and facilitators for future program cohorts, such as topic areas in which participants already have a fair knowledge base when they enter the program (e.g., nutrition and health resources) and where they may need the most support (e.g., stress and anger management, or social and emotional development and communication). Post scores may also provide important hints about which topic sessions may need to be enhanced to better support participants' learning or retention of information. For example, perhaps some of these topics with lower post-program scores may be good candidates for hands-on topics to be added to the Next Steps or other MHEL programs offered to families.



**Figure 10. BRFC Mean Scores on Caregiver Knowledge Survey. (Data Source: BRFC Caregiver Knowledge Surveys Pre- and Post-Program,  $n = 51$ )**

Next Steps participants were also asked about their current knowledge and skills related to activities, or hands-on experiences, they can do with their children to support them cognitively, emotionally, and physically. They were then asked whether they felt they had learned more about these topics from the program. On average, participants agreed or strongly agreed with survey statements, suggesting that they were confident in their knowledge and skills of practical ways they could support their children, and that they felt the Next Steps program had taught them important information related to the topics. Importantly, and similar to results from the BRFC survey, participants also tended to agree or strongly agree that they had learned more from the Next Steps program compared to other similar programs in which they may have participated in the past (Figure 11).



**Figure 11. Next Steps Mean Scores on Questions of Knowledge & Skills and Program Content.** (Data Source: Next Steps Post-Program Surveys,  $n = 7$ )

**Content and Information Learned.** Prior to beginning the program, BRFC participants were asked to identify the most important thing they hoped to learn (Figure 12). Participants most frequently identified topic-specific knowledge they hoped to learn, followed by how to support their child’s education, both current and long-term. They also frequently indicated they wanted to learn how to be a better parent/caregiver and how to support their children to have a successful future. Similar, but less varied responses were provided during focus group sessions, with information families hoped to learn captured by their main goals for participating (Table 5).

At the end of the BRFC program during the Post-Program Survey, participants were asked to reflect on the most helpful aspect of the BRFC program. Participants’ responses largely aligned with what they said they hoped to learn prior to the program (Figure 13). Topic-specific content and techniques were most frequently identified as helpful aspects that parents and caregivers learned in the program. Similarly, learning how to be a better parent/caregiver and how to support children’s education and successful future were also identified as helpful aspects learned. Similar, and more varied responses were provided during focus group sessions (Table 6).



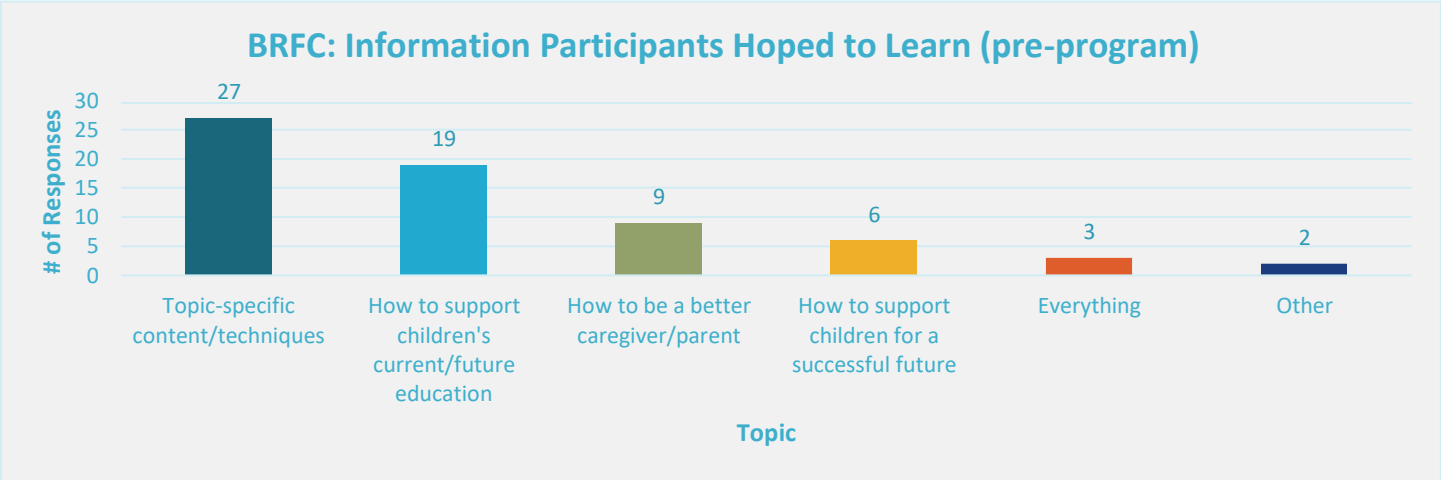


Figure 12. Information BRFC Participants Hoped to Learn (Pre). (Data Source: BRFC Pre-CKS (n = 51))



Figure 13. Information BRFC Participants Found Most Helpful (Post). (BRFC Post-Program Survey (n = 33))

**Table 5. BRFC: Participants' Main Goals for Participating. (Information Hoped to Learn)** (Data Source: BRFC Focus Groups, n = 19)

Participant Responses	Number of Comments	Sample Quote(s)
Learn to be a better caregiver/parent	8	“For me it was to be a better mother to my children, by teaching them what I learned so they can have a good future.”
Learn more about my child's development/ understand them better	7	“I think my goal was to learn something new, but actually use it.”

**Table 6. BRFC Participant-Reported Most Helpful Thing Learned. (Data Source: BRFC Focus Groups, n = 19)**

Participant Responses	Number of Comments	Sample Quote(s)
Topic Specific	38	See sample quotes for specific topics in Table C6.
Never stop learning/ learned so much	8	"My favorite part is that we learn from all the conversations we have, it's like we're reinforcing everything. We're understanding it, it's very interesting."
Learning how to support my child for a successful future	5	"Which I'm trying to encourage now in my children is that they're like a balloon. We have to cover them, right? So that when they're older and they're attacked and everything, they aren't left uncovered. We have to keep their self-esteem high, always."
Changes adults' ways of thinking	3	"Conditioning playing with your child...so that made a strong impression on me because I was in the habit of doing that with my children."
Can also apply info learned to older children	3	"Like you said, it's the same tools but for different ages."
Learning how to support children's current/future education	2	"It's important to get them to focus on school so they'll get a better education."
Sense of community created with other participants	2	"The group is also good... we reinforce [what we're learning]."
Time to practice skills learned	2	"They showed the example and then said what you did wrong. You did it wrong and look at the difference, how your child would have reacted if you had handled it in this way. It's very good."

During focus group sessions, Next Steps participants were asked what their main goal was for participating in the program. Participants' responses were limited, but most frequently stated that they wanted to learn more about their children's development and to understand them better (Table 7). They also indicated they wanted to learn how to be a better parent/caregiver.

Next Steps participants were also asked to identify the most helpful or important thing they learned in the program, both during the focus groups and on the Post-Program Survey. Focus group participants most often identified topic-specific content as the most helpful thing they learned (Table 8), showing that they were meeting their pre-program goal of learning more about children's development. These findings were consistent with Post-Program Survey findings, where five of seven participants identified topic specific content as most useful, and three of seven participants indicated that everything they learned was helpful.

**Table 7. Next Steps Participants' Main Goals for Participating. (Data Source: Next Steps Focus Group, n = 24)**

Participant Responses	Number of Comments	Sample Quote(s)
Learn more about my child's development/understand them better	5	"What was my main goal? It's information to know how to guide the children depending on their age, what helps them, what doesn't help them, and how we can guide them."
Learn to be a better caregiver/parent	3	"Well, my goal is that even though I've already gone to many programs, I've gone to many meetings, I will continue going because there is always, always something new to learn to be better."

**Table 8. Next Steps Participant-Reported Most Helpful Thing Learned. (Data Source: Next Steps Focus Group, n = 24)**

Participant Responses	Number of Comments	Sample Quote(s)
Topic Specific	46	See sample quotes for specific topics in Table C6.
Time to practice skills learned	4	"Yes, the practice."
Communicating with/listening to children	4	"I was going to say that [communication]. I would ask her something and before she could respond, I was already responding for her. I learned to let her respond, even if she takes a while."
Changes adults' ways of thinking	2	"For example, I learned to not say "no" to the children; the importance of the word, "no." But rather, "Don't do this," like, you can do it, but you can do it here or this way. I learned to go down to his level. It's very important. They always see us as something really big, when you should see it from their level, so you can see eye-to-eye. Do you know what I mean? You giving them that trust."
Never Stop Learning/Learned So Much	1	"It really helped me and continues to help me."
Sense of community created with other participants	1	"We learned from one another."
Can also apply info learned to older children	1	"Well, I have an older child and I didn't know how to help him and he didn't want to continue going to college."

## Changes in Caregiver & Child Well-Being

An important goal of the BRFC and Next Steps programs is to positively impact caregivers and children via the knowledge gained and experiences had as a result of program participation. This section focuses on caregiver and child well-being as reported by caregivers on the Parenting Stress Index and the Post-Program Surveys, with additional context provided by participant comments during the Focus Groups.

**Changes in Parents and Caregivers.** Parents and caregivers were asked to identify, both on the post-survey and in focus groups, whether they noticed any changes in themselves over the course of the program. Of the BRFC and Next Steps participants who responded to this question on the respective surveys ( $n = 11$  for BRFC,  $n = 6$  for Next Steps) and focus groups ( $n = 19$  for BRFC,  $n = 24$  for Next Steps), all but one parent/caregiver who responded said they noticed changes in themselves over the course of the program. Overwhelmingly, and across both programs, parents and caregivers stated that the most noticeable change is that they are more patient and attentive with their children, while BRFC participants also stated that they are better able to manage their own stress and emotions after participating in the program (Figures 14 and 15, Tables 9 and 10).

## BRFC: Changes in Parents/Caregivers

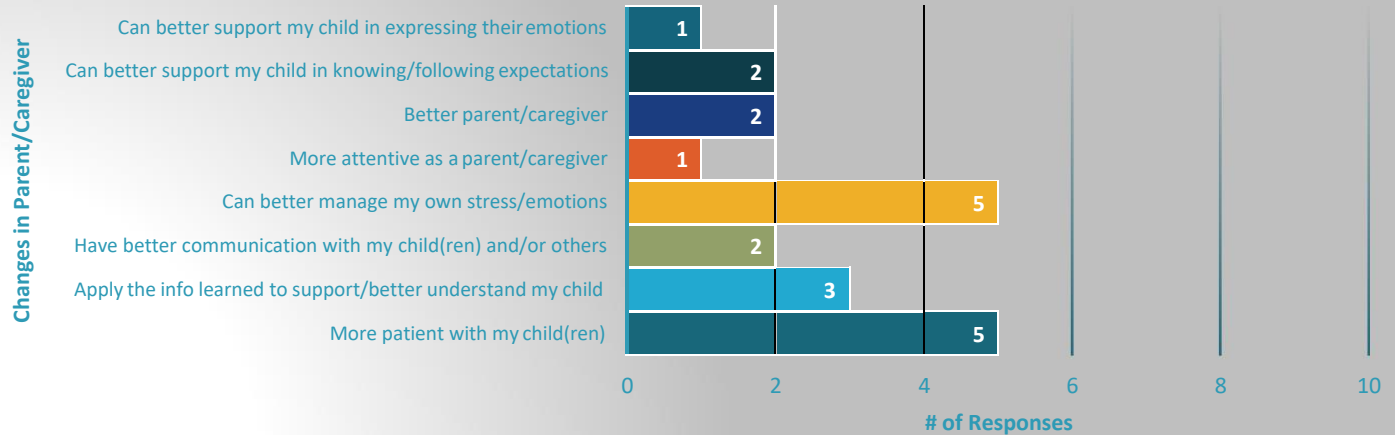
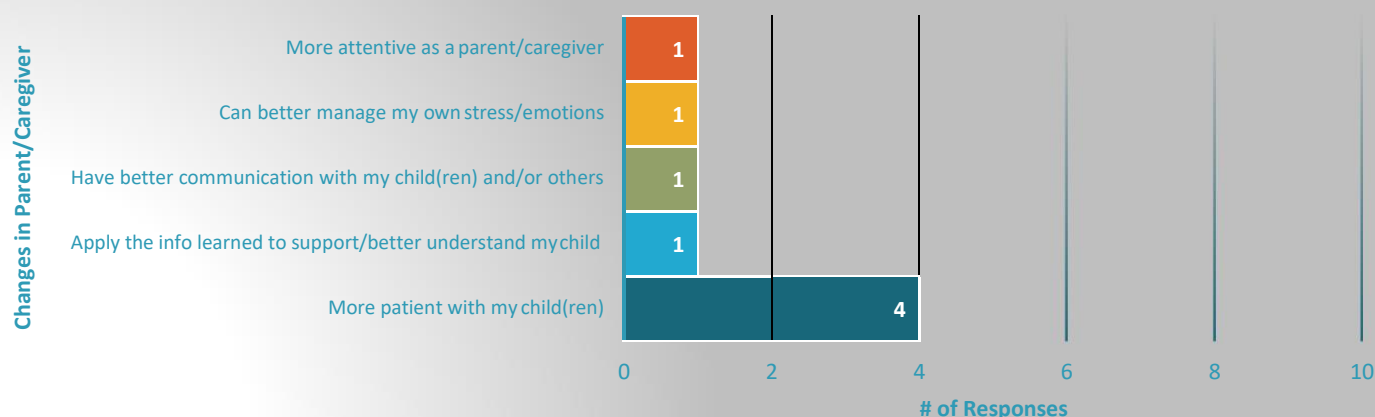


Figure 14. Self-Reported Changes in BRFC Parents and Caregivers. (Data Source: BRFC Post-Program Survey, n = 11)

Table 9. BRFC Self-Reported Changes in Caregivers and Parents. (Data Source: BRFC Focus Groups, n = 19)

Participant Responses	Number of Comments	Sample Quote(s)
I now have better communication with my child(ren) and/or other	8	"So now I say, 'Son, maybe it's not right but maybe if you do it this way, it will turn out better.' In other words, trying to speak with them on their level, so to speak, so there's more communication from him as well as from me. To communicate better if anything happens, if he has a problem or something, between the two of us, we can help."
I am more attentive as a parent/caregiver	5	"I feel that now I see those changes. She's also – she's a baby, so I feel that she's also maturing and learning something new each day."
I am more patient with my child(ren)	5	"So it has helped me a lot with patience..."
I can better manage my own stress/emotions	4	"...how to calm ourselves down as well [as the children]."
I reflect on my own actions/behaviors as a caregiver/parent	4	"[Now I think]... like when she's around other children, not to take her away from the children because I want to teach her to share or get along with others better."
Topic specific changes	4	"I implemented reading, the routine of reading to him/her, because I didn't have it before. So, routines. Routines is what we have gained, yes."

## Next Steps: Changes in Parents/Caregivers



**Figure 15. Self-Reported Changes in Next Steps Parents and Caregivers.** (Data Source: Next Steps Post-Program Survey, n = 6)

**Table 10. Next Steps Self-Reported Changes in Caregivers and Parents.** (Data Source: BRFC Focus Groups, n = 19)

Participant Responses	Number of Comments	Sample Quote(s)
I am more attentive as a parent/caregiver	7	"With my child, I learned that—he talks all day. He talks all day! So, before, I wouldn't pay much attention to him, 'Yes, honey, yes.' But, he continues talking, so with this, I learned that I need to provide him with his time, to listen to him, so that makes him happy. He's happy when I listen to him."
I am more patient with my child(ren)	5	"Well, I learned to be more patient when listening, not just hearing, but also listening, paying more attention, giving them quality time and to stop doing whatever I'm doing and dedicate that time to the child, and the children appreciate that. I mean, they even give you a break after you dedicate some time just for them, because you can't pay attention to them all the time, but if you dedicate a good amount of quality time to them without being distracted, they will appreciate it."
I now have better communication with my child(ren) and/or other	2	"Well, in my case it has really worked because there's even communication. My son tells me, 'Mom, this happened,' because in the past, he was scared of telling me something, 'Oh, you!' So, now I've learned to be a little more patient, to listen to them, and a lot of times, to not scold them, to know how to speak to them adequately and well, I think even they benefit from that because they trust you enough to tell you, 'Mommy, this is going on, this and that,' and well, there's more communication. In case there's a problem or something, we're going to be aware of what's going on."

When asked why they think they have changed, parents and caregivers overwhelmingly stated the changes occurred as a direct result of the information they learned in the program about child development and how to respond to their children. For example, many focus group participants stated they were more patient with their children because they have "learned a lot of new things," they are now better able to "put themselves in [their] children's places" and think about why their child may be behaving in a certain way, and then respond in a more appropriate way than they may have done before (see Tables D3 and E3 in Appendices D and E, respectively).



Caregivers’ self-reported parenting-related stress was measured pre- and post-program via the Parenting Stress Index (PSI). Overall, parents’ average Total Stress<sup>5</sup> and Parent Domain<sup>6</sup> scores decreased for both BRFC (Figure 16) and Next Steps (Figure 17) participants, though individual sub-scale scores showed little change. The changes in Total Stress and Parent Domain scores are noteworthy, especially considering the relatively short duration of the programs (approximately 10 weeks). These decreases in PSI scores, albeit not significant, are even more impressive given that the majority of the content of the BRFC and Next Steps programs is not directly focused on decreasing parent stress (with the exception of the Stress and Anger Management session in BRFC and the Yoga activity in Next Steps). The decrease in overall stress measured by the PSI aligns with parents’/caregivers’ self-reported change of feeling that they are better able to manage their own stress and emotions after participating in the BRFC program.

The PSI data collected can also be used as a guide for BRFC and Next Steps leadership as they continue to refine the programs, or develop new programs through MHEL. For example, sub-scale data from participants of both programs suggest that information or activities that support parents’ sense of competence, or the extent to which they feel comfortable and capable in their parenting role, may be an area that could benefit caregivers and parents, potentially helping to decrease the stress they experience. Similarly, program sessions or other resources related to parent depression or role restriction (their limited sense of freedom and identity resulting from their parenting role) may also benefit participants.

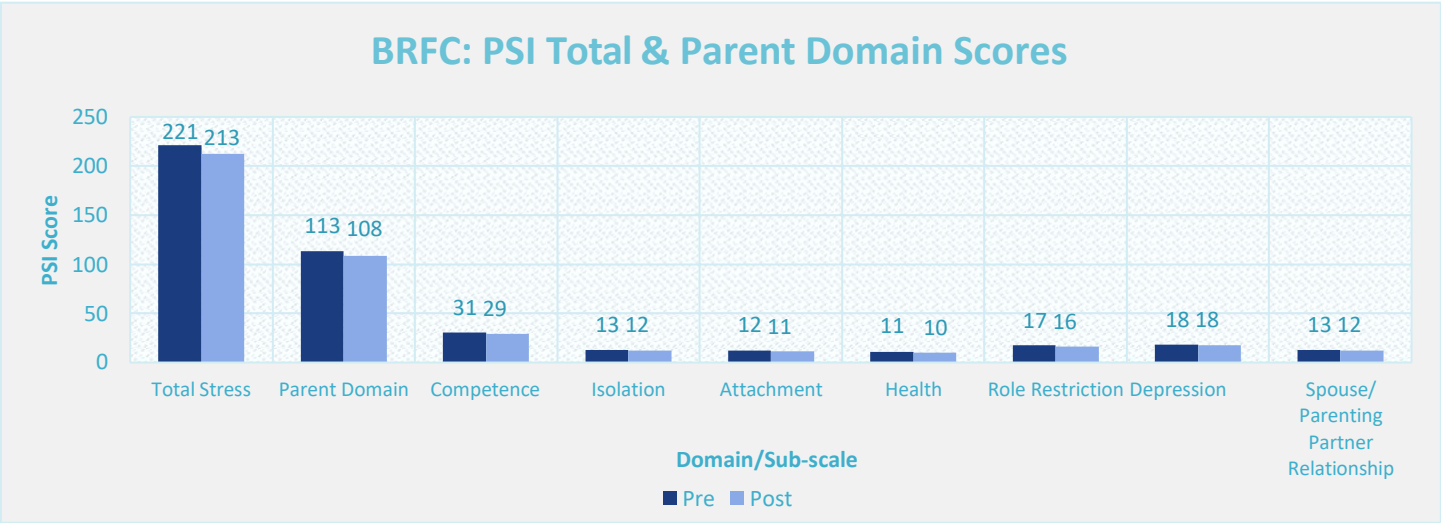
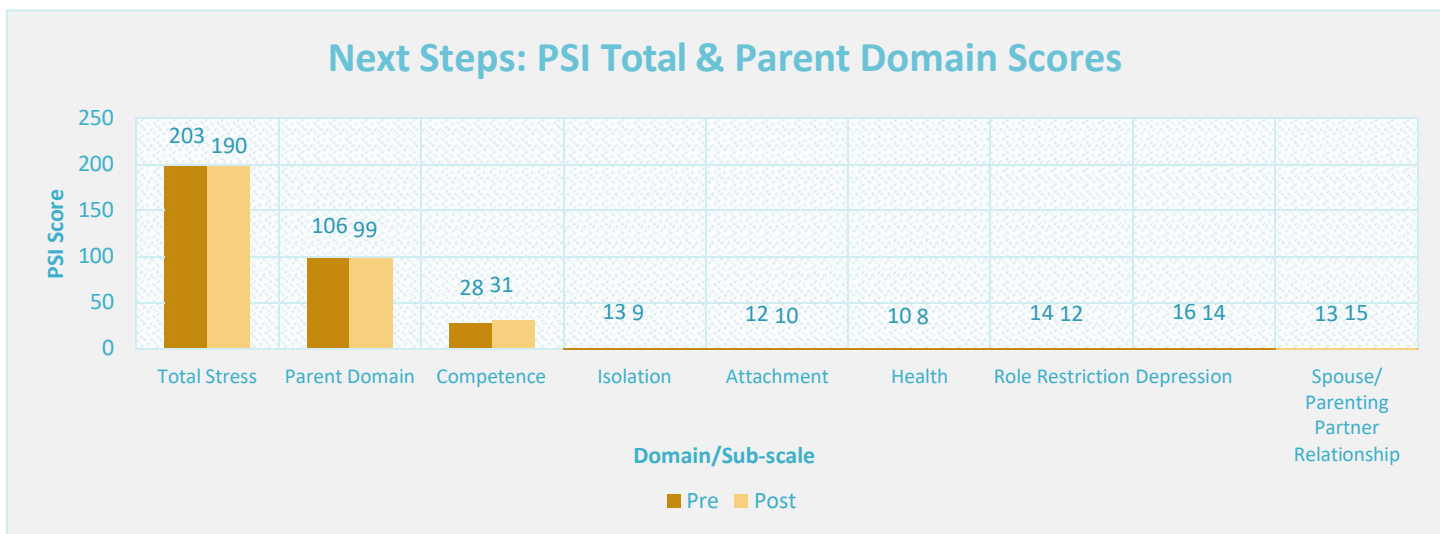


Figure 16. BRFC PSI Total, Parent Domain, and Sub-Scale Scores. (Data Source: BRFC PSI pre- and post-survey, n = 44)

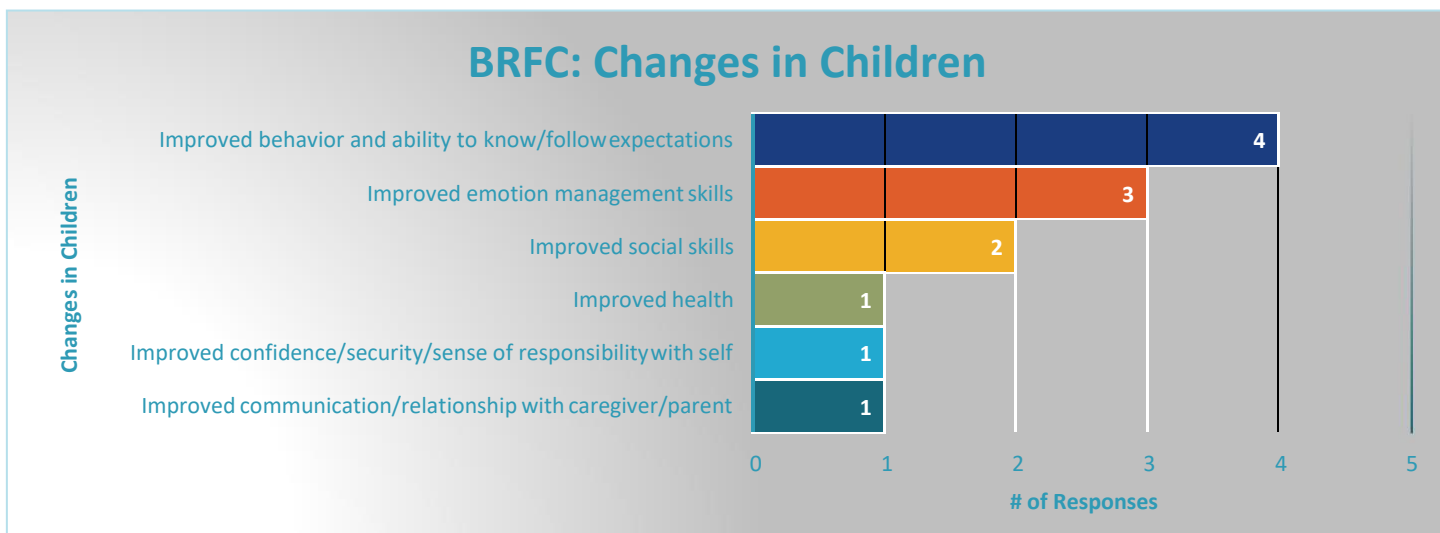
<sup>5</sup>The PSI *Total Stress* Domain assesses overall parental stress and risk for “dysfunctional parenting” and child behavior problems. This score is used to identify parent-child systems that are under stress and at risk for developing “dysfunctional” parent and/or child behaviors and relationships. Higher scores indicate greater stress.

<sup>6</sup>The PSI *Parent Domain* assesses parent characteristics (e.g., attachment, parent competence, etc.) that may contribute to overall stress. There are seven subscales that are combined to make up the Parent Domain (see Appendix A1). Higher scores indicate greater parent stress.



**Figure 17. Next Steps PSI Total, Parent Domain, and Sub-Scale Scores.** (Data Source: Next Steps PSI pre- and post-survey, n = 7)

**Changes in Children.** Parents and caregivers were also asked to identify whether they noticed any changes in their children over the course of the programs. Of those parents and caregivers who responded to this question on the surveys, all of the BRFC parents/caregivers and half of the Next Steps parents/caregivers reported noticing changes in their children over the course of the programs. The most frequently identified changes in children whose parents/caregivers participated in the BRFC program were: improved behavior and ability to know and follow rules and expectations, followed by improved emotion management skills, and improved social skills, among other changes (Figure 18). During focus groups, BRFC participants also noted that their children demonstrated a happier, more positive and engaged disposition, as well as a general improvement in their development and health (Table 11). BRFC parents and caregivers attributed these changes in children to the information they learned in the program, as well as their increased confidence in themselves as a parent/caregiver.

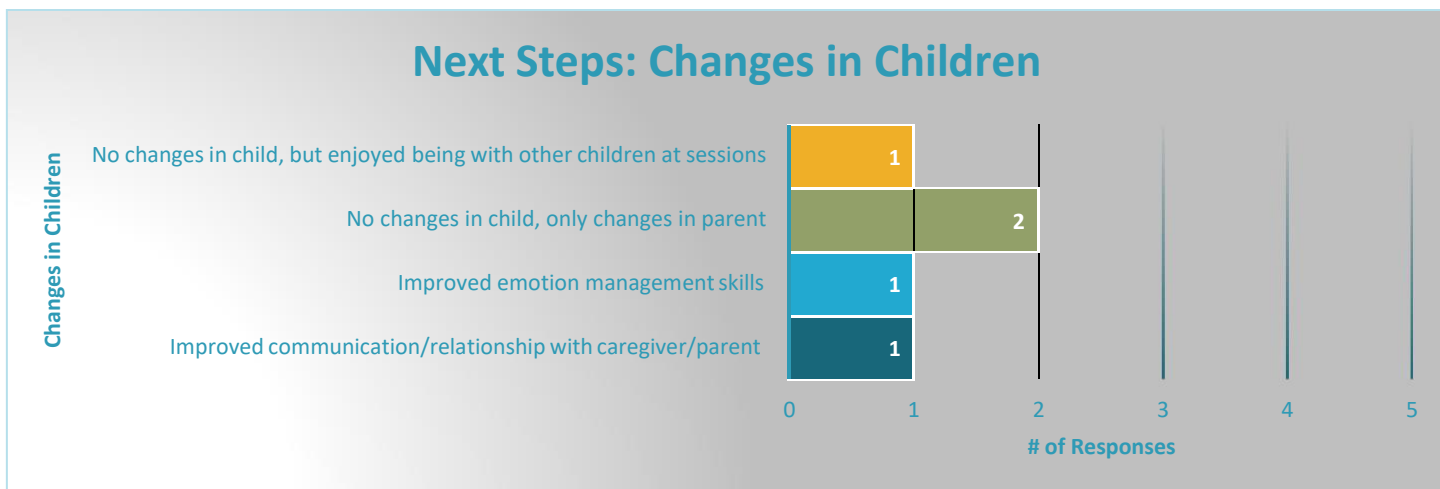


**Figure 18. BRFC Parent-/Caregiver-Reported Changes in Children.** (Data Source: BRFC Post-Program Survey, n = 11)

**Table 11. BRFC Parent-/Caregiver-Reported Changes in Children. (Data Source: BRFC Focus Groups, n = 19)**

Participant Responses	Number of Comments	Sample Quote(s)
Improved social skills	6	"One of the changes that I thought was good was that they learned to take turns. They've learned to share, but they've also learned that if someone else wants what they have and they don't want to lend it at that moment, we've learned that it's okay for them not to lend it right away, but to use their words and say that they'll lend it to them later."
Happier/more positive, engaged disposition	4	"But I realized that it is important because her attitude has changed in many ways, like they motivate her in a lot of things and I do feel like they're preparing her for something and that makes me happy because I see a difference with what happened with my other children, who I didn't get a chance to do a course with."
Improved behavior and ability to know/follow expectations	3	"So they [follow the expectations] more, yes."
Improved development/health	3	"So I did that with my other children, but not anymore. She does a lot of things on her own. One of them, for example, is eating and I definitely wouldn't have allowed it at that age with my other children."
Improved communication/relationship with caregiver/parent	2	"And he now has very good communication. If something happens he says, 'Mommy, this is happening to me at school.'"
<b>Why do you think your child has changed?</b>		
Because I have learned more	2	"For example,... she learned to love reading here and that has me feeling very motivated because she brings me books and wants me to read to her. I know that some people always do it, but I didn't do it and now I'm implementing it with her. That makes me happy."
Because I have confidence as a caregiver	2	"Because people oftentimes have doubts. It's happened to me. But [not now.]"

The most frequently identified changes in children whose parents/caregivers participated in the Next Steps program were: improved emotion management skills and improved communication and relationships with caregivers/parents (Figure 19). During focus groups, Next Steps participants again highlighted improved communication/relationships with parents/caregivers, but also mentioned that their children demonstrated a happier, more positive, and engaged disposition (Table 12). Similar to BRFC, Next Steps parents and caregivers attributed these changes in children to increased confidence in themselves as a parent/caregiver, but also noted that the changes they have made in the ways they interact with their children also had a direct result on the children's demeanor and behavior.



**Figure 19. Next Steps Parent-/Caregiver-Reported Changes in Children.** (Data Source: Next Steps Post-Program Survey, n = 6)

**Table 12. Next Steps Parent-/Caregiver-Reported Changes in Children.** (Data Source: Next Steps Focus Group, n = 24)

Participant Responses	Number of Comments	Sample Quote(s)
Happier/more positive, engaged disposition	2	“They look happier, more joyful.”
Improved communication/relationship with caregiver/parent	1	“He has learned to talk more [with me], just by practicing.”

Parents’ stress as it relates directly to their child(ren) was also measured pre- and post-program via the PSI. Overall, the Child Domain<sup>7</sup> scores decreased slightly for both BRFC (Figure 20) and Next Steps (Figure 21) participants, though individual sub-scale scores showed little to no change. Though the overall Child Domain scores did not decrease significantly, the fact that a decrease was observed at all is noteworthy, especially considering the relatively short duration of the programs and between pre- and post-assessments (approximately 10 weeks).

The PSI Child Domain data collected can also be used as a guide for BRFC and Next Steps leadership as they continue to refine the programs, or develop new programs through MHEL. For example, sub-scale data from participants of both programs suggest that information or activities that provide additional information and hands-on resources regarding children’s distractibility/hyperactivity, adaptability (their ability to adjust to changes in the social or physical environment), and demandingness (the parents’ experience of the child placing demands on him or her), may be areas that could benefit caregivers and parents, potentially helping to decrease the stress they experience.

<sup>7</sup>The PSI *Child Domain* assesses child characteristics (e.g., child distractibility/hyperactivity, adaptability, etc.) that may contribute to overall stress. There are six subscales that combine to make up the Child Domain (see Appendix A1). Higher scores indicate greater parent stress as it related directly to child characteristics.

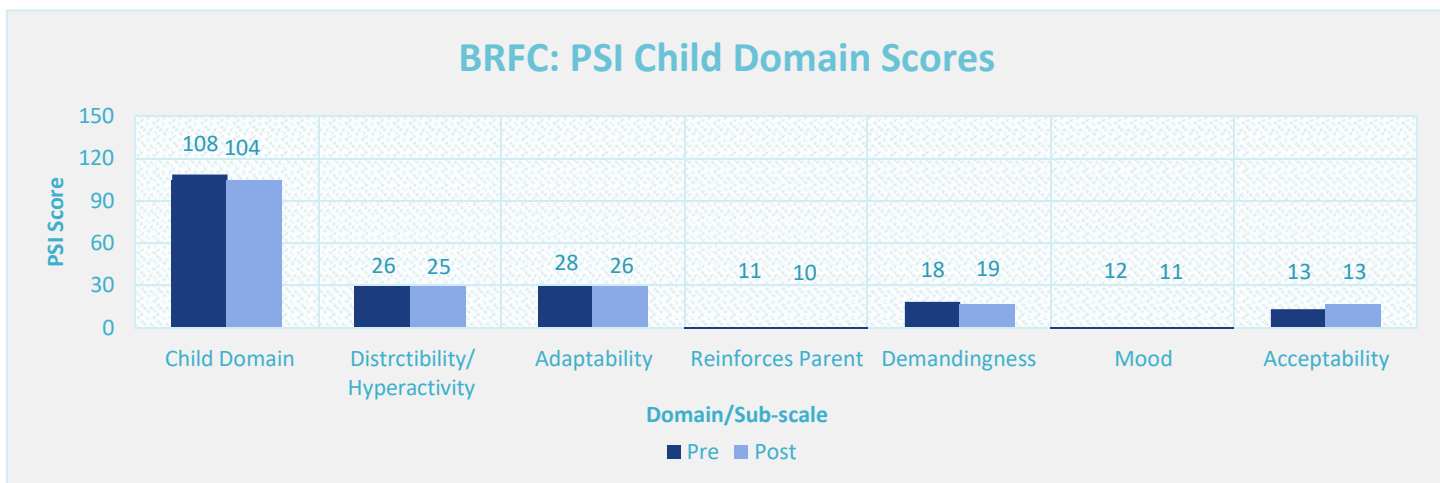


Figure 20. BRFC PSI Child Domain and Sub-Scale Scores. (Data Source: BRFC PSI pre- and post-survey, n = 44)

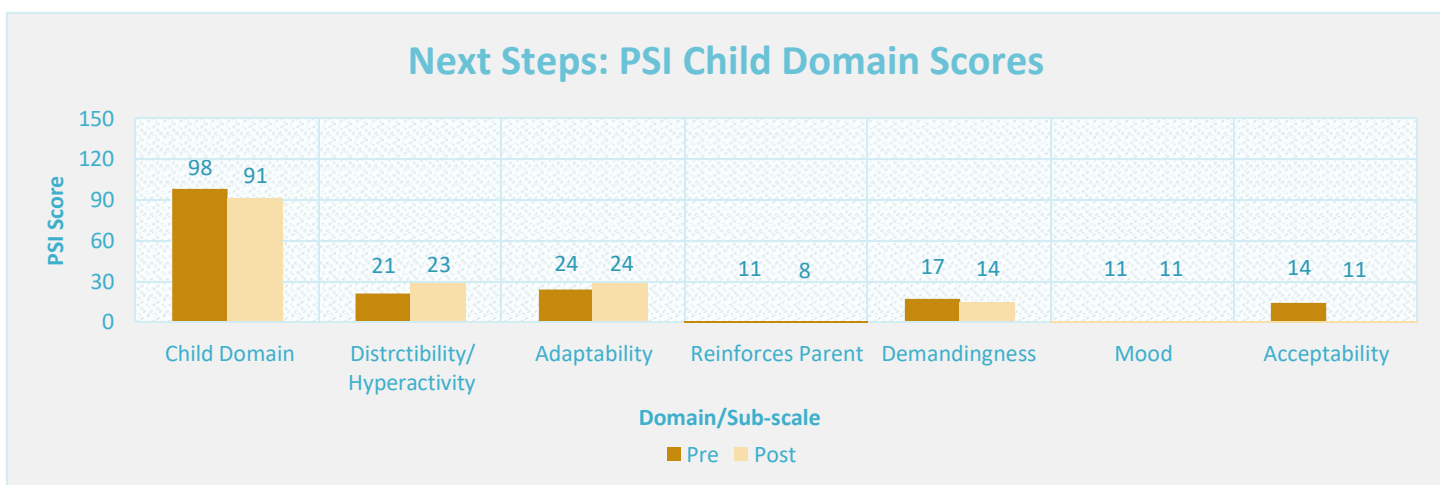


Figure 21. Next Steps PSI Child Domain and Sub-Scale Scores. (Data Source: Next Steps PSI pre- and post-survey, n = 7)

## Program Impressions

An important aspect of any program evaluation is the opinions and impressions of those who utilize the program – in this case, the parents and caregivers. As part of the post-surveys and focus group sessions, participants attending both programs were asked to share their thoughts on the programs, including usefulness of the content presented, facilitators, and other aspects of the overall programs.

**Content.** At the end of the program, on the post-survey and in focus groups, parents and caregivers of both programs were asked to identify the *most useful* topic covered in the programs. For the BRFC program, those topics identified as most useful varied depending on the data collection method – surveys versus focus groups (see Figure 22 and Table 13). It is important to note that the following session topics were in the top half of responses across *both* methods: *Advocating for Your Child*, *Social and Emotional Development*, and *Discipline*. When asked to identify the *least helpful* topic covered in the BRFC program on the Post-Program Survey, *Nutrition and Health Resources* was identified most frequently, though this topic was identified as a useful topic during focus groups. Twenty-seven percent of participants did not identify a least helpful topic of the program, instead writing in that all topics were useful for them. It is important to note that when BRFC participants were asked why a selected topic was not useful for them, they most often stated that they felt they already knew the information provided, though some did mention that they simply wanted more information on the topic.

## BRFC: Most & Least Useful Program Topics



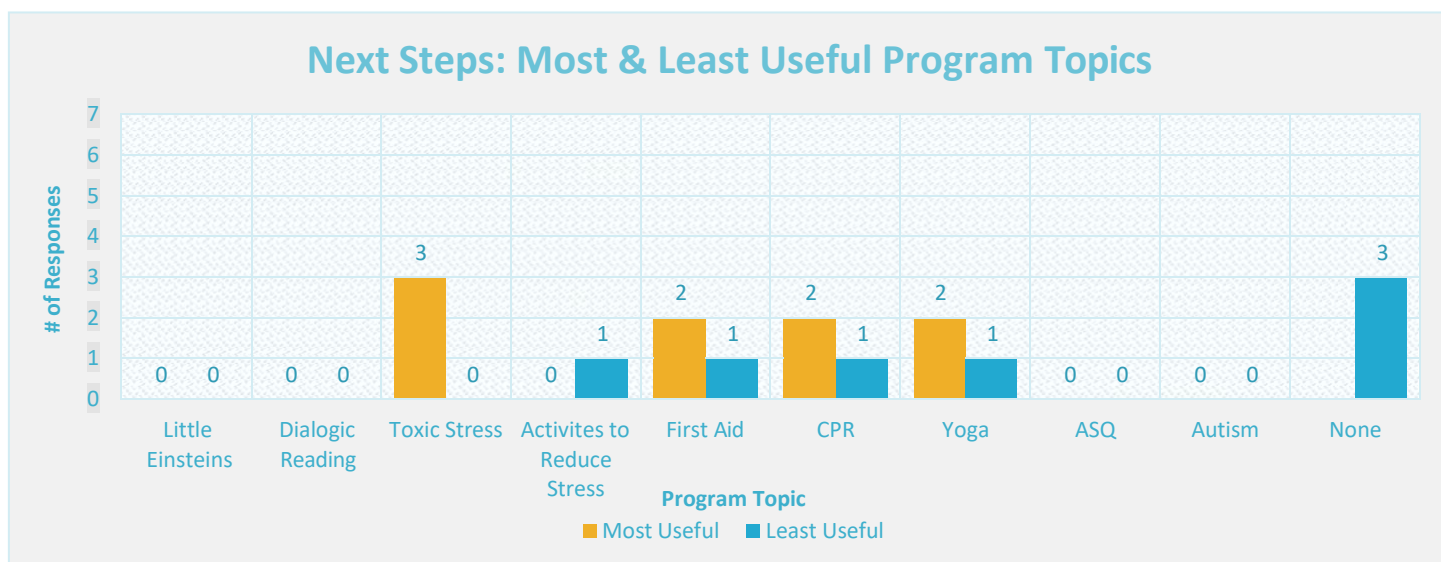
Figure 22. BRFC Most and Least Useful Topics Identified by Program Participants. (Data Source: BRFC Post-Program Survey, n = 11)

Table 13. BRFC Most Useful Topics Identified by Program Participants. (Data Source: BRFC Focus Groups, n = 19)

Most Important/Helpful Information Learned: Specific Content Topics		
Participant Responses	Number of Comments	Sample Quote(s)
Advocacy	15	"Before, we were scared to talk to teachers and then that teacher might take it out on your child. So that's what I was afraid of, but with this course we've become aware of the procedures to follow if something like that were to happen. Who you should go to or who you should talk to first if there's a problem: it's the teacher, then for example the principal, and if not then the committee."
Nutrition & Health Resources	7	"In fact, oh before [the class] I used to – my children loved Oreo cookies and when I saw on a show how they make them, I was practically poisoning my children with those Oreos, because of all the chemicals they add to give them flavor and color, and then sugar and all that. I was fascinated by nutrition."
Social Emotional Development	6	"Also, that it's not bad to show them love, like she said, that it's good to be close because that helps their self-esteem."
Brain Development	6	"They also gave us suggestions for how to be able to analyze our children, of how it is when the child has a physical or psychological problem. For example, what the difference is between that and a gifted child. Because many parents classify a gifted child as a problematic child, because they're playing with something and they throw it and they grab another. But that child's learning is so accelerated that they want something."
Discipline	2	"[When you get upset], I also remember that I was very shocked when she said that when they're babies, to 'never shake your baby.' That when they're little, just a little shake can affect them."
Stress Management	1	"[The most helpful was] stress and everything."
Play & Stimulation	1	"Also, giving them toys that are appropriate for their age, because sometimes since they're so small, we give them all kinds of toys and with [the Program Facilitator,] we learned that we shouldn't give small toys to children of certain ages because they can put them in their mouth or nose and get hurt."



For the Next Steps program, the *Toxic Stress* session topic was identified as being the most useful by participants, with *First Aid*, *CPR*, and *Yoga* as other topics specifically called out as useful (Figure 23). A similar pattern of responses was identified during the focus group – participants found topics related to *Activities to Reduce Stress/Stress Management*, *CPR/First Aid*, and *Yoga* as particularly helpful, though they also identified *Autism* as a helpful topic (though they also discussed later that even more information was needed on this particular topic) (Table 14). When asked to identify the *least helpful* topic covered in the BRFC program, 43% of survey participants did not identify a least helpful topic of the program, instead writing in that all topics were useful for them. It is important to note that when Next Steps participants were asked why a selected topic was not useful for them, they most often stated that the information was just not as useful as the other topics covered or that they already knew the information covered.



**Figure 23. Next Steps Most and Least Useful Topics Identified by Program Participants.** (Data Source: Next Steps Post-Program Survey, n = 7)

**Table 14. Next Steps Most Useful Topics Identified by Program Participants.** (Data Source: Next Steps Focus Group, n = 24)

Most Important/Helpful Information Learned: Specific Content Topics		
Participant Responses	Number of Comments	Sample Quote(s)
CPR/ First Aid /Safety	15	"The CPR classes, that's what really caught my attention, and it's important because you never know when you're going to have an accident..."
Autism	12	"I was also very interested in autism because there were a lot of things I didn't know. I used to see some children who I thought, 'Oh, that's so rude,' I mean, because they don't know how to behave around other children, but I didn't know anything about autism."
All Topics	10	"I think all of the topics were very interesting in order for us to deal with the children."
Personality Assessment	2	"I really liked the first class where we were given like an evaluation to know what type of personality we or our husbands have."
Advocacy	2	"I learned to be my daughter's advocate and it's very important. I don't know who has experienced it. I learned to be an advocate."
Stress Management	2	"Yes, I also liked the topic about stress, how to control ourselves when we are busy and provide the children with attention, to leave whatever we are doing and listen to them, because sometimes they are calling, 'Mom, mom!' and sometimes we don't pay attention to them, 'Oh, hold on, hold on.'"
Yoga	2	"I loved yoga, also—it's also important to be relaxed and take time for yourself."
Dialogic Reading	1	"Another thing was the reading, even though I knew it, but when it was explained there, why reading is important, the consequences of not reading to them at a young age."

**Facilitators.** In both the post-surveys and focus group sessions, BRFC and Next Steps participants generally had positive opinions to report of program facilitators (Figures 24 and 25). All participants who responded to the surveys (with the exception of one BRFC participant) *agreed* or *strongly agreed* that facilitators made them feel welcome, feel like they were a valued member of the group, and feel comfortable asking questions. All but one respondent also *agreed* or *strongly agreed* that facilitators were knowledgeable about program content and that facilitators took the time to answer all of their questions and provide them with any additional information needed. Focus group data supported the survey responses, with participants speaking very highly of the MHEL staff member responsible for conducting the BRFC and Next Steps sessions, stating that the facilitator was knowledgeable about the content and made them feel comfortable expressing their ideas and asking questions during the sessions (Tables 15 and 16). Not captured in the survey responses, Next Steps participants did mention that an outside facilitator leading a particular session, while “friendly,” did not seem as prepared for or knowledgeable about the topic discussed.

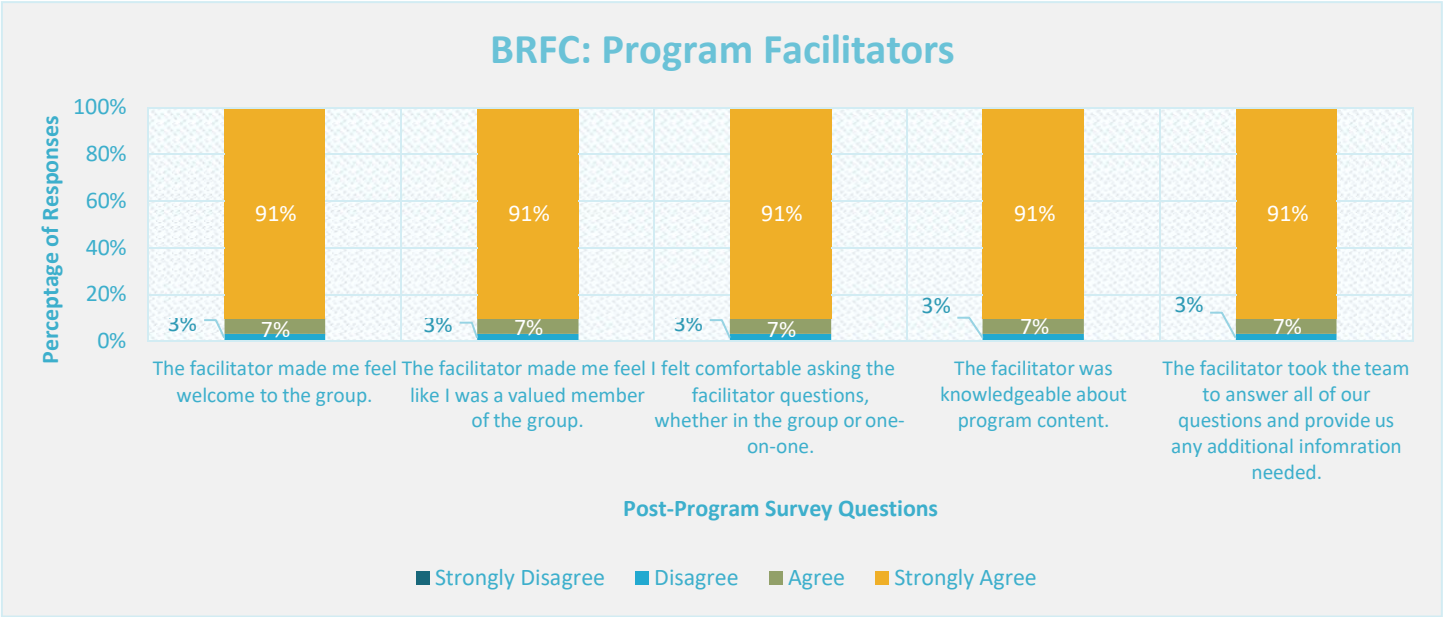


Figure 24. BRFC Participant Perceptions of Program Facilitators. (Data Source: BRFC Post-Program Survey, n = 33)

Table 15. BRFC Participant Impressions of Facilitators. (Data Source: BRFC Focus Groups, n = 19)

Was the program facilitator knowledgeable about the content presented in the program?		
Participant Responses	Number of Comments	Sample Quote(s)
Yes	28	"[Yes], and she also gave examples from her own experience or from her and her daughter, things she's done. Like things that she's changed that worked and things that didn't, so that we could incorporate them with our children."
Did the facilitator make you feel comfortable to express your ideas and ask questions during the classes?		
Yes	26	"Our [Program Facilitator] was a very nice woman, because she always made us feel confident in speaking. She always listened to us and made us feel right about the questions she asked. She made us feel safe and we felt good."

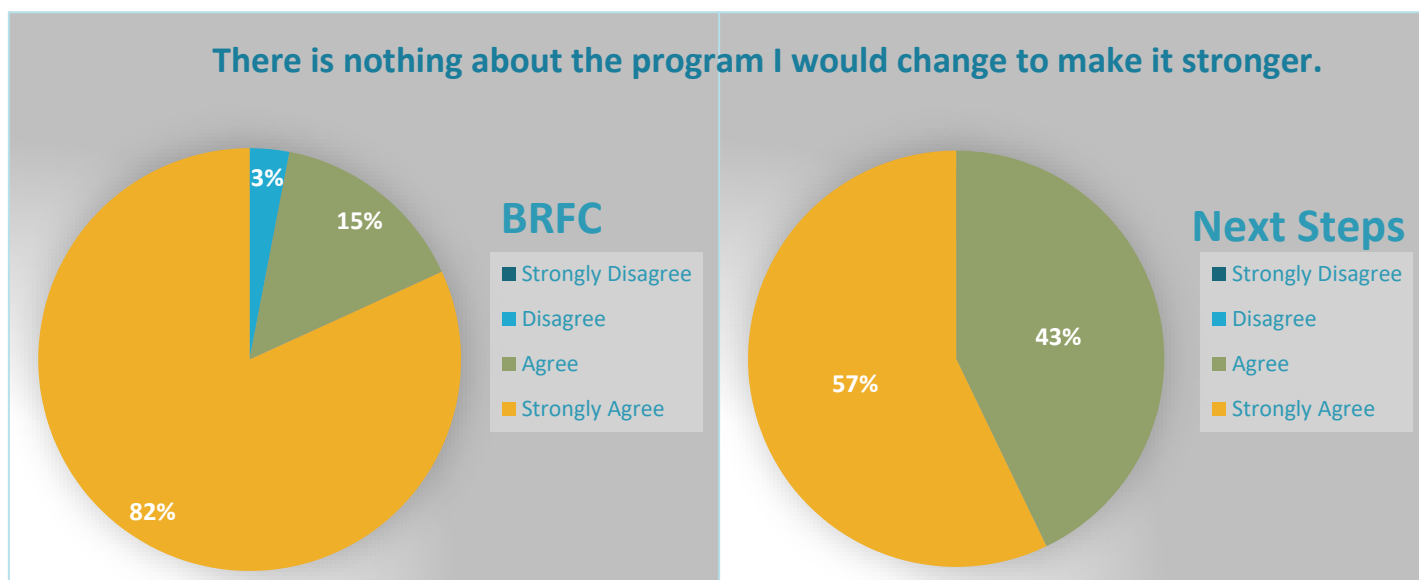


**Figure 25. Next Steps Participant Perceptions of Program Facilitators.** (Data Source: Next Steps Post-Program Survey, n = 7)

**Table 16. Next Steps Participant Impressions of Program Facilitators.** (Data Source: Next Steps Focus Group, n = 24)

Was the program facilitator knowledgeable about the content presented in the program?		
Participant Responses	Number of Comments	Sample Quote(s)
Yes	21	"Yes! When she didn't know something, she would tell us, 'I'll let you know during the next class.' She would get there and open with that: 'I've done some research for you on what I owed you. Here it is.'"
No	4	"Yes, there was lacking with the autism. I feel there should have been someone who was more specialized in that area, so they could answer all of our questions."
Did the facilitator make you feel comfortable to express your ideas and ask questions during the classes?		
Yes	6	"Yes, she would respond. Most of the things she didn't know, she would research them. I mean, she made us feel comfortable with the topics, the questions, everything."

**General Program.** Parents and caregivers had many positive opinions of the BRFC and Next Steps programs, as indicated by their post-survey responses and discussions during focus group sessions. Ninety-seven percent of BRFC respondents and 100% of Next Steps respondents *agreed* or *strongly agreed* that there was nothing they would change about the program to make it stronger (Figure 26); focus group participants were similarly positive about the programs. During focus groups, when asked specifically what they would change, the majority of participants from both programs focused on *adding* more content, services, and follow-up programs similar to those already offered (Tables 17 and 18). For example, they often discussed the importance of continuing and expanding the services already offered to families (e.g., child care during the session). Such ideas included: making sessions longer; having more sessions so more topics can be discussed in greater detail (e.g., autism, CPR, bullying, etc.); and creating more programs in the MHEL series, such as courses that focus on pre-teens and adolescents. One participant also mentioned that it would be beneficial to have additional program locations so they didn't have to travel so far for program sessions.



**Figure 26. Participants' Opinions Regarding Program Changes.** (Data Sources: BRFC Post-Program Survey, n = 33 and Next Steps Post-Program Survey, n = 7)

**Table 17. BRFC Suggested Changes to the Program.** (Data Source: BRFC Focus Groups, n = 19)

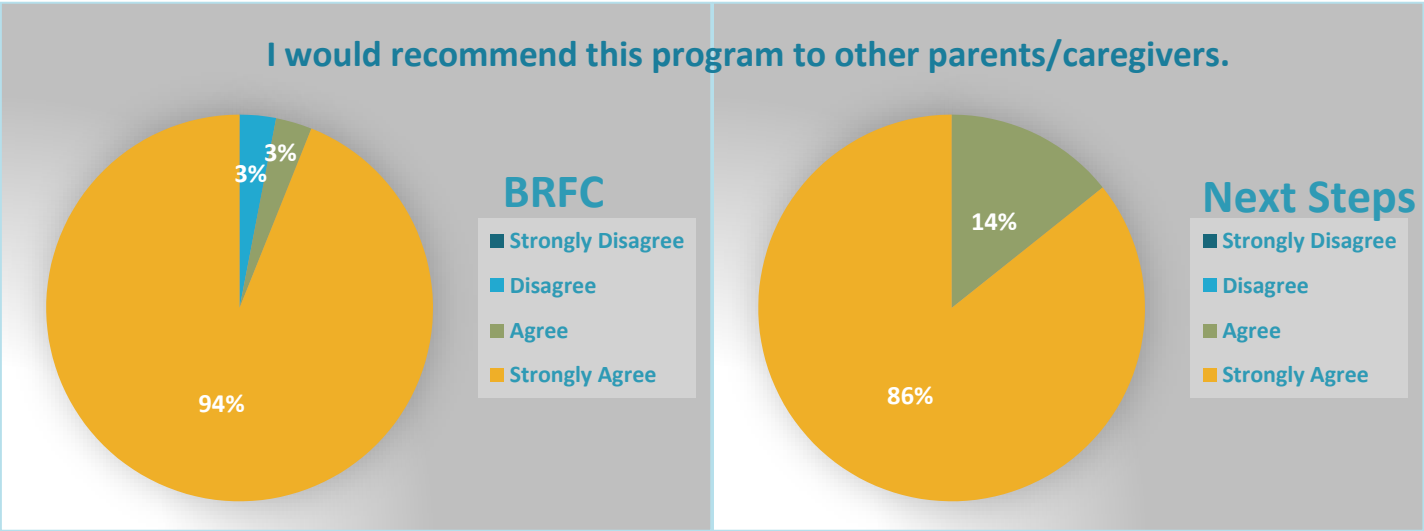
Participant Responses	Number of Comments	Sample Quote(s)
Services for families (e.g., yoga, more hands-on)	25	"And maybe more interactive, because we talked a lot, but maybe some activities."
More Time/Longer Program	15	"More days or more time... so we could develop all the [skills]."

**Table 18. Next Steps Suggested Changes to the Program.** (Data Source: Next Steps Focus Group, n = 24)

Participant Responses	Number of Comments	Sample Quote(s)
More topics/classes <ul style="list-style-type: none"> <li>Autism (n=14)</li> <li>CPR/First Aid (n=9)</li> <li>Drugs (n=4)</li> <li>Bullying (n=3)</li> <li>Yoga (n=1)</li> <li>Sexual abuse (n=1)</li> </ul>	33	"The autism, if it would have been more in depth, we would understand the reasons for it better. I think there should be a little more focus on that topic, because we all thought it was too fast."
Follow-up programs	13	"I feel the classes were more focused on young children, but maybe that would be something important, adding something higher, like for preteens and youths."
Services for families	4	"I couldn't leave my daughter and it also helped that they babysit at the program."
More locations	1	"I would like there to be a group close to my area, because it's very far from my house."

When asked to compare the BRFC and Next Steps programs to other similar programs in which they’ve participated, 100% of survey respondents agreed they learned more in these programs. During focus group discussions, only one BRFC and 2 Next Steps participants indicated they had taken part in a program similar to BRFC/Next Steps, reporting that the content was “different” and not directly comparable to the programs.

Finally, participants were asked whether they would recommend the BRFC and Next Steps programs to other parents and caregivers. All survey respondents, except one BRFC participant, and focus group participants indicated they would recommend the programs to others (Figure 27, Tables 19 and 20). When asked why they would recommend the program to others, it was frequently stated that by participating in the program, parents/caregivers learned a lot about children and themselves, making them better prepared to support children’s development and educational growth. Interesting dialogues also occurred with Next Steps focus group attendees, who also talked about their perception of the program as a valuable resource for the Hispanic community.



**Figure 27. Recommendation of BRFC and Next Steps Programs to Others.** (Data Sources: BRFC Post-Program Survey, n = 33 and Next Steps Post-Program Survey, n = 7)

**Table 19. Recommendation of BRFC Program to Others.** (Data Source: BRFC Focus Groups, n = 19)

Would you recommend the BRFC program to other parents or caregivers?		
Participant Responses	Number of Comments	Sample Quote(s)
Yes	24	“Definitely. I haven’t stopped talking about this with my friends who are pregnant right now and who have babies. Hopefully they do it and don’t do like I did, where I waited until the last one.”
Why would you recommend the program?		
Learn a lot and are better prepared	13	“We learned a lot of things that we didn’t know.”
Frequently make excuses, but need the program	3	“[Yes, I would recommend it.] I just see it as very sad that they’re not interested in – because they’re busy, work, because they don’t really realize what these programs are about.”

**Table 20. Recommendation of Next Steps Program to Others.** (Data Source: Next Steps Focus Group, n = 24)

Would you recommend the Next Steps program to other parents or caregivers?		
Participant Responses	Number of Comments	Sample Quote(s)
Yes	12	"Yes, I also agree, because it will also help them and we should always share what we learn and I personally made several invitations and they did come to the class and they were happy with the class."
Why would you recommend the program?		
Learn a lot and are better prepared	5	"[Yes because] it exceeded my expectations. I think I did more than what I thought I could do. I just went to see what I could learn and later on, I moved up more and more and sought more and more training. Yes, it did meet them and exceed them."
Good resources for the Hispanic/Latino community	5	"Yes, because when we come here from other countries, we get to this country and we think that our children don't have the same rights as other children and sometimes, we don't know how to defend our children from teachers or other children or other parents, so with this class, I personally learned how to overcome that in case there's a problem at school."

## Cost Analysis

In this section the Marsico study team examines the cost effectiveness of the Babies Ready for College and Next Steps programs. An assessment of the cost effectiveness of a program may be made by comparing the total cost of operating the program with the value of its resulting benefits. If the value of the benefits is greater than the cost, then the program may be considered to be cost effective. A common measure used in cost-effectiveness analyses is the benefit-cost ratio, which is the ratio of the value of total benefits to total costs. A benefit-cost ratio greater than one means that the value of the benefits exceeds the cost of the program.

**Benefit-Cost Analysis Process.** There are three basic steps to conducting a benefit-cost analysis. First, the costs of a program's "ingredients" are individually determined and summed to a total program cost. The costs of ingredients may include personnel costs (salaries and benefits), materials and equipment costs (textbooks, consumables, and technology), and facilities costs (the prorated cost of the facilities in which the program is housed). This constitutes the cost side of the equation.

Second, the impact of the program must be measured. In early education programs, impacts may include shorter-term changes such as improved kindergarten readiness or social emotional learning. Under certain circumstances (such as long-term longitudinal evaluations) long-term impacts such as educational attainment and earnings from adult employment may also be measured and valued.

Third, the benefits resulting from the impacts measured in the second step need to be quantified. This represents the benefit side of the equation. It is also often the most complex and challenging step in the analysis. A comparison of the costs and the quantified benefits allows for the cost effectiveness of the program to be understood.

**Limitations.** The scope and design of the evaluation raises a number of challenges to performing a full benefit-cost analysis of BRFC and Next Steps. First, the evaluation takes a cross-sectional look at the impacts of the program. The study examines the participants, outcomes and costs of the BRFC and Next Steps programs only for the current year. Because most benefits from early intervention programs accrue over a period of years, the study team does not have complete data with which to directly assess the longer-term effects of the program. To do so would require a longitudinal study through which past participants or their schools would be contacted to collect additional information on the status of both caregivers and their children (for example, collecting data on changes in caregivers' employment or earnings, or on



children's school performance). However, this type of study would require both a broader scope and larger cost than the current evaluation.

Second, all of the subjects of the evaluation consisted of participants who voluntarily enrolled in the program. Benefit-cost analyses are typically based on impact measures resulting from experimental or quasi-experimental studies where participants in the program are randomly selected from all applicants and the change in the outcomes of interest of the participants is compared to a "control group" of similar individuals who did not participate in the program. Using this comparison group helps to control for any unobserved factors that may affect the results of the outcome measures. For example, because the participants in BRFC voluntarily enrolled in the program in an effort to provide a better future for their children, they may be more motivated than other similarly situated caregivers to work to ensure better life outcomes for their children. As a result, some amount of the positive outcomes found for these families may have occurred even without their participation in BRFC. Without the comparison group the study team cannot account for this effect if it exists.

However, an alternative to relying on a costly longitudinal study for quantifying longer-term impacts is to look into the research literature to see if longitudinal studies of similar programs using the same or similar assessments exist. If such studies do exist and the quantified impacts of this study can be compared to the impacts and benefits of these other studies, then reasonable estimates of the expected benefits of the BRFC program may be made. The two assessments used in the study team's evaluation are the PSI, which includes both pre and post measures for participants in both the BRFC and Next Steps programs; and the Caregiver Knowledge Survey, which includes pre and post measures for BRFC program participants only. The study team was not able to find other studies of early intervention programs using the PSI that related specific changes in PSI scores to a measure of the change in a specific outcome. For example, no study demonstrated that a specific improvement in a PSI score led to a specific number of fewer days of work missed or specific savings in health care costs. And, because the Caregiver Knowledge Survey is a unique instrument developed specifically for the BRFC evaluation, it is not possible to compare the significant improvements on this measure directly to the gains in other studies using a different assessment.

As a result of these challenges, the study team was not able to calculate a specific benefit-cost ratio for BRFC and Next Steps programs based upon the measured impacts of the two programs. That is not to say that the study team is unable to shed any light on the potential value of the benefits of the program. There is an extensive literature on the benefits and costs of a wide range of early childhood education programs, most of which have found substantial returns to investments in early education programs. The literature review conducted for this analysis also reviewed several studies that have attempted to quantify the financial impact of stress on employees and employers that are relevant to this study. Finally our review of the literature found two relevant studies of early intervention programs incorporating parent education and school readiness that included an assessment of their benefits and costs. Using this information, the study team was able to establish a range of the potential value of benefits resulting from the BRFC and Next Steps programs.

## Exploring the Costs and Benefits of BRFC and Next Steps

This evaluation of the BRFC and Next Steps programs measured the programs' effects on two key outcomes: 1) reduced caregiver stress (measured for both the BRFC and Next Steps programs), and 2) improved caregivers' knowledge of child development (measured for the BRFC program only). The study team's review of the literature identified several important benefits resulting from reduced parenting stress and improved caregiver knowledge of child development. The most likely benefit accruing to parents or other caregivers from reduced parenting stress is fewer days of work missed and lower health care costs. The primary benefits accruing to children of participating caregivers include lower rates of neglect or abuse, lower rates of grade retention in school, lower participation rates in special education programs, and higher high school graduation rates. These children may also enjoy longer-term benefits, most resulting from improved schooling outcomes, such as higher lifetime earnings and lower rates of engagement in the criminal justice or social welfare programs. The following sections explore the costs and potential benefits of participating in the BRFC and Next Steps programs for caregivers and their children.

**Program Costs.** For the cost side of this analysis Mile High Early Learning provided a detailed listing of the BRFC and Next Steps program expenditures for the most recent fiscal year. Table 21 below summarizes these expenditures, which total \$174,782 for both programs. BRFC total program costs equal \$104,869 and the program costs for Next Steps totals \$69,913. The cost per participating parent or caregiver is \$920 for BRFC and \$744 for Next Steps. The cost per participating child is \$777 for BRFC and \$624 for Next Steps.

**Table 21. BRFC and Next Steps Program Expenditures. (Data Source: Mile High Early Learning)**

Expenditures for BRFC and Next Steps	BRFC	Next Steps	BRFC and Next Steps
<b>Personnel Costs</b>			
Salaries, Wages and Contractors	\$68,559	\$45,706	\$114,265
Employee Benefits and Payroll Taxes	\$10,382	\$6,921	\$17,303
<b>Total Personnel Costs</b>	<b>\$78,941</b>	<b>\$52,627</b>	<b>\$131,568</b>
<b>Program Supplies and Activities</b>			
Office Supplies and Equipment	\$9,008	\$6,005	\$15,013
Occupancy	\$3,143	\$2,095	\$5,238
Insurance	\$6,320	\$4,214	\$10,534
Food	\$1,145	\$764	\$1,909
Other Transportation	\$4,114	\$2,742	\$6,856
Other Costs and Depreciation	\$629	\$420	\$1,049
<b>Total Expenditures</b>	<b>\$104,869</b>	<b>\$69,913</b>	<b>\$174,782</b>
<b>Expenditure per Parent/Caregiver</b>	<b>\$920</b>	<b>\$744</b>	<b>\$840</b>
<b>Expenditure per Child</b>	<b>\$777</b>	<b>\$624</b>	<b>\$708</b>
<b>Expenditure per Combined Parent/Caregiver and Child</b>	<b>\$421</b>	<b>\$339</b>	<b>\$384</b>

**Benefit-Cost Analysis for Caregiver Participants.** The primary benefit accruing to parents and other caregivers participating in both programs consists of reduced caregiver stress as measured by the PSI. The benefits of reduced stress may come in the form of reduced unplanned absences from work - resulting in higher family income and lower employer costs, higher productivity, and reduced health care costs. The most reliable estimate of the costs of parental stress is provided by a survey of employers by CCH. Inc. (Goldin, 2004). They found an average cost of \$902 per employee per year for unplanned absences (in 2018 dollars). This overall cost incorporates the costs of lost wages, lower productivity, and the hiring of additional staff to compensate for these absences. Given these data we assume that the maximum benefit from reducing caregiver stress is equal to the \$902 cost found in the CHH. Inc. study. The actual benefit value is almost surely less than this. On average, the decrease in scores on the PSI were about 4.0 percent for BRFC participants and 6.5 percent for Next Steps participants. Unfortunately, we do not have research results available to tell us how much unplanned absences and their related costs decrease given a specific decrease in PSI scores. While it is highly likely that there is measurable economic benefit from reducing caregiver stress, we do not have enough information to make a credible estimate of the value of this benefit.

**Benefit-Cost Analysis for Child Participants.** Both the BRFC and Next Steps programs have as their goals improving school readiness and increasing high school completion and participation in higher education. There is ample research showing that individuals who complete high school and earn some college credits or a college degree reap a number of important benefits, including higher lifetime earnings, better health, less dependence on income support programs, and a lower likelihood of entering the criminal justice system (Bowden & Belfield, 2015; Levin, Belfield, Muennig, & Rouse, 2006; Levin & Belfield, 2009). Society as a whole also benefits via lower public costs for welfare, criminal justice, and health care programs. The value of these benefits is offset somewhat by the additional education costs of these children, who may have otherwise dropped out of school, remaining in school through graduation and attending college. Table 22 summarizes the value of the benefits of successfully completing high school and attending college based on the findings of prior studies.

**Table 22. Value of Benefits Resulting from High School Graduation and College Attendance.**

Benefits (in 2018 Dollars)	Benefit Amount
Increased Lifetime Earnings	\$51,330
Healthcare Savings	\$51,488
Welfare Program Savings	\$14,048
Criminal Justice Savings	\$26,670
Additional Education Costs	(\$2,561)
<b>Net Total Benefits</b>	<b>\$146,097</b>

Table 22 shows that for every child participating in the BRFC or Next Steps programs who graduates from high school and attends college rather than dropping out of school, a total of \$146,097 in lifetime benefits is generated. Based on the programs' costs described above, this leads to benefit-cost ratios of 188.03 (\$146,097/\$777) for BRFC and 234.13 (\$146,097/\$624) for Next Steps. In other words, for those children who graduate high school and attend college solely due to participation in BRFC or Next Steps, \$188.03 and \$234.13 in benefits respectively is generated for every dollar spent providing the programs. However, because we do not have long-term information on the participants of the two programs, we cannot say how many additional children graduate from high school and attend college due to the two programs. Further, because we do not have a random assignment of similarly situated children and caregivers to the two programs, we are not able to say with certainty whether the participating children who graduate from high school and attend college do so exclusively due to their participation in the two programs or if other supports provided by caregivers, schools, or other agencies also contributed to their success. Regardless, it is highly likely that the two programs provide significant benefits compared to their per participant costs.

In addition to the estimates of the costs and benefits of BRFC and Next Steps described above, the study team's review of the literature identified evaluations with benefit-cost analyses of two comparable early intervention programs that incorporate a substantial parent education component. These are a 1998 evaluation of the Home Instruction Program for Preschool Youngsters (HIPPY) and a 2010 evaluation of the Incredible Years (IY) program (Baker, Piotrkowski & Brook-Gunn, 1998; O'Neill, McGilloway, Donnelly, Bywater, & Kelly, 2013). Both of these studies provide information on per participant costs and benefits and describe the types of benefits resulting from the two programs. These programs do differ in several ways from the BRFC and Next Steps programs. HIPPY is a two-year program (as opposed to BRFC's 10 weeks) and includes a robust home visitation component. At 12 to 14 weekly sessions IY is more similar to BRFC and Next Steps in duration but is focused on child behavior as opposed to the broader scope of BRFC and Next Steps which includes specific preparation for school success as well.

The per participant costs of BRFC and Next Steps are well below the estimated costs of \$2,708 for the HIPPY program and \$2,159 for IY.<sup>8</sup> The primary benefit included in the HIPPY analysis was a projection of the value of enhanced earnings for the participating children due to better educational outcomes (although the last actual follow up of child participants was at age six). The value of this benefit was estimated to be \$4,884 per participant, resulting in a benefit-cost ratio of 1.80. This result is interpreted as stating that for every \$1.00 spent on the program, \$1.80 worth of benefits are generated.

The authors of the IY evaluation, which was conducted in Europe, estimated the value of two different sets of benefits accruing to the child participants. The first included only the impacts of improved educational outcomes and reductions in crime and unemployment. These impacts generated the most robust statistical findings. The per participant value of these benefits was estimated to be \$4,320. An expanded set of benefits that also included increased work productivity, earnings, reduced substance abuse, and reduced teen pregnancy resulted in an estimated benefit of \$14,508 per participant. The benefit cost ratio for these two sets of benefits were 2.0 and 6.7 respectively.

The benefit-cost results found for these two programs provide further support that the benefits significantly outweigh the costs of the BRFC and Next Steps programs. However, as noted above, it will be necessary to collect longitudinal data on the educational outcomes of BRFC and Next Steps participants to provide a specific estimate of the long-term benefits of the two programs.

<sup>8</sup> All amounts have been adjusted for inflation to 2018 dollars.

# Findings & Moving Forward

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The findings presented herein suggest that Babies Ready for College program is meeting its goal to help caregivers and families ensure their children are ready for school and stay on track to graduate from high school, prepared for whatever course lies ahead. Though more data is needed on the Next Steps program, the limited data available as part of this evaluation suggest that this program is also meeting its goals of providing families and caregivers with hands-on experiences and tools to support their children's development and safety across multiple domains. Below, key findings are summarized and possible action steps are highlighted for Mile High Early Learning to consider as the programs move forward and continue to evolve and increase their reach.

## Building on Strengths

### **Finding: Participants value BRFC and Next Steps and are calling for additional, expanded programs.**

Similar to previous years' evaluation, BRFC and Next Steps participants greatly value the information learned and connections made while participating in the programs. Throughout data collection opportunities, participants from both programs regularly mention that additional and/or longer programs would be beneficial and something they would attend if offered. The most commonly requested additional information/programs are those targeting older age groups of children, particularly pre-teens and adolescents. Importantly, available enrollment from data from 2017/2018 participants shows that 48% of families have children 6 years of age and older – demonstrating a need for programs targeting increased child ages for these families. During focus groups, many families mentioned that they used as much information from the BRFC and Next Steps programs as possible with their older children, but that more focused information for these age groups would be greatly beneficial to them and their children. This finding could also present an opportunity for partnerships with agencies who provide programming for families with older children.

### *Moving Forward: Expand Programs*

As highlighted previously in this report, some families made note of the fact that additional or longer sessions would be beneficial to allow for more detail or practice of current sessions topics (e.g., autism, first aid, social-emotional development and communication). MHEL staff should consider whether this is an option and, if not, could consider providing families with handouts or links to additional resources for each topic covered in the BRFC and Next Steps programs.

Should funding allow, MHEL could consider adding additional programs beyond BRFC and Next Steps that focus on these older age ranges of children. Additional programs could be piloted by starting with one or two cohorts to test the programs, both in terms of content and enrollment. Another, lower budget option would be to offer one or two occasional special sessions that focus on parenting of pre-teens and adolescents, with invites extended to current BRFC and Next Steps families, as well as other MHEL families. It may also be possible to find high-quality programs targeting the parenting of these older age groups that already exist in the community, and forming partnerships with these organizations to connect MHEL families with these resources.

### **Finding: Participants' knowledge of targeted child development topics increased across the BRFC program.**

A new aspect to this year's evaluation included the measurement of BRFC participants' retention of information related to child development topics covered in the program. Based on post-survey data, participants reported gaining knowledge in the program and feeling more confident in their knowledge as a result of participating in the BRFC program. This self-reported increase in knowledge was supported by findings from the *Caregiver Knowledge Survey*, with scores on the CKS increasing from pre- to post-program, though still showing room for growth. It is important to note that the increased

scores on the CKS from pre to post do not allow us to know how deeply participants were learning the intended information or how long-term the retention of this information may be.

### *Moving Forward: Tailored Content Coverage*

The data from the post-program surveys and CKS are promising and suggest that families are learning important information as a direct result of their participation in the BRFC program, and there are several ways these data can be used to further enhance the program. For example, MHEL staff could consider administering the CKS (or a shortened version of it) prior to any program sessions to get a sense of participants' baseline knowledge on key topics. This information could then be used to further tailor the content covered within existing session topics. If this method of administering the CKS prior to the start of next year's sessions isn't feasible, the information from the current report could be used to inform adjustments to the next round of BRFC sessions. Based on pre-program scores from this data collection period, for instance, it seems that participants enter the program with a fair amount of knowledge (as compared to other session topics) on general nutrition. Sessions could spend less time on this topic or, ideally, add more detailed or advanced information on this topic to families. Importantly, MHEL staff already have plans to adjust this particular content based on feedback they received from participants during the sessions.

Pre-program scores also suggest that families tend to enter the program with comparatively less information on *Stress and Anger Management*, *Social Emotional Development and Communication*, *Play and Stimulation*, and *Advocating for Your Child*. It may be the case that program developers and facilitators could add more hands-on activities or case studies, written or video, that participants can read/view and evaluate together during the sessions. Specially developed handouts on these topics including key concepts or ideas from the session may also be helpful resources for families. Yet another idea, which could also address families' requests for additional practice of skills, could be to provide mini "homework" activities that encourage participants to choose one new strategy or technique learned in a particular session to try out at home during the following week, with families then reporting out to each other at the beginning of the next session.

### **Finding: Participants report, and data suggest, improved caregiver and child well-being after BRFC and Next Steps program participation.**

Participants from both programs who were engaged in data collection efforts reported noticing changes in themselves as caregivers/parents as a direct result of participating in the programs. More specifically, they reported being more patient with and attentive to their children, better able to manage their own stress and emotions, and better at communicating with their children. While this finding is not different from previous years' evaluation findings, this year's evaluation has the very important added benefit of having standardized assessment data (i.e., the *Parenting Stress Index*), albeit limited, to support participants' claims that they did, in fact, experience some aspect of improved well-being after participating in the programs. Self-reported data from the PSI show a decrease in parents'/caregivers' Total Stress and Parent Domain scores from pre- to post-program, suggesting they experienced less stress as it related to parenting and, thus, are at less risk for "dysfunctional parenting and child behavior problems" – factors assessed in the PSI. Though these are not significant decreases in scores, it is still noteworthy that decreases were found given the relatively brief duration of the programs.

All parents/caregivers in the BRFC program and half of those in the Next Steps program reported noticing changes in their children as a result of their participation in the programs. Key changes in children often noted include: improved behavior and ability to know and follow expectations, improved emotion management and social skills, better communication with parents/caregivers, and a generally happier and more positive and engaged disposition. Changes in children were further supported by PSI data, which showed that Child Domain scores decreased from pre- to post-program, suggesting parents/caregivers were experiencing less stress as it directly relates to characteristics of their children.

### *Moving Forward: Continued Work with Families via Tailored Supports and Resources.*

The participant-reported changes and decreased stress as assessed by the PSI suggest that the information and supports already provided by the programs are having an important and positive impact on families. These supports should be continued as a way to continue to better families and to empower them to see themselves as better and more confident

parents/caregivers – and to recognize the positive changes they can have on their children, no matter how big or small. MHEL staff could also use PSI results to determine which sub-scales may indicate areas of greater stress for participating families to further tailor the information and supports offered in the programs. This could be done using data from this evaluation, or could even be accomplished by administering the PSI Short Form, a much briefer version than that used in this larger scale evaluation, to participants as they enter the program to obtain more detailed information specific to each cohort.

### **Finding: Participants have positive impressions of both programs, value the content covered, and would recommend them to other families.**

Participants from both programs reported and made comments indicating that they place a very high value on the programs and their participation in them, with many individuals indicating they would or already have recommended the programs to other families. When asked what they perceived as the most helpful topic covered in the programs, no single topic emerged from the survey or focus group findings; rather, multiple topics were identified as being particularly helpful. For the BRFC program, *Advocating for Your Child*, *Social Emotional Development & Communication*, and *Discipline* were identified by families as most helpful and informative; *Toxic Stress*, *First Aid*, *CPR*, and *Yoga* were often identified by Next Steps participants. Some families also commented on the sense of community developed during the programs as an important benefit of participation.

Participants were also explicitly asked about their impressions of program facilitators in both surveys and focus groups. All responding participants found the BRFC program facilitator to be knowledgeable, approachable, and responsive to their needs and questions. They not only felt comfortable with the facilitator, but also appreciated her use of examples from her own life to help illustrate program content. By design, the Next Steps program includes sessions in which outside individuals present content; some Next Steps participants commented that these outside facilitators seemed to be less prepared to discuss key topics and answer related participant questions.

### **Moving Forward: Continued Funding for Program Offerings.**

The overwhelmingly positive impressions of the programs, combined with findings showing participant learning and reported personal growth previously discussed, suggest that continued funding for the programs would be a benefit to families – current and future. Regarding program content, MHEL staff could, in addition to using PSI information, consider conducting a brief survey prior to or at the start of the program to determine which topics are most interesting and/or important to participants. Facilitators could then spend more time on these topics during sessions and/or could spend more time adding self-guided resources for participants on these topics.

Findings suggest that program facilitators play no small role in participants' impressions of the programs. As previously mentioned, leading up to this past program year and based on last year's evaluation report findings, the MHEL team implemented a new approach to recruit a program facilitator that was considered a leader in the community. It is recommended that this method of finding a leader in the community that also has commonalities with program participants continue to be used when recruiting additional facilitators and/or that the current program facilitator continue to be involved in the programs moving forward. When considering outside topic-specific guest facilitators, it may be beneficial to build in additional preparation time to help ensure content to be discussed is in line with that requested or needed by participants. More specifically, MHEL staff could consider providing or having guest facilitators provide outlines of presentations and/or materials to be shared ahead of time, making sure content is adequately represented. Staff could also consider having participants submit questions about upcoming topics ahead of time, perhaps one or two sessions prior to the scheduled topic date; these questions could then be shared with the guest facilitators ahead of time to help them tailor their materials and to be better prepared for likely questions they'll be asked to address during the session.

### **Finding: Data provide preliminary evidence of the social validity of the programs.**

Taken together, the data collected as part of this evaluation provide preliminary evidence of the social validity of the programs. *Social validity* refers to "the social importance and acceptability of treatment goals, procedures, and outcomes" (Foster & Mash, 1999, p. 308). As part of program surveys and focus groups, participants were asked to identify their



reasons for joining the programs, as well as their goals. The overwhelming majority of caregivers and parents stated that they joined to learn more about child development, to help their children in their development and education, and to help their children have a more successful future. Their goals were directly related, with participants wanting to learn how to be a better caregiver and to learn more about child development to better help them understand and support their children. The goals most often identified by participants are in line with the main goals of the programs – to begin planting the seed of expectation for higher education in families living in chronically under-resourced communities, improving children’s long-term educational outcomes through parent and caregiver education – suggesting the goals of the programs are viewed as important and meaningful, or socially valid, by participants.

Participants’ views of the procedures of the BRFC and Next Steps programs were tapped into via questions about program facilitators and program content. Participants had positive opinions of the programs’ facilitator, indicating that her teaching and interaction style made them feel welcome, valued, and comfortable participating in the program. They also agreed that the facilitator was knowledgeable and responsive to their questions and concerns throughout the course of the program. During focus groups, participants were asked what they would change about the program to improve it; comments were overwhelmingly positive, with program changes focused on adding additional sessions and topics. Though not directly related to participants’ perceptions of the program procedures, nearly all participants also stated that they would recommend the programs to other caregivers. Future evaluations could ask specific questions about program procedures to further evaluate this component of the programs.

Finally, program outcomes provide additional evidence that support the social validity of the programs. As previously discussed in detail throughout this report, participants showed an increase in their knowledge of child development topics, as evidenced by scores on the Caregiver Knowledge Survey. Participants also reported decreased stress as relates to themselves and their children, as evidenced by decreased scores on the Parenting Stress Index. These findings were further supported by participant report during post-program focus groups.

### *Moving Forward: Programs should continue to be implemented and additional data collected to further establish their social validity.*

It is recommended that MHEL continue implementing the BRFC and Next Steps programs, while taking participants’ feedback presented in this report into consideration. To further evaluate the social validity of the program, it would be beneficial to systematically and routinely collect information from pre- and post-program about their goals and whether they feel they have met their goals by end of the program. Gathering additional specific information about program procedures and their effectiveness from participants and facilitators is also important. This could include questions such as those already included in the present evaluation, as well as more detailed information related to the presentation of material, content of materials, session timing and length, facilitator variables, and other factors. To capture the third piece of information needed to evaluate the social validity of the program, participant outcomes need to continue to be evaluated and expanded upon as outlined throughout this report. The current evaluation data indicate BRFC and Next Steps are socially valid and valuable programs for families, and additional data will provide even more evidence of their utility and importance for caregivers and children in the community.

## **Opportunities for Growth**

### **Finding: Programs are continuing to expand and reach those in need, but participation includes a limited demographic.**

The majority of program participants across both programs were mothers or caregivers (71%), meaning only 2% of participants were fathers. Data from enrollment forms also show that 97% of participants were of Hispanic or Latino descent. In terms of reaching families in need of services, data from the *Family Resource Scale* and mapping analyses suggest that the programs are in fact being offered in locations of need and reaching families in need of the services offered by the programs. For instance, the majority of participants reported only having “sometimes adequate” access to basic needs resources. Mapping of program locations with family home locations shows that the majority of participants

are living in areas with the lowest median household incomes, the highest concentrations of children living in poverty, and the concentrations of vulnerable populations. Importantly, these are also the areas where many BRFC and Next Steps programs are being offered, though the maps also suggest a need for program offerings in western Denver Metro – an area with program participants and high need, but limited to no program offerings are available at this time.

### *Moving Forward: Expanded Recruitment and Program Locations*

In general, more targeted recruitment methods are recommended to help further diversify the reach of the programs to include more fathers and caregivers/parents from additional ethnic and cultural groups. For example, as a way to recruit more fathers or other male caregivers into the program, it may be beneficial to include recruitment materials designed specifically for fathers or to add programs or special sessions targeted specially for fathers and their children (e.g., perhaps a workshop for men only and led by a former program father or other male leader in the community, or an outing for fathers and their children).

Similar targeted recruitment may also be helpful for expanding the programs' reach to other ethnic and cultural groups. As an example, leading up to this past program year and based on last year's evaluation report findings, the MHEL team implemented a new approach to recruit a program facilitator that was considered a leader in the community. Though it is not possible to be certain that this approach led to the increase in Hispanic families participating in the program, it is worth replicating this approach moving forward as a way to help recruit families from other ethnic and cultural backgrounds into the programs.

Expanding the locations at which programs are offered is another area of growth that can increase the community impact of the programs. Should funding allow, data suggest that the expansion of the programs into the western Denver Metro area would allow for increased participation by families in areas of need. Related to families' reported needs and access to resources, it may also be the case that adding links or providing special resources to help families access basic needs resources/supports may be another way to help recruit families into the programs (e.g., special sessions or resource "fairs" that link families to support programs).

### **Finding: The BRFC and Next Steps programs can continue to expand upon their current data collection, entry, and tracking system to further track program outcomes.**

Based on current and previous years' data, participants are learning and utilizing information from BRFC and Next Steps that is positively impacting them and their children. Based on previous years' evaluation reports, MHEL has developed and begun to implement a customized data collection, entry, and tracking system. Currently, the system tracks parent and child demographic information, program participation for all MHEL programs, and program session attendance. MHEL also has plans to include pre- and post-surveys and the *Ages and Stages Questionnaire* in the near future. To more fully and empirically verify program impacts and effects over time, additional child and caregiver data can be added to the system. The additional detailed tracking of financial data by program can also provide an opportunity, when combined with long-term family and child data, to begin to calculate more traditional benefit-cost analyses – further illustrating the positive impacts of the BRFC and Next Steps programs.

### *Moving Forward: Implement Systematic and Longitudinal Data Collection*

Over the past four years of program evaluation conducted by the Marsico Institute for MHEL of the BRFC program, evaluation questions and methods have become more in-depth every year. Furthermore, the MHEL team has utilized evaluation findings to continue to refine program content (e.g., additional topics), expansion efforts (e.g., facilitator and participant recruitment, additional program locations), and basic data collection (e.g., the development of a customized database by MHEL for tracking demographic, program participation, and attendance information). Additional time and resources to support wider and more timely data collection and tracking can further benefit the programs by helping to target content and resources for families and by providing data to demonstrate program effectiveness for continued funding to expand programs.

This year's evaluation is different from previous years' evaluations in that participant learning and some initial outcomes were collected pre- and post-program with a subset of BRFC and Next Steps participants. These data (i.e., PSI, Caregiver

Knowledge Survey), for the first time, provide empirical data that begin to examine the programs' effectiveness – with the results outlined in this report showing positive programmatic effects on families' knowledge and caregiving-related stress. To more completely determine the impact of BRFC and Next Steps on caregiver and child outcomes and school readiness, additional data collection is necessary. Similar to previous years, it is recommended that basic demographic information continue to be collected (and stored as part of a "live" database that expands upon MHEL's current customized database) from all participants at the time they enter the program. Such data will allow MHEL to track and understand the general characteristics of families choosing to participate and continue in the program. Having such information may also allow the program to gather general information on families that drop out of the program—important information that may help with future recruitment and retention efforts.

To better understand the impact of the program on school readiness and later child achievement, it would be beneficial to partner with school districts in the Metro Denver area to track participating children, specifically focusing on kindergarten readiness and achievement data such as attendance, remediation, achievement scores, and the like. If possible, tracking student progress across subsequent grades could provide important information about potential correlations between program participation and long-term child outcomes. Importantly, MHEL have been and continue to be in discussions with school districts to determine how these connections may be realized.

It would also be interesting to collect more caregiver-child interaction data to better understand the impact of the program on those participating directly in the sessions. This could be accomplished, for example, by watching families interact with each other and gathering information about the quality of these interactions and instances in which program-specific content or ideas are implemented by caregivers. This component was initially intended to be collected as part of the current evaluation, but the feasibility of collecting such data became untenable, as additional sessions would have been required to have the time to collect such data. Additionally, following up with families at increasing intervals after they complete the BRFC and Next Steps programs could provide additional information about the long-term effects of the program. For example, gathering self-report information from families about their perceptions of the program and its continued impact on them and their children, asking about their engagement in follow-up or similar programs, and general family well-being can provide important information about program impacts and could also inform continued program growth and recruitment efforts. These long-term outcomes will also be important for conducting in-depth benefit-cost analyses for each program. Related to this, detailed tracking of expenses – monetary, time, and in-kind (e.g., use of meeting space) – by the program will be required to conduct such analyses.

### **Finding: Cost and outcome data suggest the BRFC program is likely to generate a positive benefit-cost ratio.**

Prior research shows that individuals and society as a whole accrue substantial benefits if children who would otherwise drop out of school are able to graduate high school and attend college. Based on this research we estimate a total benefit per additional graduate of \$146,097. To the extent that BRFC and Next Steps are successful in preventing high school drop outs and encouraging children to attend college the programs result in substantial benefit-cost ratios. Based on our benefit and cost data we calculated benefit-costs ratios of \$188.03 and \$234.13 for BRFC and Next Steps respectively. However, limitations in the available data do not allow us to estimate how many additional children graduate from high school and attend college due to the two programs or to make a valid assessment of whether the participating children who graduate from high school and attend college do so exclusively due to their participation in the two programs or whether they benefit in part from other interventions as well.

This evaluation also found that caregivers who participate in BRFC and Next Steps experience a reduction in parental stress as measured by the PSI of 4.0 percent and 6.5 percent respectively. Research shows that parental stress may cost caregivers and employers up to \$902 per caregiver due to lost wages and productivity and higher health care costs. While the reduced parental stress resulting from the programs likely reduces these costs, we do not have sufficient data to estimate how these costs may change with changes in PSI scores. Therefore, we were not able to calculate a benefit-cost ratio for the impact the program has on participating caregivers.

## *Moving Forward: Expanded Data Collection for Valid Cost Effectiveness Analyses*

As noted previously in this report, the research and data requirements for conducting valid cost effectiveness analyses such as benefit-cost analysis are stringent and exceed the scope of the current evaluation and its research design. To generate an estimate of how successful programs like BRFC and Next Steps may be when the program elements of academics, appropriate child development, kindergarten readiness, social emotional learning, parent engagement (and development), and information concerning post-secondary access and readiness are combined, requires a research design capable of answering these research questions (i.e., an impact study research design). This type of evaluation design can be costlier and require the development of a logic model and data collection plan over a multi-year time period (from five to ten years or more). Such a logic model would have to sequence the program elements in a way that maps the particular interventions onto the development of a child (and their parents or caregivers) from the time that they are an infant, through their schooling career, to the period in which they consider post-secondary options. Executing such a design, however, is costly and time consuming. It is a significant task to keep track of even a limited number of participants and to track their development over a decade of time.

An alternative evaluation design would focus on matching the BRFC intervention elements to studies of similar interventions in related contexts if those elements have estimates of the impact of changes in the instrumental variables leading to the stated desired outcomes for the program. For example, if the particular parent training intervention component lead to a five-point decrease in the Parental Stress Index as measured by the short form (PSI-SF), and in an evaluation of the Incredible Years (IY) parent training component a similar change in the PSI-SF resulted in children with higher social-emotional learning scores, it would be reasonable to conclude that a similar BRFC intervention would also result in higher social-emotional learning. Following this evaluation design would then require the mapping of BRFC interventions into their major components, finding studies that confirm that increases in certain scale scores related to these interventions, generates desired outcomes. However, at this point in time the study team was not able to find studies of similar programs that provided the necessary detail for all of these types of information.

Efforts to answer evaluation questions from either of these designs will require the following:

- Detailed data collection using instruments that have a validated history in the literature.
- A serious review of the literature relating the offered parent training to the outcomes desired by the proponents of the BRFC and Next Steps programs.
- A careful assessment of the likelihood that parent training in the BRFC and Next Steps programs would yield the same results as the programs which have a more documented stringent evaluation literature behind them. This requires a careful mapping of the BRFC and Next Steps intervention characteristics to studies that evaluate similar interventions measured using similar tools.

The advantage of the second type of evaluation described above is that executing such an evaluation can be undertaken in a much smaller time period with a significant reduction in data that needs to be collected and with fewer associated costs. Although, in the end, the success of this option depends on the availability of studies of similar interventions that include the required types of measures and have successfully linked changes in those measures to educational and life outcomes that can be measured and quantified monetarily.

## Conclusion

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The current findings from the BRFC and Next Steps program evaluation examined the extent to which the programs are meeting their goals to ensure caregivers have the information to support children's development and school readiness. Though limited in sample size, data suggest that both programs are meeting their goals and are viewed positively by participants. More specifically, based on self-report and other data, participants in the BRFC and Next Steps programs seem to be gaining a newfound confidence as caregivers, while also beginning to increase their general well-being (as evidenced by decreased parental stress) and (for BRFC families) their knowledge of child development, leading to perceived changes in themselves and their children. It is also clear that both the BRFC and Next Steps programs are

greatly valued by their participants and view the programs as helpful for themselves and others in their communities. Together, the survey and focus group data suggest that the BRFC and Next Steps programs have high social validity – the acceptability of and satisfaction with the interventions – which is an important finding that should not be overlooked. Related to this, cost and outcome data also suggest that the BRFC program is likely to generate a positive benefit-cost ratio. Despite these strengths, the programs are also faced with opportunities for growth, including increasing reach and ensuring program and financial data are tracked systematically and longitudinally to more fully answer effectiveness and cost questions. As they have done with previous years’ evaluation findings, MHEL leaders should take the findings and steps for moving forward as a roadmap when considering future changes to ensure the programs continue to meet their goals and positively impact Denver Metro families.

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# Appendix A: Data Collection Instruments

The following instruments were identified and/or developed by the Marsico team in coordination with the Mile High Early Learning team to gather additional information from participants to inform the current evaluation.

## A-1: Parenting Stress Index

Domain/Score	Description
<b>Child Domain</b>	Assesses child characteristics that may contribute to overall stress. There are six subscales that combine to make up the Child Domain.
<b>Distractibility/Hyperactivity (DI)</b>	Assesses behavioral characteristics that reflect symptoms of attention-deficit/hyperactivity disorder.
<b>Adaptability (AD)</b>	Assesses the child's ability to adjust to change in the social or physical environment.
<b>Reinforces Parent (RE)</b>	Assesses the parent's experience of interactions with his or her child as positively reinforcing.
<b>Demandingness (DE)</b>	Assesses the parent's experience of the child as placing demands on him or her.
<b>Mood (MO)</b>	Assesses the child's affective status.
<b>Acceptability (AC)</b>	Assesses the extent to which the child characteristics meet expectations of the parent.
<b>Parent Domain</b>	Assesses parent characteristics that may contribute to overall stress. There are seven subscales that combine to make up the Parent Domain.
<b>Competence (CO)</b>	Assesses the extent to which the parent feels comfortable and actually is capable in the parenting role.
<b>Isolation (IS)</b>	Assesses the parent's degree of social support.
<b>Attachment (AT)</b>	Assesses the parent's sense of closeness with the child and his or her ability to observe and effectively respond to the child's needs.
<b>Health (HE)</b>	Assesses the extent to which the parent's health contributes to overall parenting stress.
<b>Role Restriction (RO)</b>	Assesses the parent's sense of limited freedom and constrained personal identity as a result of the parenting role.
<b>Depression (DP)</b>	Assesses the parent's affective status.
<b>Spouse/Parenting Partner Relationship (SP)</b>	Assesses the parent's perception of emotional and physical support from the parenting partner.
<b>Total Stress</b>	Assesses overall parental experience of stress and risk for dysfunctional parenting and child behavior problems. The primary value used to identify parent-child systems that are under stress and at risk for developing dysfunctional parenting behaviors or behavior problems in the child (Abiden, 2012b, p. 14). Calculated by summing the scores from the Child and Parent Domains.
<b>Life Stress</b>	Assesses the amount of stress outside the parent-child relationship that the parent is currently experiencing (e.g., death of a relative, loss of a job, etc.). High Life Stress scores indicate and intensification of the total stress the parent is experiencing and are a risk factor for dysfunctional parenting.

[https://www.parinc.com/Portals/0/Webuploads/samplerpts/PSI4\\_Flyer\\_PF.pdf](https://www.parinc.com/Portals/0/Webuploads/samplerpts/PSI4_Flyer_PF.pdf)

## A-2: Family Resource Scale

### Family Resource Scale

Hope E. Leet & Carl J. Dunst Name or ID \_\_\_\_\_

INSTRUCTIONS: This scale is designed to assess whether or not you or your family have adequate resources (time, money, energy, and so on) to meet the needs of the family as a whole as well as the needs of individual family members. For each item, please circle the response that best describes how well the needs are met on a consistent basis in your family (that is, month-in and month-out).

To what extent are the following resources adequate for your family:	Does Not Apply	Not At All Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
1. Food for 2 meals a day	NA	1	2	3	4	5
2. House or apartment	NA	1	2	3	4	5
3. Money to buy necessities	NA	1	2	3	4	5
4. Enough clothes for your family	NA	1	2	3	4	5
5. Heat for your house or apartment	NA	1	2	3	4	5
6. Indoor plumbing/water	NA	1	2	3	4	5
7. Money to pay monthly bills	NA	1	2	3	4	5
8. Good job for yourself or spouse/partner	NA	1	2	3	4	5
9. Medical care for your family	NA	1	2	3	4	5
10. Public assistance (SSI, AFDC, Medicaid, etc.)	NA	1	2	3	4	5
11. Dependable transportation (car or provided by others)	NA	1	2	3	4	5
12. Time to get enough sleep/rest	NA	1	2	3	4	5
13. Furniture for your home or apartment	NA	1	2	3	4	5
14. Time to be by yourself	NA	1	2	3	4	5
15. Time for family to be together	NA	1	2	3	4	5
16. Time to be with your child(ren)	NA	1	2	3	4	5
17. Time to be with spouse/partner or close friend	NA	1	2	3	4	5
18. Telephone or access to a phone	NA	1	2	3	4	5
19. Baby-sitting for your child(ren)	NA	1	2	3	4	5
20. Child care/day care for your child(ren)	NA	1	2	3	4	5
21. Money to buy special equipment/supplies for child(ren)	NA	1	2	3	4	5
22. Dental care for your family	NA	1	2	3	4	5
23. Someone to talk to	NA	1	2	3	4	5
24. Time to socialize	NA	1	2	3	4	5
25. Time to keep in shape and looking nice	NA	1	2	3	4	5
26. Toys for your child(ren)	NA	1	2	3	4	5
27. Money to buy things for yourself	NA	1	2	3	4	5
28. Money for family entertainment	NA	1	2	3	4	5
29. Money to save	NA	1	2	3	4	5
30. Time and money for travel/vacation	NA	1	2	3	4	5

## A-3: Caregiver Knowledge Survey

Caregiver Survey

Session 2: Hopes and Dreams

### Babies Ready for College

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Site: \_\_\_\_\_

**INSTRUCTIONS:** For each of the items below, choose the response option you think is best. You can only choose *one* answer for each question. If you are not sure of the correct answer, you should select the "I'm not sure" option. Thank you for completing this survey!

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Please complete the "PRE" question at the **START** of Session 2. Please only complete these questions *prior* to the session. Please do not change your answers to the pre-questions after the session has started.

#### Pre-Session 2 Questions

1. Children who start behind academically often:
  - a. Stay behind
  - b. Catch up on their own once they enter preschool and Kindergarten
  - c. Search for help
  - d. Catch up on their own once they enter middle or high school
  - e. I'm not sure
2. When do children start to "officially" learn?
  - a. When they start school
  - b. When they can start making sounds
  - c. When they open their eyes at birth
  - d. When they can walk on their own
  - e. I'm not sure
3. What are Educational Milestones?
  - a. Extra classes to help your child stay on track developmentally
  - b. A scale to help monitor where your child is academically and keep your child on track
  - c. A children's book series to promote their development
  - d. None of the above
  - e. I'm not sure

**DO NOT VIEW OR COMPLETE QUESTIONS ON THE BACK UNTIL THE END OF THE SESSION.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Site: \_\_\_\_\_

**INSTRUCTIONS:** For each of the items below, choose the response option you think is best. You can only choose *one* answer for each question. If you are not sure of the correct answer, you should select the "I'm not sure" option. Thank you for completing this survey!

Please complete the "PRE" question at the START of Session 3. Please only complete these questions *prior to the session*. Please do not change your answers to the pre-questions after the session has started.

## Pre-Session 3 Questions

4. Which of the following statements is true?
  - a. If a child does not learn something during the "window of opportunity," he or she will likely never be able to learn that skill or concept
  - b. Positive emotional, physical, and intellectual experiences that a baby has in his/her first years are equally as important as food and nutrition for the growth of a healthy brain
  - c. The way a child is raised has minimal effect on how smart he or she will be
  - d. When children are strongly or securely attached to their parents, they tend to stick close to them
  - e. I'm not sure
5. Which of the following can increase the chances of Shaken Baby Syndrome?
  - a. Unrealistic expectations of child rearing
  - b. Unrealistic expectations of child development
  - c. Being a single parent
  - d. All of the above are correct
  - e. None of the above are correct
  - f. I'm not sure
6. Which of the following statements is NOT true in relation to language and reading?
  - a. Low literacy is strongly related to higher crime rates
  - b. Children in working class families hear about the same number of words a year as children from professional families
  - c. Low literacy is strongly related to higher rates of unemployment
  - d. Learning two languages may help young children learn to focus on important details and ignore distracting information
  - e. I'm not sure
7. How frequently should children (under 6 years of age) be tested for lead poisoning?
  - a. Once a year
  - b. At every doctor's appointment
  - c. It depends on the environmental risks
  - d. It is not necessary for children under 6 years of age to be tested
  - e. I'm not sure
8. Repeated, caring responses from a parent can help create a "protective shield" for children. This kind of protective shield:
  - a. Can lead to children who are often afraid or timid
  - b. Is beneficial in the short term, but does not have significant long-term impacts on children
  - c. Is only necessary for children with certain temperament styles
  - d. Can help children perform better in school
  - e. I'm not sure

**DO NOT VIEW OR COMPLETE QUESTIONS ON THE BACK UNTIL THE END OF THE SESSION.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Site: \_\_\_\_\_

**INSTRUCTIONS:** For each of the items below, choose the response option you think is best. You can only choose *one* answer for each question. If you are not sure of the correct answer, you should select the "I'm not sure" option. Thank you for completing this survey!

Please complete the "PRE" question at the START of Session 4. Please only complete these questions *prior* to the session. Please do not change your answers to the pre-questions after the session has started.

### Pre-Session 4 Questions

9. Which of the following is true of early childhood experience?
- Only educational toys should be bought for young children
  - Children need to explore and examine all kinds of things
  - It does not matter too much what young children experience because they are too young to learn important concepts
  - Parents should spend a lot of time planning for and playing with children to help them learn best.
  - I'm not sure

Each of the following questions asks about the age at which children can do something. If you AGREE with the statement, select "agree." If you do not agree, then decide whether a YOUNGER or OLDER child would show the behavior.

	Agree – This is true or appropriate for this age	Disagree – This is true or appropriate for YOUNGER children	Disagree – This is true or appropriate for OLDER children	I'm Not Sure
10. For children 0-12 months, parents should copy children's sounds and encourage children to imitate them.				
11. At age 3-6 months, most children are able to put sounds together, such as "baba."				
12. At age 2-3 years, many children can form 3-5 word sentences.				
13. At age 2½ to 3 years, children are ready to learn about cause and effect, gravity, and object permanence.				
14. By age 3 years, most children will dress up in their parents' old clothes and play pretend.				

15. Experts recommend that children shouldn't reach watch TV at all until they have reached what age?
- 1 years
  - 2 years
  - 3 years
  - 5 years
  - I'm not sure
16. Which question SHOULDN'T you ask when determining which toy would be best for your child?
- Is my child physically ready for the toy?
  - Is the toy in good condition?
  - Is the toy most appropriate for a boy or girl?
  - Is there a string or cord on the toy longer than 12 inches?
  - I'm not sure

**DO NOT VIEW OR COMPLETE QUESTIONS ON THE BACK UNTIL THE END OF THE SESSION.**



# Babies Ready for College

## Caregiver Survey

### Session 5: SE Development & Communication

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Site: \_\_\_\_\_

**INSTRUCTIONS:** For each of the items below, choose the response option you think is best. You can only choose *one* answer for each question. If you are not sure of the correct answer, you should select the "I'm not sure" option. Thank you for completing this survey!

Please complete the "PRE" question at the START of Session 5. Please only complete these questions *prior to* the session. Please do not change your answers to the pre-questions after the session has started.

#### Pre-Session 5 Questions

17. Which of the following is NOT a benefit of healthy social-emotional development?
- Parenting can be easier because children do not need as much emotional support from their parents
  - Discipline is less challenging because children are better able to manage their feelings
  - When they become teenagers, they will have healthier personal boundaries, make better decisions, and cope with frustration
  - Children are better able to focus, pay attention, and transition from one task to another
  - I'm not sure
18. Which of the following statements is NOT true regarding children's temperament?
- Babies with difficult temperaments engage in almost constant physical contact
  - With the right parenting style, a child's temperament can be changed
  - Children may express characteristics of more than one temperament type
  - Understanding a child's temperament style is key to better understanding and communicating with him or her
  - I'm not sure

Indicate which type of parent is most likely to say each phrase.

	Strict Parent	Permissive Parent	Moderate Parent	I'm Not Sure
19. "That's it, just let the feelings out."				
20. "You don't need to be sad. It's not that bad."				
21. "Tell me how you feel, I've felt that way too."				

22. What should you do when your baby starts communicating with non-verbal cues?
- Respond immediately and satisfy your child's needs
  - Wait for your child to stop, then respond
  - Let your child figure out how to satisfy their own needs
  - It is best to wait to respond until your child verbally tells you what he or she wants or needs
  - I'm not sure
23. Serita has an *empathy parenting style*. One day while she is working at her desk, she starts to notice her baby's nonverbal cues. Given what we know about Serita's parenting style, how will she most likely respond?
- Serita will allow her baby to cry it out
  - Serita will call out to her baby before leaving her desk to respond to her
  - Serita will pick up her baby and continue working
  - Serita will call for someone else to care for the baby
  - I'm not sure

**DO NOT VIEW OR COMPLETE QUESTIONS ON THE BACK UNTIL THE END OF THE SESSION.**



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Site: \_\_\_\_\_

**INSTRUCTIONS:** For each of the items below, choose the response option you think is best. You can only choose *one* answer for each question. If you are not sure of the correct answer, you should select the "I'm not sure" option. Thank you for completing this survey!

Please complete the "PRE" question at the START of Session 6. Please only complete these questions *prior to* the session. Please do not change your answers to the pre-questions after the session has started.

## Pre-Session 6 Questions

Indicate whether the following are examples of discipline, punishment, or both.

	Discipline	Punishment	I'm Not Sure
24. Spanking			
25. Time out			
26. Setting Limits			
27. Yelling			
28. Teaching child to "correct" their behavior			
29. Reviewing the problem			
30. Pinching or ear pulling			
31. Removal of attention			
32. Distracting the child			
33. Threats			

34. In dealing with anger in their toddlers, parents can best help their children to develop self-control by:
- Giving plenty of opportunities for expressing anger
  - Giving choices with firm limits
  - Ignoring angry outbursts
  - Punishing lightly, but consistently after each outburst
  - I'm not sure
35. What are 4 principles needed for discipline to work well?
- Respect, Environment, Consistency, Early Action
  - Respect, Safe Space, Early Action, Setting Limits
  - Respect, Consistency, Creating Routines, Setting Limits
  - Creating Routines, Setting Limits, Re-direction, Respect
  - I'm not sure
36. Having routines in place can better teach a child \_\_\_\_\_.
- How to be vocal
  - Discipline
  - Self-control
  - Respect
  - I'm not sure
37. A child is jumping on the couch. Her mother wants her to stop. Which approach would be most effective?
- Telling her to stop jumping on the couch and to jump outside if he would like to jump
  - Saying, "Marisa, don't be so silly"
  - Explaining to the child, again, why jumping on the couch is dangerous
  - Asking her to explain why she wants to wreck the couch
  - I'm not sure

**DO NOT VIEW OR COMPLETE QUESTIONS ON THE BACK UNTIL THE END OF THE SESSION.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Site: \_\_\_\_\_

**INSTRUCTIONS:** For each of the items below, choose the response option you think is best. You can only choose *one* answer for each question. If you are not sure of the correct answer, you should select the "I'm not sure" option. Thank you for completing this survey!

Please complete the "PRE" question at the START of Session 7. Please only complete these questions *prior to the session*. Please do not change your answers to the pre-questions after the session has started.

#### Pre-Session 7 Questions

38. Parenting can be less stressful when:

- a. The parent strives to be a better parent than his or her own parents
- b. The parent expects that children will sometimes break rules and not do as they are asked
- c. The parent realizes there are too many rules in life, and they should let children be children
- d. The parent expects that their child should always do as they are told
- e. I'm not sure

39. Which of the following is true regarding stress in young children?

- a. Fussiness that is easily calmed down is a sign of stress in infants
- b. Children are not capable of feeling stress until the toddler years when they are more aware of their environment
- c. How a child reacts to stressful situations is not related to their ability to handle stress as an adult
- d. When they are stressed, children may forget a new developmental task
- e. I'm not sure

40. Below are all examples of "stress busters" for your children EXCEPT:

- a. Walking
- b. Blowing bubbles
- c. Alone time
- d. All of the above are examples of "stress busters" for children
- e. I'm not sure

41. When babies experience too much stress:

- a. It's best for parents to let children calm themselves down on their own so they know how to handle stress when they are older
- b. Parents do not need to worry about any long-term effects since babies will not remember the event when they are older
- c. Their stress responders can become hyper-reactive, which may lead to antisocial behavior or aggression when they are older
- d. Parents should work to make sure their children do not experience any type of stress in the future to avoid upsetting them
- e. I'm not sure

**DO NOT VIEW OR COMPLETE QUESTIONS ON THE BACK UNTIL THE END OF THE SESSION.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Site: \_\_\_\_\_

**INSTRUCTIONS:** For each of the items below, choose the response option you think is best. You can only choose *one* answer for each question. If you are not sure of the correct answer, you should select the "I'm not sure" option. Thank you for completing this survey!

Please complete the "PRE" question at the START of Session 8. Please only complete these questions *prior to* the session. Please do not change your answers to the pre-questions after the session has started.

## Pre-Session 8 Questions

42. Does poor nutrition affect young children?
- No, nutrition does not have much of a role in development until children are older
  - Yes, but it can be made up later in life
  - Maybe, it depends on the child
  - Yes, it affects their growth and makes it easier for them to become ill
  - I'm not sure
43. Which of the following is true in relation to feeding your baby?
- It is okay to introduce multiple new foods to your baby at the same time, as long as you watch over them carefully while they eat
  - Children should not be given any solid foods until they are at least 6 months old because their swallowing and digestive systems are not developmentally ready to handle solid foods
  - You should not give your child finger foods until they are at least one year old
  - There really aren't any foods you should avoid giving your infant as long as you are there with them while they eat
  - I'm not sure
44. When is it appropriate to prop up a bottle for your child?
- Whenever your baby is tired
  - Whenever you have things to do nearby
  - It's never appropriate to prop up a bottle
  - During the night when your child is in their crib
  - I'm not sure
45. What home accident is responsible for the majority of deaths in young children?
- Choking
  - Tripping and falling
  - Drowning
  - Electrocution by outlet
  - I'm not sure
46. What is one of the main concerns with childhood obesity?
- Self-image issues
  - Diabetes
  - It can look bad on parents
  - There are not concerns because childhood obesity has no direct impact on later health
  - I'm not sure

**DO NOT VIEW OR COMPLETE QUESTIONS ON THE BACK UNTIL THE END OF THE SESSION.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Site: \_\_\_\_\_

**INSTRUCTIONS:** For each of the items below, choose the response option you think is best. You can only choose *one* answer for each question. If you are not sure of the correct answer, you should select the "I'm not sure" option. Thank you for completing this survey!

Please complete the "PRE" question at the START of Session 9. Please only complete these questions *prior to the session*. Please do not change your answers to the pre-questions after the session has started.

## Pre-Session 9 Questions

47. Once they enter school, who is your child's best advocate?
  - a. Teachers
  - b. Social Services
  - c. Parent(s)
  - d. School counselor
  - e. I'm not sure
48. What is the typical chain of command in a school district?
  - a. Teacher, Principal, School Board Member, Superintendent
  - b. Teacher, Principal, Superintendent, School Board Member
  - c. Principal, Teacher, Superintendent, School Board Member
  - d. Principal, Teacher, School Board Member, Superintendent
  - e. I'm not sure
49. If you cannot communicate with your child's teacher due to a language barrier, you can request an interpreter or take someone with you who can interpret for you.
  - a. True, this is my right as a parent
  - b. False, only the parent can be in the room for private discussions with the child's teacher
  - c. It depends on the rules of your child's school
  - d. True, but the interpreter must be approved by the child's school
  - e. I'm not sure
50. When a problem arises with your child's school, it is important to problem solve to think about how the issue might be resolved. Which of the following is **NOT** a recommended problem-solving step?
  - a. Define the next step
  - b. Define your concern
  - c. Develop possible solutions and consider only those solutions when you talk with the appropriate person
  - d. All of the above are appropriate recommended steps
  - e. I'm not sure
51. If you feel you have tried everything you can and your child's needs are still not being met, you should:
  - a. Schedule more appointments with the same person until you reach an agreement
  - b. Request your child be placed in a different classroom
  - c. Sit in and observe the class
  - d. Write or call the next person in charge
  - e. I'm not sure

**DO NOT VIEW OR COMPLETE QUESTIONS ON THE BACK UNTIL THE END OF THE SESSION.**

## A-4: Post Program Perception Survey – Babies Ready for College



PARTICIPANT ID: \_\_\_\_\_

### BABIES READY FOR COLLEGE POST-SURVEY 2017-18

	Strongly Disagree	Disagree	Agree	Strongly Agree
<b>Knowledge &amp; Skills</b>				
I know how to help my child/the child I care for develop skills related to developmental milestones.				
I know how to help my child/the child I care for develop social skills he/she needs to get along with adults and other children.				
I would feel confident talking with a child development expert (e.g., doctor, teacher) about skills my child/the child I care for has related to developmental milestones.				
I would feel confident talking to other parents or caregivers about skills that my child/the child I care for has related to the developmental milestones for his/her age.				
<b>Program Content</b>				
I learned more about developmental milestones for my child/the child I care for during the program.				
I learned more about ways to help my child/the child I care for develop social skills he/she needs to get along with adults and other children.				
I learned more about ways I can talk to a child development expert (e.g., doctor, teacher) about skills my child/the child I care for has related to developmental milestones for his/her age.				
I learned more about ways to talk to other parents or caregivers about skills that my child/the child I care for has related to the milestones for his/her age.				
I learned more from the Babies Ready for College Program compared to other programs I've completed (leave blank if you have not completed another similar program).				
<b>Perceptions of Facilitators &amp; BRFC Program</b>				
The facilitator made me feel welcome to the group.				
The facilitator made me feel like I was a valued member of the group.				
I felt comfortable asking the facilitator questions, whether in the group or one-on-one.				
The facilitator was knowledgeable about program content.				
The facilitator took the time to answer all of our questions and provide us any additional information needed.				
There is nothing I would change about the program to make it stronger.				
I would recommend this program to other parents/caregivers.				

**Thank You For Completing This Survey!**



**What has been the most helpful aspect of the Babies Ready for College Program?**

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**Which of the following meeting topics was MOST useful to you (circle only ONE)?**

Hopes & Dreams      Brain Development      Play & Stimulation      Social & Emotional Development  
Discipline      Stress & Anger Management      Nutrition and Health Resources      Advocating for Your Child

- **Why was this the most useful?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Which of the following meeting topics was LEAST useful to you (circle only ONE)?**

Hopes & Dreams      Brain Development      Play & Stimulation      Social & Emotional Development  
Discipline      Stress & Anger Management      Nutrition and Health Resources      Advocating for Your Child

- **Why was this the least useful?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you noticed any changes in yourself as a parent/caregiver? YES or NO**

- **If you answered 'yes,' what have you noticed?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- **Why do you think that has changed?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you noticed any changes in your child over the course of the program? YES or NO**

- **If you answered 'yes,' what have you noticed?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank You For Completing This Survey!**



## A-5: Post Program Perception Survey – Next Steps



PARTICIPANT ID: \_\_\_\_\_

### NEXT STEPS POST-SURVEY 2017-2018

	Strongly Disagree	Disagree	Agree	Strongly Agree
<b>Program Content</b>				
I learned more about specific hands-on activities I can do with my child/the child I care for to support their development.				
I learned more about ways to help my child/the child I care for develop social skills.				
I learned more about ways to help my child/the child I care for develop physically – including what to do if they are choking or injured.				
I learned more about ways to help my child/the child I care for develop as a learner to be prepared for school (e.g., reading in certain ways with my child).				
I learned ways to help my child and myself manage stress.				
I learned a great deal about things I can do with my child by talking with the other parents or caregivers in the program.				
I learned more from the Next Steps Program compared to other programs I've completed (leave blank if you have not completed another similar program).				
<b>Knowledge &amp; Skills</b>				
I know activities to help my child/the child I care for develop social skills.				
I know activities to help my child/the child I care for develop physically, including what to do if they are choking or injured.				
I know activities to help my child/the child I care for develop as a learner and be ready for school (e.g., reading in certain ways with my child).				
I know activities to help my child and myself manage stress.				
<b>Perceptions of Facilitators &amp; Next Steps Program</b>				
The facilitators made me feel welcome to the group.				
The facilitators made me feel like I was a valued member of the group.				
I felt comfortable asking the facilitators questions, whether in the group or one-on-one.				
The facilitators were knowledgeable about program content.				
The facilitators took the time to answer all of our questions and provide us any additional information needed.				
There is nothing I would change about the program to make it stronger.				
I would recommend this program to other parents/caregivers.				

**Thank You For Completing This Survey!**

What has been the most helpful aspect of the Next Steps Program?

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Which of the following meeting topics was MOST useful to you (circle ONE)?

Little Einsteins	Dialogic Reading	Toxic Stress	Activities to Reduce Stress	First Aid
CPR	Yoga	ASQ	Autism	

- Why was this the most useful? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which of the following meeting topics was LEAST useful to you (circle ONE)?

Little Einsteins	Dialogic Reading	Toxic Stress	Activities to Reduce Stress	First Aid
CPR	Yoga	ASQ	Autism	

- Why was this the least useful? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you noticed any changes in yourself as a parent/caregiver? \_\_\_\_\_

- If you answered 'yes,' what have you noticed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Why do you think that has changed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you noticed any changes in your child over the course of the program? \_\_\_\_\_

- If you answered 'yes,' what have you noticed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank You For Completing This Survey!

### Focus Group Questions 2018

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#### Knowledge and Skills

- Why did you decide to participate in the Babies Ready for College (or Next Steps) Program?
- What was your main goal in participating in the program?
  - Did you achieve your goal?
  - Why or why not?
- Have you noticed any changes in yourself as a parent or caregiver?
  - What have you noticed?
  - Why do you think you've changed/not changed?
- Have you noticed any changes in your child over the course of the program?
  - What have you noticed?
  - Why do you think he or she has changed/not changed?
- What new things have you learned about caring or advocating for your child from the program?

#### Program Content

- What was the most important, or most helpful, thing you learned in the program?
  - Why is that so important or helpful to you?
- What, if anything, would you change or add to make the program even more beneficial for parents and caregivers?
  - Why?
- Have you previously participated in a program like the Babies Ready for College (or Next Steps) Program?
  - If yes, how does the BRFC program compare to the other program(s)?

#### Program Facilitators

- Was the program facilitator knowledgeable about the content presented in the program?
  - Provide examples if possible.
- Did the facilitator make you feel comfortable to express your ideas and ask questions during the classes?
  - Why or why not? (provide examples)

#### Overall

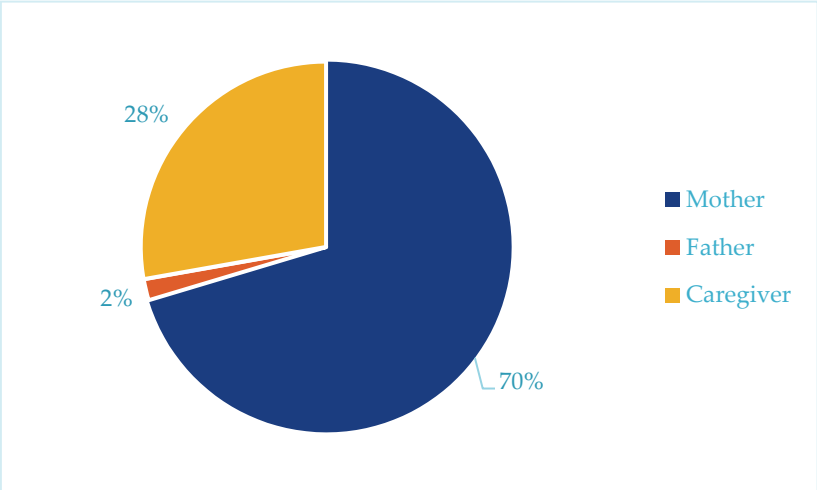
- Would you recommend the Babies Ready for College (or Next Steps) Program to other parents or caregivers?
  - Why or why not?

# Appendix B: Babies Ready for College Participant Information

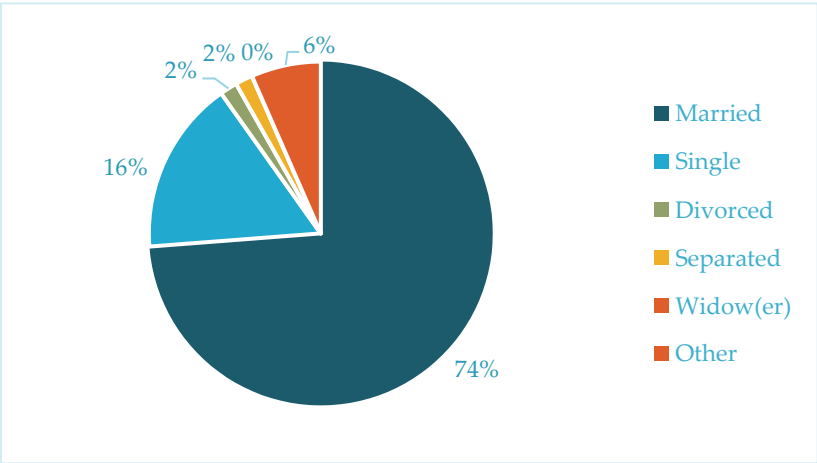
Appendix B includes additional participant demographic information not presented in the full report. All information as collected as part of the general registration process conducted by the Babies Ready for College program.

**Table B1. Participant Home Zip Codes. (Data Source: BRFC Demographic Form, *n* = 62)**

Zip Code	Totals	Zip Code	Totals	Zip Code	Totals	Zip Code	Totals
80011	0	80210	1	80219	7	80234	0
80022	2	80211	2	80223	1	80239	34
80204	1	80212	2	80229	3	80249	1
80205	2	80216	1	80231	0	80260	5



**Figure B1. Participants’ Relationship to Child. (Data Source: BRFC Demographic Form, *n* = 54)**



**Figure B2. Participant Marital Status. (Data Source: BRFC Demographic Form, *n* = 61)**

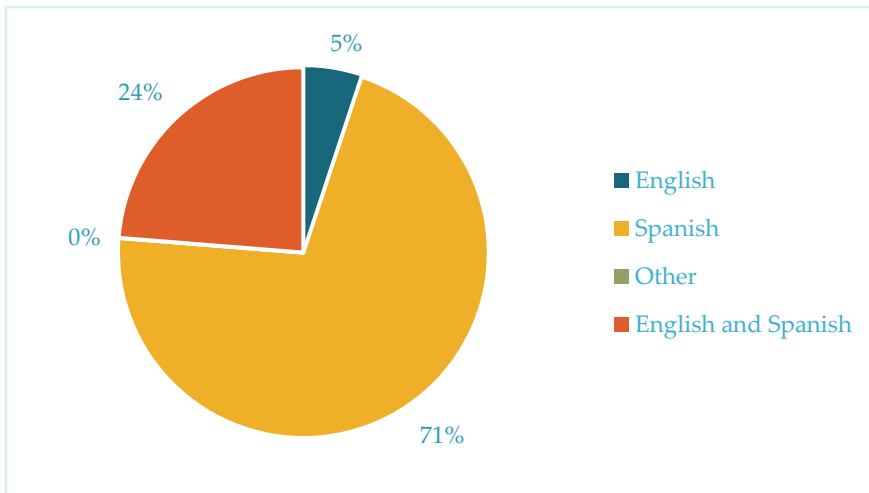


Figure B3. Participant Home Language. (Data Source: BRFC Demographic Form,  $n = 59$ )

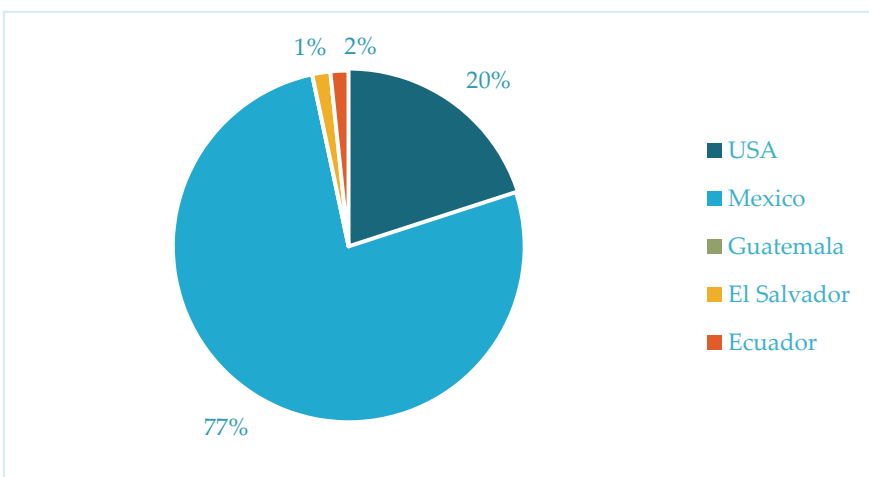


Figure B4. Participant Country of Origin. (Data Source: BRFC Demographic Form,  $n = 60$ )

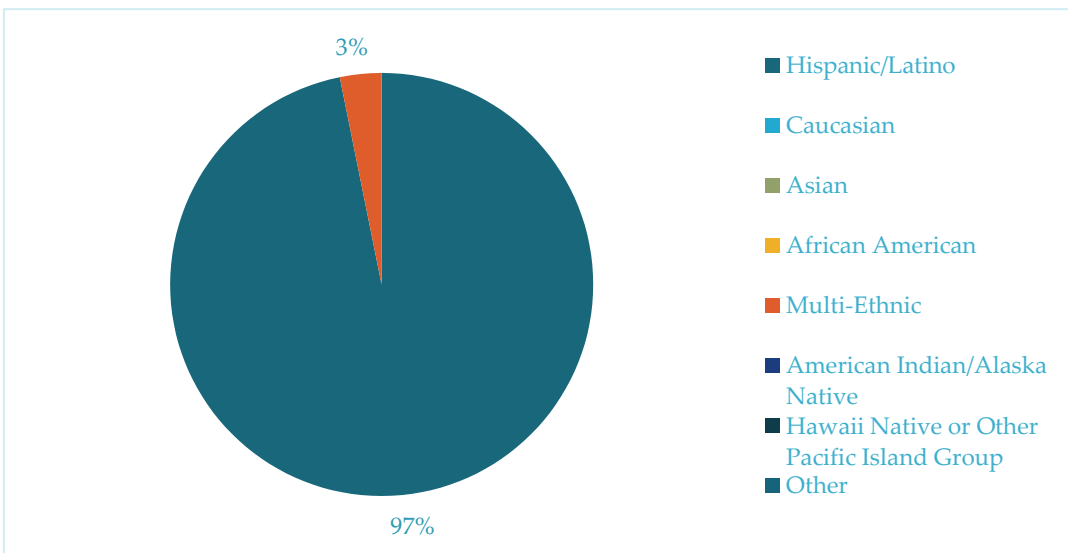
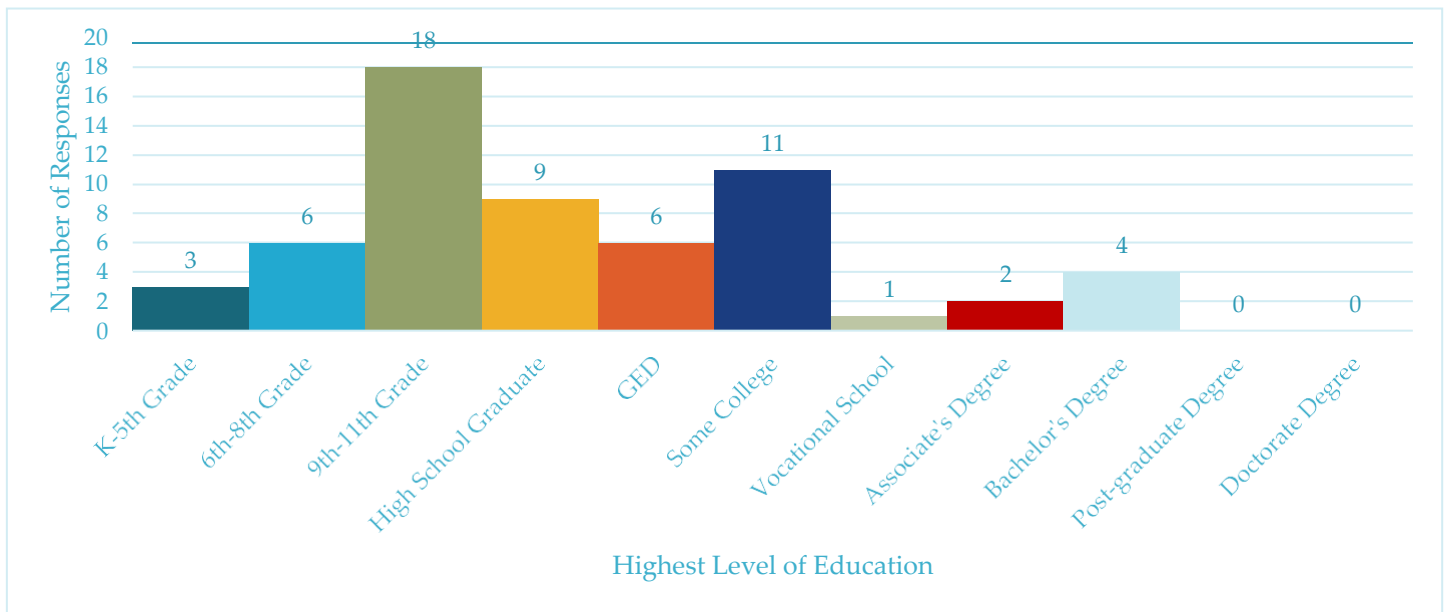
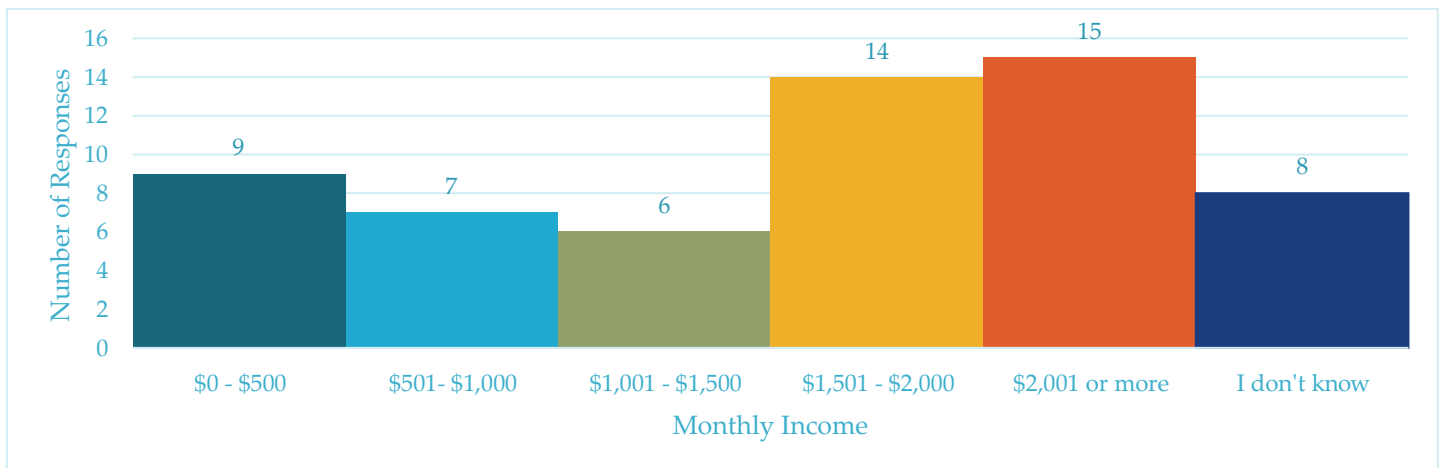


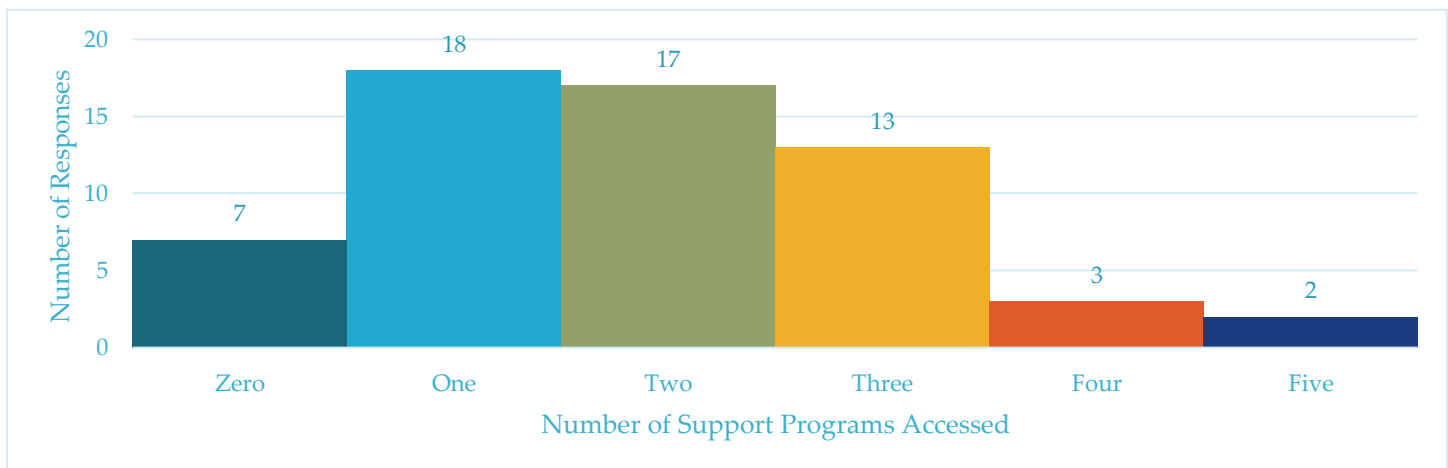
Figure B5. Participant Ethnicity. (Data Source: BRFC Demographic Form,  $n = 63$ )



**Figure B6. Participant Education.** (Data Source: BRFC Demographic Form, *n* = 60)

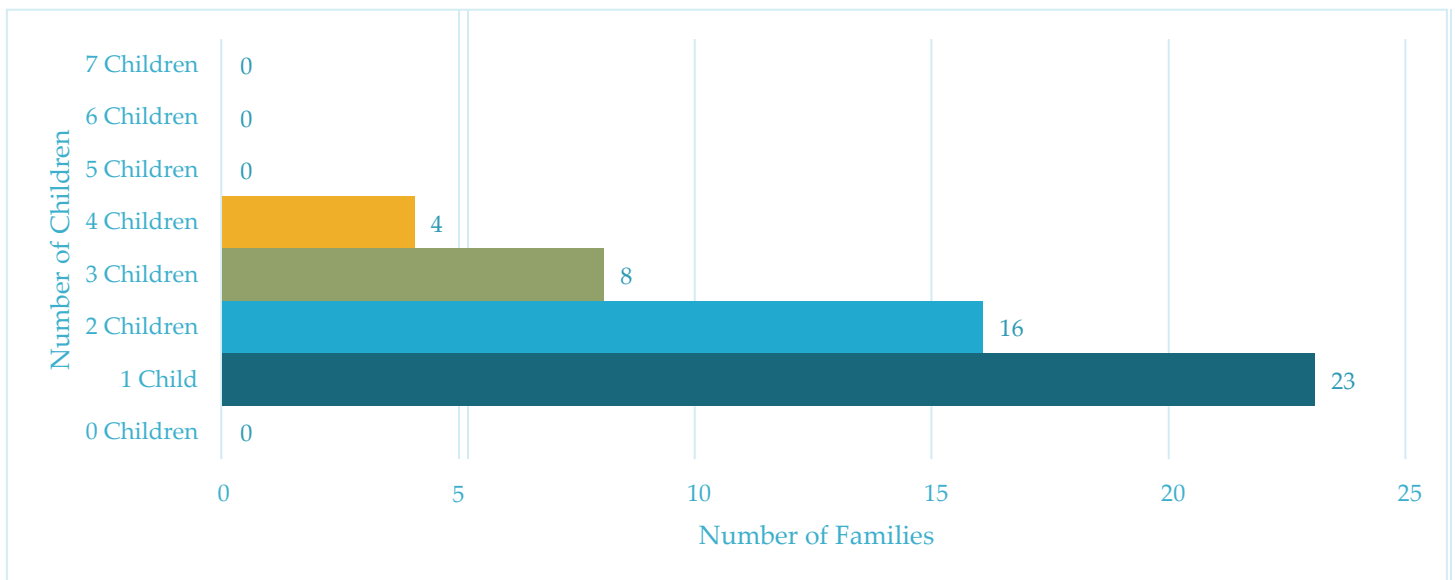


**Figure B7. Participant Monthly Income.** (Data Source: BRFC Demographic Form, *n* = 59)

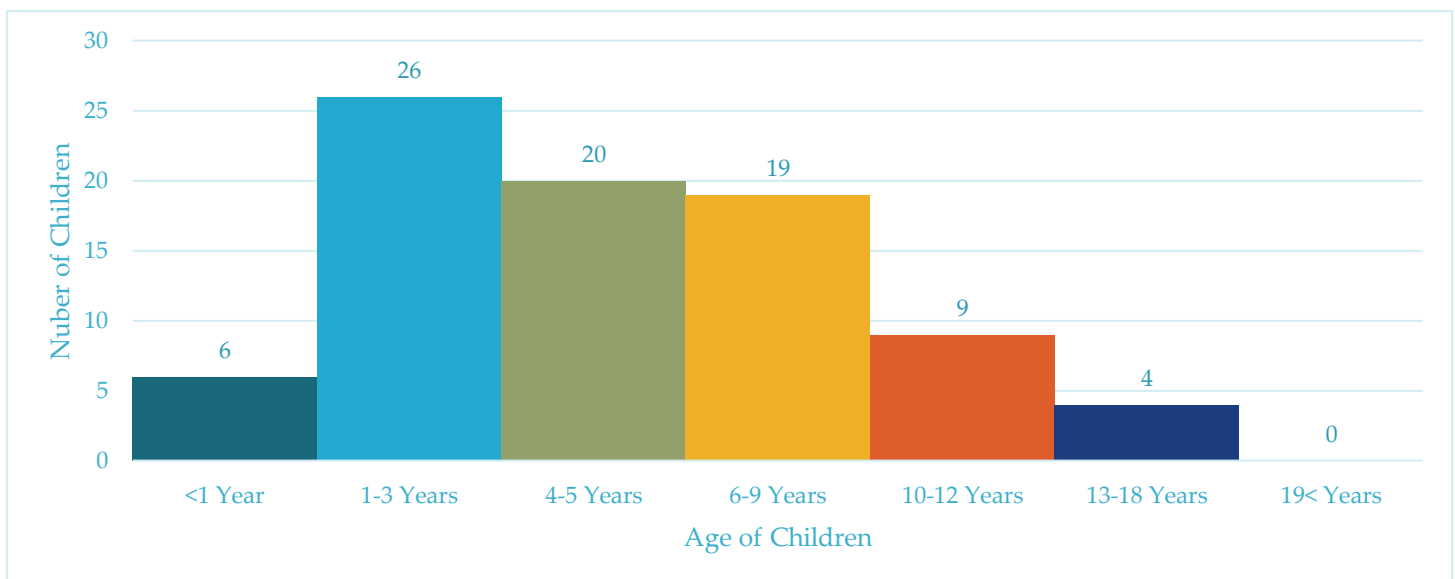


**Figure B8. Number of Support Programs Accessed by Individual Participants.** (Data Source: BRFC Demographic Form, *n* = 60)





**Figure B9. Number of Children per Family. (Data Source: BRFC Demographic Form,  $n = 51$ )**



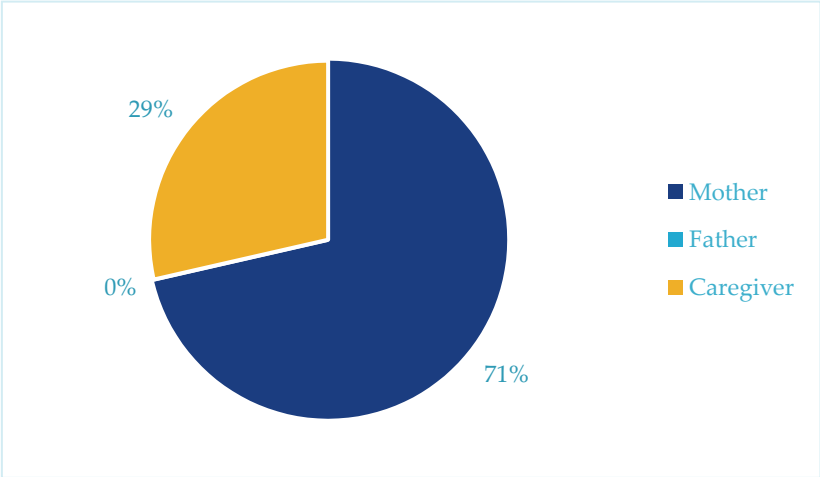
**Figure B10. Ages of Children of Participants. (Data Source: BRFC Demographic Form,  $n = 84$ )**

# Appendix C: Next Steps Participant Information

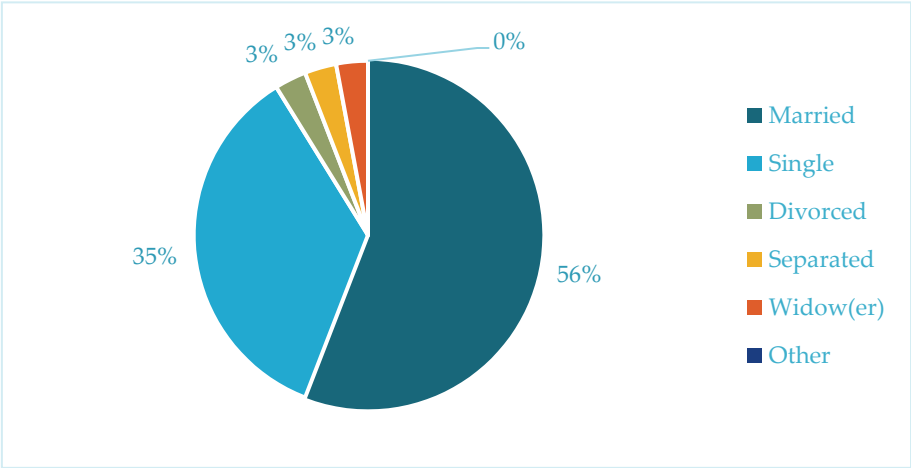
Appendix C includes additional participant demographic information not presented in the full report. All information as collected as part of the general registration process conducted by the Next Steps program.

**Table C2. Participant Home Zip Codes. (Data Source: BRFC Demographic Form, *n* = 32)**

Zip Code	Totals	Zip Code	Totals	Zip Code	Totals	Zip Code	Totals
80011	2	80210	0	80219	0	80234	1
80022	2	80211	0	80223	1	80239	21
80204	0	80212	0	80229	1	80249	2
80205	0	80216	1	80231	1	80260	0



**Figure C2. Participants’ Relationship to Child. (Data Source: BRFC Demographic Form, *n* = 28)**



**Figure C2. Participant Marital Status. (Data Source: BRFC Demographic Form, *n* = 34)**

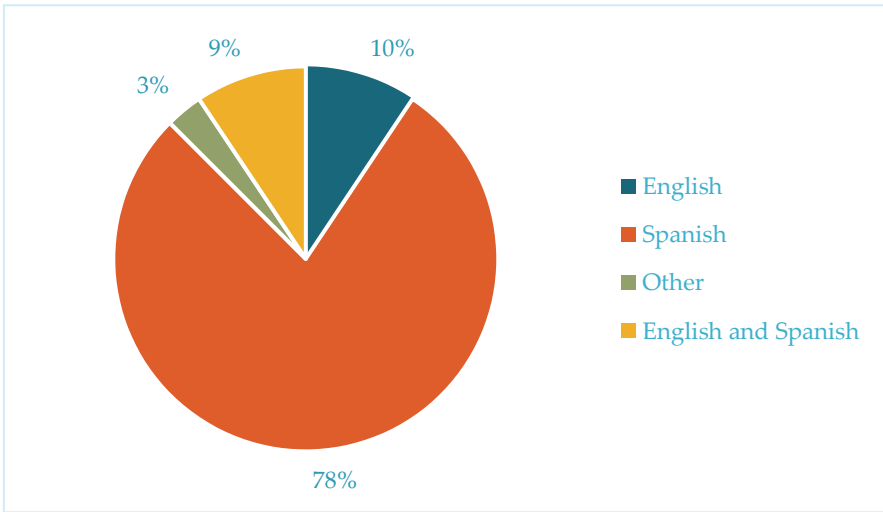


Figure C3. Participant Home Language. (Data Source: BRFC Demographic Form, *n* = 32)

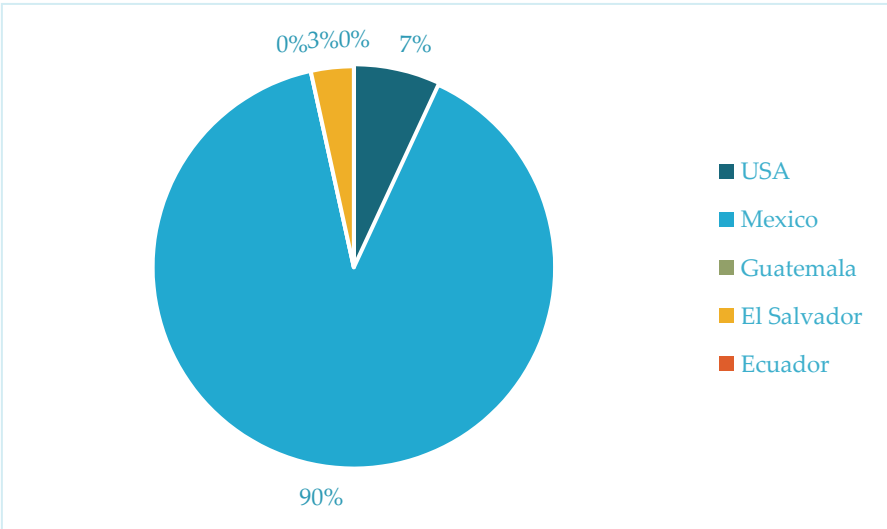


Figure C4. Participant Country of Origin. (Data Source: BRFC Demographic Form, *n* =29)

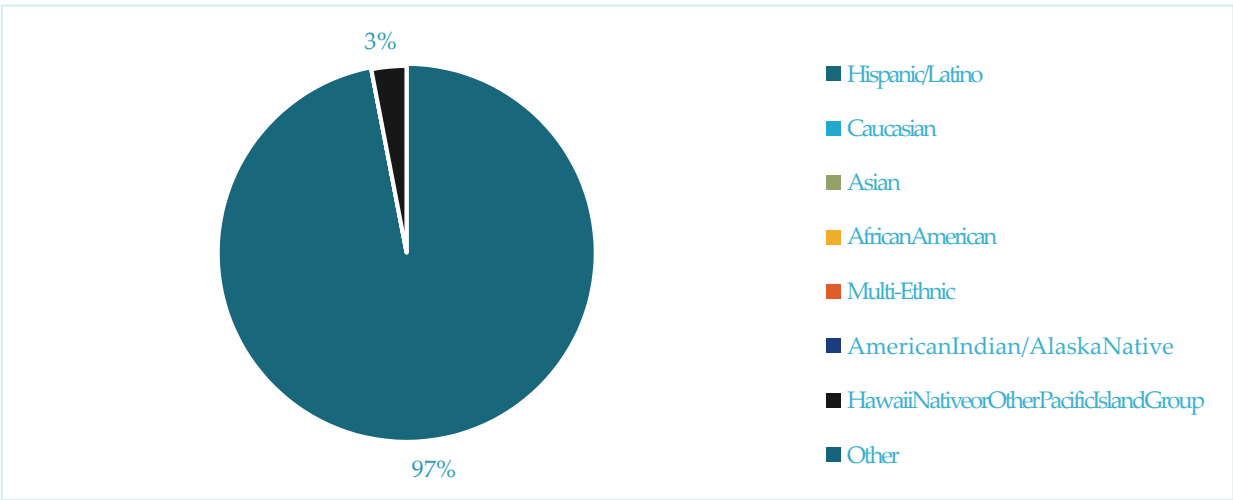
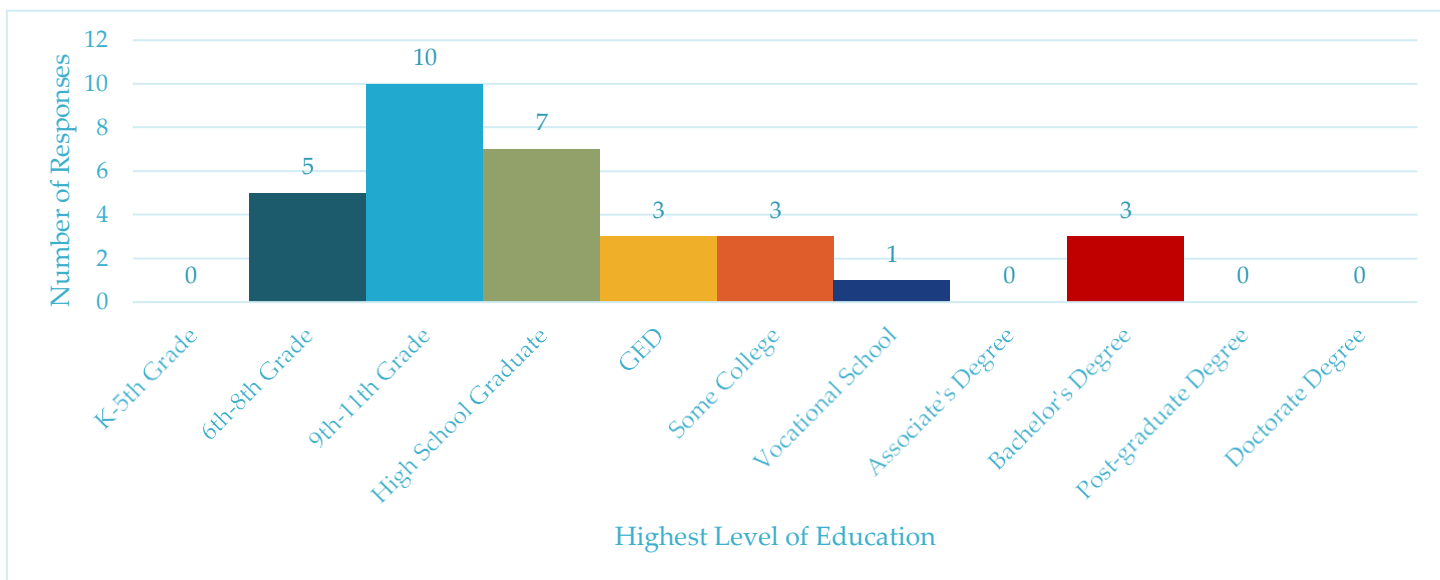
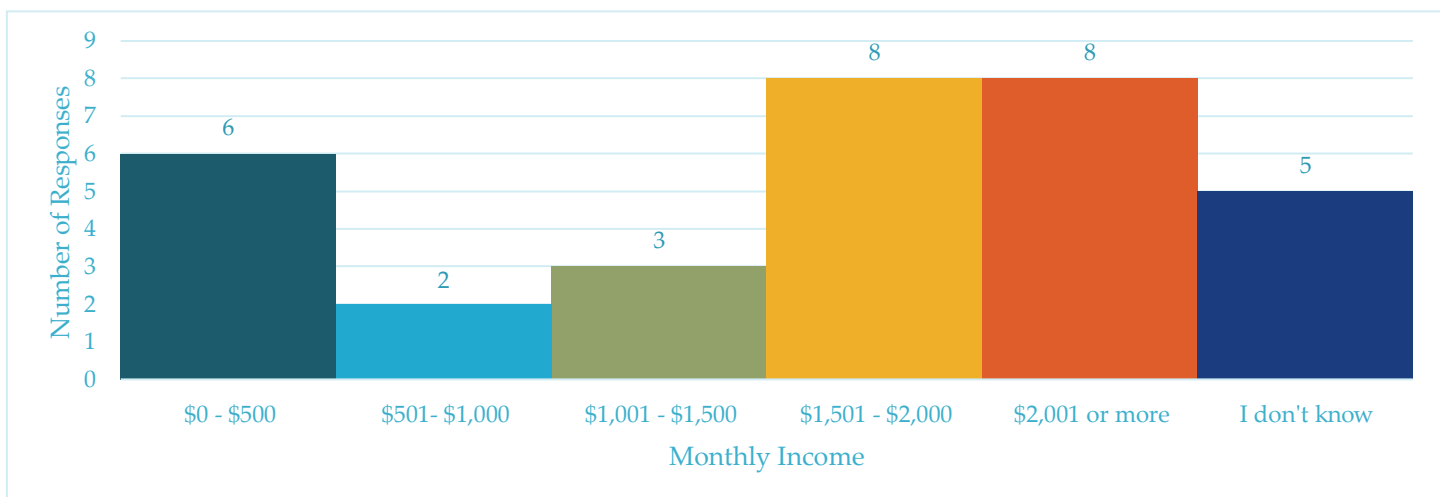


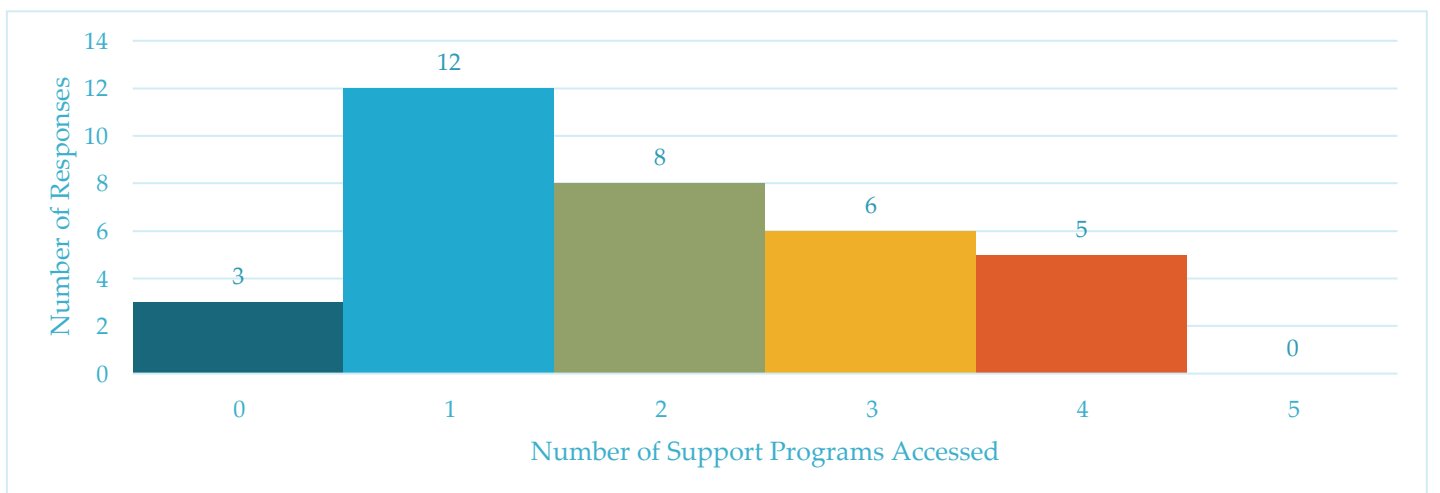
Figure C5. Participant Ethnicity. (Data Source: BRFC Demographic Form, *n* = 33)



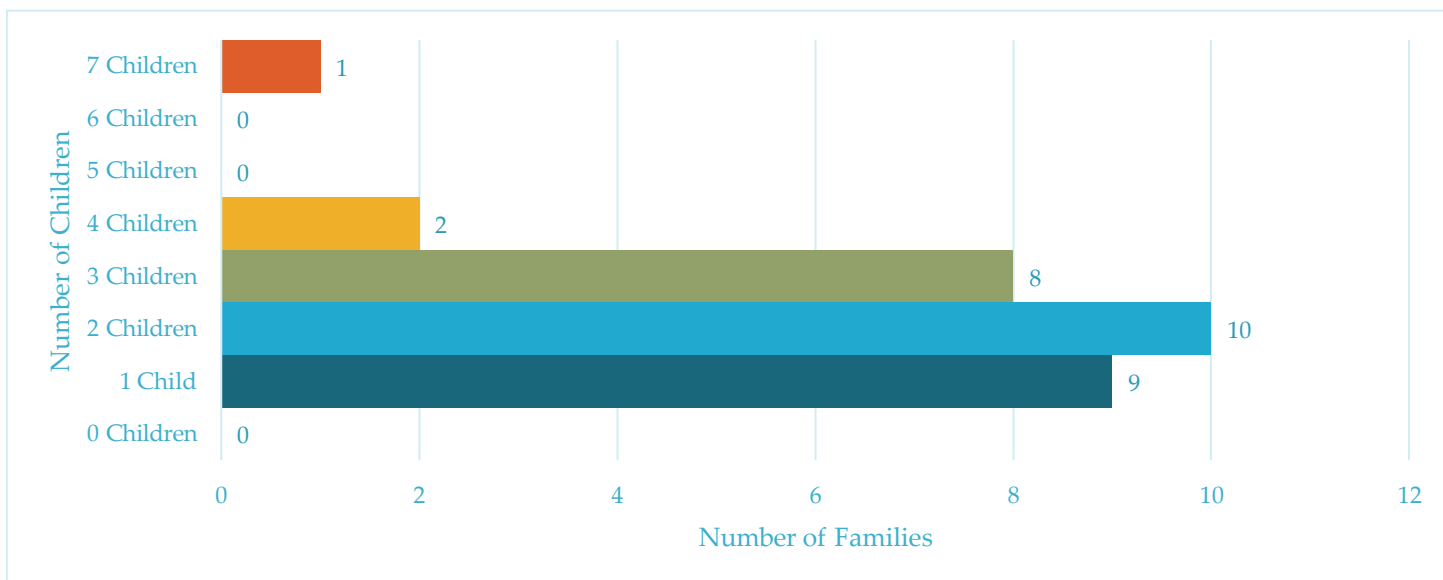
**Figure C6. Participant Education.** (Data Source: BRFC Demographic Form,  $n = 32$ )



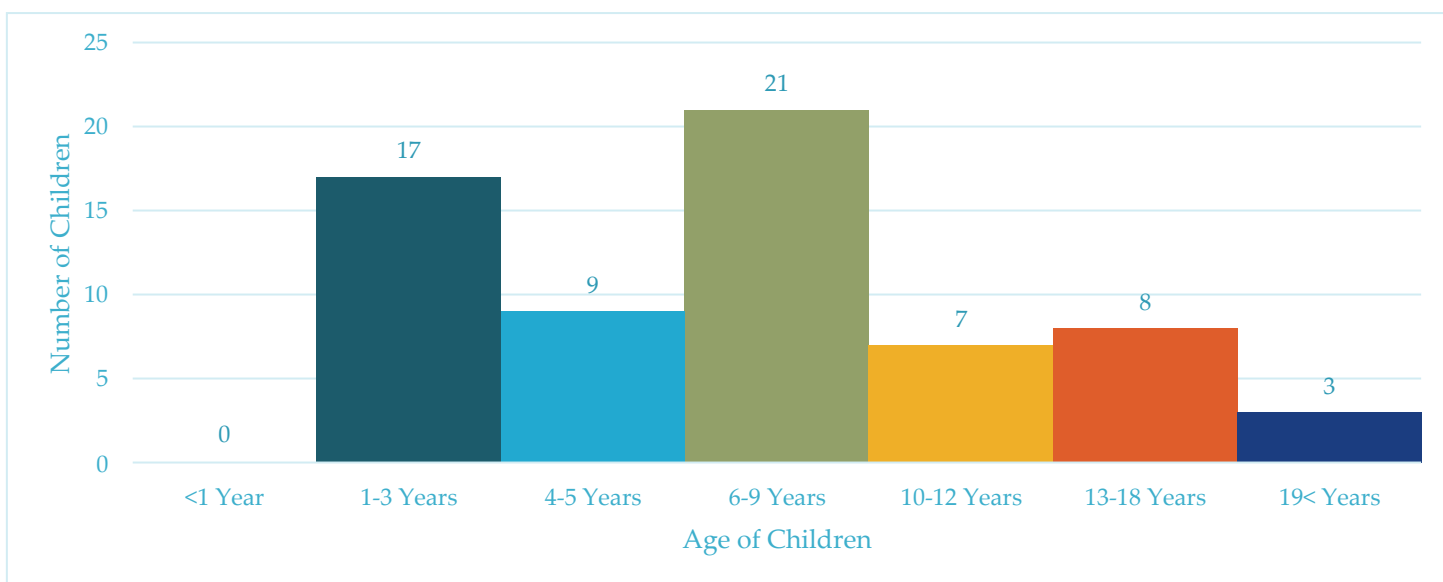
**Figure C7. Participant Monthly Income.** (Data Source: BRFC Demographic Form,  $n = 32$ )



**Figure C8. Number of Support Programs Accessed by Individual Participants.** (Data Source: BRFC Demographic Form,  $n = 34$ )



**Figure C9. Number of Children per Family. (Data Source: BRFC Demographic Form,  $n = 30$ )**



**Figure C10. Ages of Children of Participants. (Data Source: BRFC Demographic Form,  $n = 65$ )**

# Appendix D: Babies Ready for College Focus Group Data

The following tables present participant responses and sample quotes from focus groups. A total of 19 individuals from BRFC participated in one of three focus groups conducted at select program sites. Focus groups lasted approximately 30 minutes each and occurred after the conclusion of the programs. The “n” in focus group tables reflects the number of times a comment was made related to that theme, not the number of unique participants providing a response related to the theme.

**Table D1. Reasons for Joining BRFC**

Why did you decide to participate in the BRFC Program?		
Participant Responses	Number of Comments	Sample Quote(s)
To learn information to help my child in their development	8	“[The BRFC program is] a great opportunity that shouldn’t be wasted because you never stop learning. I’ve seen how by learning, we can teach our children.”
To learn information to help my child in their education	6	“... as the program says, <i>Babies Ready for College</i> , I wanted to know what tips I could implement to help my daughter in the future so she can go to college – what I need to do for her to succeed and be better.”
To better myself as a caregiver/parent	3	“...to sometimes take action instead of just talking to them, taking action to improve things.”
General interest in the BRFC Program	2	“Interesting programs...”
To connect and share experiences with others	1	“What attracted me to the program was not so much the program, but rather getting closer to my [child and other caregivers].”
Cultural Importance	1	“For me personally, it stood out to me because I see what happens here in the United States and very few of us Latinos complete a degree.”

**Table D2. Main Goal for Participating in BRFC**

What was your main goal in participating in the program?		
Participant Responses	Number of Comments	Sample Quote(s)
Learn to be a better caregiver/parent	8	“For me it was to be a better mother to my children, by teaching them what I learned so they can have a good future.”
Learn more about my child's development/understand them better	7	“I think my goal was to learn something new, but actually use it.”
Did you achieve your goal?		
Yes, achieved/exceeded my goal	6	“[Yes, and] I think I’m still working on it.”



**Table D3. Changes in Parents and Caregivers**

Have you noticed any changes in yourself as a parent or caregiver?		
Participant Responses	Number of Comments	Sample Quote(s)
Yes	9	"[Yes], I think I have changed."
What changes have you noticed in yourself as parent or caregiver?		
I now have better communication with my child(ren) and/or other	8	"So now I say, 'Son, maybe it's not right but maybe if you do it this way, it will turn out better.' In other words, trying to speak with them on their level, so to speak, so there's more communication from him as well as from me. To communicate better if anything happens, if he has a problem or something, between the two of us, we can help."
I am more attentive as a parent/caregiver	5	"I feel that now I see those changes. She's also – she's a baby, so I feel that she's also maturing and learning something new each day."
I am more patient with my child(ren)	5	"So it has helped me a lot with patience..."
I can better manage my own stress/emotions	4	"...how to calm ourselves down as well [as the children]."
I reflect on my own actions/behaviors as a caregiver/parent	4	"[Now I think]... like when she's around other children, not to take her away from the children because I want to teach her to share or get along with others better."
Topic specific changes	4	"I implemented reading, the routine of reading to him/her, because I didn't have it before. So, routines. Routines is what we have gained, yes."
Why do you think you have changed?		
I now have more info about my child's development and how to respond	4	"Now I feel that – we know and knew that children are very smart, but I didn't know how to help them."
I now know how to talk with other parents/caregivers	1	"[I talk with other parents now. For example, I said, 'That's not rebelliousness, you have to let her be independent from you.' And that makes me happy."
I have learned how to set an example for my child(ren)	1	"[My child is] more open to learning because [now they see that] we know how to do it."

**Table D4. Changes in Children**

Have you noticed any changes in your child over the course of the program?		
Participant Responses	Number of Comments	Sample Quote(s)
Yes	4	"Yes, I've noticed that they've changed."
What changes have you noticed in your child over the course of the program?		
Improved social skills	6	"One of the changes that I thought was good was that they learned to take turns. They've learned to share, but they've also learned that if someone else wants what they have and they don't want to lend it at that moment, we've learned that it's okay for them not to lend it right away, but to use their words and say that they'll lend it to them later."
Happier/more positive, engaged disposition	4	"But I realized that it is important because her attitude has changed in many ways, like they motivate her in a lot of things and I do feel like they're preparing her for something and that

		makes me happy because I see a difference with what happened with my other children, who I didn't get a chance to do a course with."
Improved behavior and ability to know/follow expectations	3	"So they [follow the expectations] more, yes."
Improved development/health	3	"So I did that with my other children, but not anymore. She does a lot of things on her own. One of them, for example, is eating and I definitely wouldn't have allowed it at that age with my other children."
Improved communication/relationship with caregiver/parent	2	"And he now has very good communication. If something happens he says, 'Mommy, this is happening to me at school.'"
<b>Why do you think your child has changed?</b>		
Because I have learned more	2	"For example,... she learned to love reading here and that has me feeling very motivated because she brings me books and wants me to read to her. I know that some people always do it, but I didn't do it and now I'm implementing it with her. That makes me happy."
Because I have confidence as a caregiver	2	"Because people oftentimes have doubts. It's happened to me. But [not now.]

**Table D5. Important Information and Helpful Aspects of the Program**

<b>What was the most important, or most helpful thing you learned in the program?</b>		
<b>Participant Responses</b>	<b>Number of Comments</b>	<b>Sample Quote(s)</b>
Topic Specific	38	See sample quotes for specific topics in Table C6.
Never Stop Learning/Learned So Much	8	"My favorite part is that we learn from all the conversations we have, it's like we're reinforcing everything. We're understanding it, it's very interesting."
Learning how to support my child for a successful future	5	"Which I'm trying to encourage now in my children is that they're like a balloon. We have to cover them, right? So that when they're older and they're attacked and everything, they aren't left uncovered. We have to keep their self-esteem high, always."
Changes Adults' Ways of Thinking	3	"Conditioning playing with your child...so that made a strong impression on me because I was in the habit of doing that with my children."
Can Also Apply Info Learned to Older Children	3	"Like you said, it's the same tools but for different ages."
Learning how to support children's current/future education	2	"It's important to get them to focus on school so they'll get a better education."
Sense of community created with other participants	2	"The group is also good... we reinforce [what we're learning]."
Time to Practice Skills Learned	2	"They showed the example and then said what you did wrong. You did it wrong and look at the difference, how your child would have reacted if you had handled it in this way. It's very good."

**Table D6. Important/Helpful Information Learned: Specific Topics**

Most Important/Helpful Information Learned: Specific Content Topics		
Participant Responses	Number of Comments	Sample Quote(s)
Advocacy	15	"Before, we were scared to talk to teachers and then that teacher might take it out on your child. So that's what I was afraid of, but with this course we've become aware of the procedures to follow if something like that were to happen. Who you should go to or who you should talk to first if there's a problem: it's the teacher, then for example the principal, and if not then the committee."
Nutrition & Health Resources	7	"In fact, oh before [the class] I used to – my children loved Oreo cookies and when I saw on a show how they make them, I was practically poisoning my children with those Oreos, because of all the chemicals they add to give them flavor and color, and then sugar and all that. I was fascinated by nutrition."
SE Development	6	"Also, that it's not bad to show them love, like she said, that it's good to be close because that helps their self-esteem."
Brain Development	6	"They also gave us suggestions for how to be able to analyze our children, of how it is when the child has a physical or psychological problem. For example, what the difference is between that and a gifted child. Because many parents classify a gifted child as a problematic child, because they're playing with something and they throw it and they grab another. But that child's learning is so accelerated that they want something."
Discipline	2	"[When you get upset], I also remember that I was very shocked when she said that when they're babies, to 'never shake your baby.' That when they're little, just a little shake can affect them."
Stress Management	1	"[The most helpful was] stress and everything."
Play & Stimulation	1	"Also, giving them toys that are appropriate for their age, because sometimes since they're so small, we give them all kinds of toys and with Wendy we learned that we shouldn't give small toys to children of certain ages because they can put them in their mouth or nose and get hurt."

**Table D7. Changes/Additions to the Program**

What, if anything, would you change or add to make the program even more beneficial for parents and caregivers?		
Participant Responses	Number of Comments	Sample Quote(s)
Services for families (e.g., yoga, more hands-on)	25	"And maybe more interactive, because we talked a lot, but maybe some activities."
More Time/Longer Program	15	"More days or more time... so we could develop all the [skills]."

**Table D8. Participation in and Comparisons to Similar Programs**

Have you previously participated in a program like the BRFC program?		
Participant Responses	Number of Comments	Sample Quote(s)
No	7	Quotes not shared to protect participant confidentiality.
Yes	1	Quotes not shared to protect participant confidentiality.
How does the BRFC program compare to the other program(s)?		
Different focus in other programs	3	"It was more for teenagers, how to understand your teenager. For older ages than this one, but very good as well."

**Table D9. Impressions of Facilitators**

Was the program facilitator knowledgeable about the content presented in the program?		
Participant Responses	Number of Comments	Sample Quote(s)
Yes	28	"[Yes], and she also gave examples from her own experience or from her and her daughter, things she's done. Like things that she's changed that worked and things that didn't, so that we could incorporate them with our children."
Did the facilitator make you feel comfortable to express your ideas and ask questions during the classes?		
Yes	26	"Wendy was a very nice woman, because she always made us feel confident in speaking. She always listened to us and made us feel right about the questions she asked. She made us feel safe and we felt good."

**Table D10. Impressions of the BRFC Program**

Would you recommend the BRFC program to other parents or caregivers?		
Participant Responses	Number of Comments	Sample Quote(s)
Yes	24	"Definitely. I haven't stopped talking about this with my friends who are pregnant right now and who have babies. Hopefully they do it and don't do like I did, where I waited until the last one."
Why would you recommend the program?		
Learn a Lot and are Better Prepared	13	"We learned a lot of things that we didn't know."
Frequently Make Excuses, But Need the Program	3	"[Yes, I would recommend it.] I just see it as very sad that they're not interested in – because they're busy, work, because they don't really realize what these programs are about."

# Appendix E: Next Steps Focus Group Data

The following tables present participant responses and sample quotes from focus groups. A total of 24 individuals from Next Steps participated in the programmatic focus group. The focus group lasted approximately 60 minutes and occurred after the conclusion of the program. The “n” in focus group tables reflects the number of times a comment was made related to that theme, not the number of unique participants providing a response related to the theme.

**Table E11. Reasons for Joining Next Steps**

Why did you decide to participate in the Next Steps Program?		
Participant Responses	Number of Comments	Sample Quote(s)
To receive information/learn more about child development	14	“Because there is always something new to learn. You think you know everything and you go somewhere and, “Oh, I didn’t know this.” And you are always learning new things.”
To better myself as a caregiver/parent	7	“I took the class because I was interested in being a better parent and advocate for my child.”
To learn information to help my child in their education	6	“I became involved mainly to try to help my children, because I would like for them to have a career, to be successful and I think that as parents, we should be the ones to start in order to drive them to accomplish all of their goals.”
To learn information to help my child in their development	3	“To have foundations, to know how to guide our children and more information about what comes after—most importantly, because there are things that are different from Mexico, so you guide yourself to see what comes next. It helps us. It’s information.”
To connect and share experiences with others	2	“Being with other moms helps us learn a little bit from them and they learn a little bit from us.”
General interest in the BRFC Program	2	“I took the course rather out of curiosity.”

**Table E12. Main Goal for Participating in Next Steps**

What was your main goal in participating in the program?		
Participant Responses	Number of Comments	Sample Quote(s)
Learn more about my child's development/understand them better	5	“What was my main goal? It’s information to know how to guide the children depending on their age, what helps them, what doesn’t help them, and how we can guide them.”
Learn to be a better caregiver/parent	3	“Well, my goal is that even though I’ve already gone to many programs, I’ve gone to many meetings, I will continue going because there is always, always something new to learn to be better.”
Did you achieve your goal?		
Yes, achieved/exceeded my goal	8	“My goal was to learn something and take it to practice it at some point in my life and the program did exceed all of my expectations.”

**Table E13. Changes in Parents and Caregivers**

Have you noticed any changes in yourself as a parent or caregiver?		
Participant Responses	Number of Comments	Sample Quote(s)
Yes	9	"Yes!"
What changes have you noticed in yourself as parent or caregiver?		
I am more attentive as a parent/caregiver	7	"With my child, I learned that—he talks all day. He talks all day! So, before, I wouldn't pay much attention to him, 'Yes, honey, yes.' But, he continues talking, so with this, I learned that I need to provide him with his time, to listen to him, so that makes him happy. He's happy when I listen to him."
I am more patient with my child(ren)	5	"Well, I learned to be more patient when listening, not just hearing, but also listening, paying more attention, giving them quality time and to stop doing whatever I'm doing and dedicate that time to the child, and the children appreciate that. I mean, they even give you a break after you dedicate some time just for them, because you can't pay attention to them all the time, but if you dedicate a good amount of quality time to them without being distracted, they will appreciate it."
I now have better communication with my child(ren) and/or other	2	"Well, in my case it has really worked because there's even communication. My son tells me, 'Mom, this happened,' because in the past, he was scared of telling me something, 'Oh, you!' So, now I've learned to be a little more patient, to listen to them, and a lot of times, to not scold them, to know how to speak to them adequately and well, I think even they benefit from that because they trust you enough to tell you, 'Mommy, this is going on, this and that,' and well, there's more communication. In case there's a problem or something, we're going to be aware of what's going on."
Why do you think you have changed?		
I now have more info about my child's development and how to respond	5	"Because I've learned a lot of things."

**Table E14. Changes in Children**

Have you noticed any changes in your child over the course of the program?		
Participant Responses	Number of Comments	Sample Quote(s)
Yes	4	"[Yes], I have seen changes in them."
What changes have you noticed in your child over the course of the program?		
Happier/more positive, engaged disposition	2	"They look happier, more joyful."
Improved communication/relationship with caregiver/parent	1	"He has learned to talk more [with me], just by practicing."
Why do you think your child has changed?		
Because I have changed the way I interact with my child	2	"Because [I have changed.] I've been talking to him more and he's expressing himself more than before. It's helping him that I've learned to be patient and I learned a little more about autism, so he noticed a change in me, with my patience,



		because I used to have a short temper, so I talk more and he's talking more and he's being more expressive."
Because I have learned more	1	"Because I've been [doing] more... It's helping him that I've learned... so he noticed a change in me."

**Table E15. Important Information and Helpful Aspects of the Program**

What was the most important, or most helpful thing you learned in the program?		
Participant Responses	Number of Comments	Sample Quote(s)
Topic Specific	46	See sample quotes for specific topics in Table C6.
Time to practice skills learned	4	"Yes, the practice."
Communicating with/listening to children	4	"I was going to say that [communication]. I would ask her something and before she could respond, I was already responding for her. I learned to let her respond, even if she takes a while."
Changes adults' ways of thinking	2	"For example, I learned to not say "no" to the children; the importance of the word, "no." But rather, "Don't do this," like, you can do it, but you can do it here or this way. I learned to go down to his level. It's very important. They always see us as something really big, when you should see it from their level, so you can see eye-to-eye. Do you know what I mean? You giving them that trust."
Never Stop Learning/Learned So Much	1	"It really helped me and continues to help me."
Sense of community created with other participants	1	"We learned from one another."
Can also apply info learned to older children	1	"Well, I have an older child and I didn't know how to help him and he didn't want to continue going to college."

**Table E16. Important/Helpful Information Learned: Specific Topics**

Most Important/Helpful Information Learned: Specific Content Topics		
Participant Responses	Number of Comments	Sample Quote(s)
CPR/First Aid/Safety	15	"The CPR classes, that's what really caught my attention, and it's important because you never know when you're going to have an accident..."
Autism	12	"I was also very interested in autism because there were a lot of things I didn't know. I used to see some children who I thought, 'Oh, that's so rude,' I mean, because they don't know how to behave around other children, but I didn't know anything about autism."
All Topics	10	"I think all of the topics were very interesting in order for us to deal with the children."
Personality Assessment	2	"I really liked the first class where we were given like an evaluation to know what type of personality we or our husbands have."
Advocacy	2	"I learned to be my daughter's advocate and it's very important. I don't know who has experienced it. I learned to be an advocate."

Stress Management	2	“Yes, I also liked the topic about stress, how to control ourselves when we are busy and provide the children with attention, to leave whatever we are doing and listen to them, because sometimes they are calling, ‘Mom, mom!’ and sometimes we don’t pay attention to them, ‘Oh, hold on, hold on.’”
Yoga	2	“I loved yoga, also—it’s also important to be relaxed and take time for yourself.”
Dialogic Reading	1	“Another thing was the reading, even though I knew it, but when it was explained there, why reading is important, the consequences of not reading to them at a young age.”

**Table E17. Changes/Additions to the Program**

What, if anything, would you change or add to make the program even more beneficial for parents and caregivers?		
Participant Responses	Number of Comments	Sample Quote(s)
More topics/classes <ul style="list-style-type: none"> <li>• Autism (n=14)</li> <li>• CPR/First Aid (n=9)</li> <li>• Drugs (n=4)</li> <li>• Bullying (n=3)</li> <li>• Yoga (n=1)</li> <li>• Sexual abuse (n=1)</li> </ul>	33	“The autism, if it would have been more in depth, we would understand the reasons for it better. I think there should be a little more focus on that topic, because we all thought it was too fast.”
Follow-up programs	13	“I feel the classes were more focused on young children, but maybe that would be something important, adding something higher, like for preteens and youths.”
Services for families	4	“I couldn’t leave my daughter and it also helped that they babysit at the program.”
More locations	1	“I would like there to be a group close to my area, because it’s very far from my house.”

**Table E18. Participation in and Comparisons to Similar Programs**

Have you previously participated in a program like the Next Steps program?		
Participant Responses	Number of Comments	Sample Quote(s)
Yes, BRFC only	5	Quotes not shared to protect participant confidentiality.
Yes	2	Quotes not shared to protect participant confidentiality.
How does the Next Steps program compare to the other program(s)?		
Other programs not as extensive/effective	1	Quote not shared to protect participant confidentiality.

**Table E19. Impressions of Facilitators**

Was the program facilitator knowledgeable about the content presented in the program?		
Participant Responses	Number of Comments	Sample Quote(s)
Yes (all comments only referred to Next Steps facilitator, Wendy)	21	"Yes! When she didn't know something, she would tell us, 'I'll let you know during the next class.' She would get there and open with that: 'I've done some research for you on what I owed you. Here it is.'"
No (all comments only referred to outside facilitator)	4	"Yes, there was lacking with the autism. I feel there should have been someone who was more specialized in that area, so they could answer all of our questions."
Did the facilitator make you feel comfortable to express your ideas and ask questions during the classes?		
Yes	6	"Yes, she would respond. Most of the things she didn't know, she would research them. I mean, she made us feel comfortable with the topics, the questions, everything."

**Table E20. Impressions of the Next Steps Program**

Would you recommend the Next Steps program to other parents or caregivers?		
Participant Responses	Number of Comments	Sample Quote(s)
Yes	12	"Yes, I also agree, because it will also help them and we should always share what we learn and I personally made several invitations and they did come to the class and they were happy with the class."
Why would you recommend the program?		
Learn a Lot and are Better Prepared	5	"[Yes because] it exceeded my expectations. I think I did more than what I thought I could do. I just went to see what I could learn and later on, I moved up more and more and sought more and more training. Yes, it did meet them and exceed them."
Good Resources for the Hispanic Community	5	"Yes, because when we come here from other countries, we get to this country and we think that our children don't have the same rights as other children and sometimes, we don't know how to defend our children from teachers or other children or other parents, so with this class, I personally learned how to overcome that in case there's a problem at school."