



# School Readiness Coalitions' Progress Varies in Implementing the Program Over Two Years

## *at a glance*

Local school readiness coalitions have made substantial progress implementing the school readiness program over the past two years. Most coalitions (37 of 50) have made mixed progress in addressing five essential elements of the program, making more progress on some elements than others. Ten coalitions have made significant progress in addressing all five of the program elements. Conversely, three coalitions have made minimal overall progress.

Overall, coalitions have made the most progress in coordinating eligibility determination and service intake processes to establish a single point of entry. Coalitions have made the least progress in ensuring that providers use a developmentally appropriate curriculum; many coalitions believe that they lack the authority to mandate that providers use a developmentally appropriate curriculum, which may partially account for the weak performance in this area. In addition, coalitions have strengthened oversight at the local level and have, in some instances, reduced costs and improved services.

## Scope

Chapter 2003-93, Laws of Florida, directed OPPAGA to review Florida's school readiness program and evaluate the progress made in implementing the program since our January 2002 report.<sup>1</sup> This report focuses on local program activities and examines the progress

made by local school readiness coalitions in implementing five essential elements of the program. Two additional reports examine state-level program administration and overall issues facing the program.

## Background

Prior to 1999, Florida's publicly funded early education and child care programs were delivered through various independent programs. Responsibility for administering these programs was divided among the state Departments of Education, the Department of Children and Families and the federal Head Start program. (See Report No. 02-07 for additional information.)

The 1999 Legislature enacted the School Readiness Act to consolidate early education programs and create a more cohesive, efficient, and integrated school readiness system and increase children's chances of achieving future educational success and becoming productive members of society.<sup>2</sup> The law created three major program components:

- a state-level governing board known as the Florida Partnership for School Readiness (Partnership), with responsibility for coordinating statewide efforts;

<sup>1</sup> School Readiness Program's Potential Not Realized With Crucial Issues Unresolved, OPPAGA [Report No. 02-07](#), January 2002.

<sup>2</sup> Chapter 99-357, *Laws of Florida*.

- school readiness coalitions to oversee and administer program services locally; and
- an estimating conference for school readiness programs.

The 2001 Legislature subsequently transferred the Partnership from the Executive Office of the Governor to the Agency for Workforce Innovation. The agency assumed direct responsibility for certain administrative aspects such as budget development and allocation. The Legislature also repealed the statutory authority (effective January 1, 2002) for the individual school-based readiness programs included in the original legislation, thereby creating a single readiness program under the direction of the partnership and the local coalitions.

More information about the partnership, program funding, and the children being served by the program is provided in the other reports in this series.

### ***School readiness coalitions***

Local county-based school readiness coalitions are responsible for implementing the program at the local level. Coalitions are to develop a plan to coordinate local school readiness services, which must be approved by the partnership. The coalitions must either be a legally established corporate entity or contract with a fiscal agent for financial and administrative services. Fiscal agents can include independent accounting firms, community child care coordinating agencies, school districts, or children's services councils.<sup>3</sup> Once a coalition selects a fiscal agent and has an approved plan, it becomes eligible to receive program funding.

The coalitions contract with local providers to deliver child care and educational services to eligible children. The local providers may include school districts, private for-profit and non-profit child care centers, and faith-based institutions. In addition, coalitions may contract with community child care coordinating agencies (central agencies) for a variety of services including

client eligibility determinations, resource and referral services for families, parent education, developmental assessments of children, training and support for providers, and the purchasing of school readiness services through directly operated child care centers, subcontracted facilities, and voucher certificates. Coalitions may use 5% of their program funding for administrative costs.

Currently, 50 coalitions serve Florida's 67 counties. (Initially, 57 coalitions existed, but several of the original coalitions subsequently consolidated). Coalitions serving fewer than 400 birth-to-kindergarten age children must either join with another county to form a multi-county coalition, enter an agreement with a fiscal agent that serves more than one coalition, or demonstrate to the partnership its ability to effectively and efficiently implement its plan as a single-county coalition. As shown in Exhibit 1, 43 counties are organized as single county school readiness coalitions. The remaining 24 counties are grouped into multi-county coalitions. (See Appendix A for a map of the coalitions.)

### **Exhibit 1 Most of the 50 Coalitions Serve Individual Counties, But Seven Serve Multiple Counties**

Single County Coalitions			
•Alachua	•Hardee	•Martin	•Putnam
•Brevard	•Hernando	•Miami-Dade	•St. Johns
•Broward	•Highlands	•Monroe	•St. Lucie
•Charlotte	•Hillsborough	•Okaloosa	•Santa Rosa
•Citrus	•Indian River	•Okeechobee	•Sarasota
•Collier	•Jackson	•Orange	•Seminole
•DeSoto	•Lake	•Osceola	•Sumter
•Duval	•Lee	•Palm Beach	•Taylor
•Escambia	•Leon	•Pasco	•Volusia
•Flagler	•Manatee	•Pinellas	•Walton
•Gadsden	•Marion	•Polk	
Multi-County Coalitions			
•Baker, Bradford, Clay, and Nassau counties			
•Bay, Calhoun, Franklin, and Gulf counties (Early Education and Care, Inc.)			
•Columbia, Hamilton, Lafayette, Suwannee, Union (Gateway)			
•Dixie, Gilchrist, and Levy counties			
•Hendry and Glades counties			
•Jefferson, Liberty, Madison, and Wakulla counties (Area Management, Inc.)			
•Washington and Holmes counties			

Source: Map of Coalitions, 2003.

<sup>3</sup> Established pursuant to s. 125.901, *F.S.*, a children's services council is an independent special district that with the approval of a majority of voters in a county voting on the question, is empowered to levy ad valorem taxes in order to provide funding for children's services throughout a that county.

The local coalitions are governed by boards that consist of 18 to 25 members that must include individuals from both the public and private sectors. (See Exhibit 2 for coalition membership requirements.) More than one-third of the board members must be from the private sector with no income derived from child care activities.

## Exhibit 2 Coalitions Must Include Members From Both the Private and Public Sectors

### Coalition Membership [Section 411.01(5)(a)2., F.S.]

*Each coalition shall have at least 18 but not more than 25 members and such members shall include those below.*

- A Department of Children and Families district administrator or his/her designee
- A district superintendent of schools or his/her designee
- A regional workforce development board chair or director
- A county health department director or his/her designee
- A children's services council or juvenile welfare board chair or executive director
- A child care licensing agency head
- One member appointed by a Department of Children and Families district administrator
- One member appointed by a board of county commissioners
- One member appointed by a district school board
- A central child care agency administrator
- A Head Start director
- A representative of private child care providers
- A representative of faith-based child care providers

*More than one-third of the coalition members must be from the private sector and neither they nor their families may earn an income from the early education and child care industry. To meet this requirement a coalition must appoint additional members from a list of nominees presented to the coalition by a local chamber of commerce or economic development council.*

Source: Section 411.01, *Florida Statutes*, 2003.

## Required program elements

Chapter 411, *Florida Statutes*, specifies the services and program elements that coalitions must provide through their local school readiness programs. The law provides specific requirements for many of these services. For example, local school readiness program must coordinate staff development opportunities. See Exhibit 3 for a description of required local program elements.

## Exhibit 3 Local School Readiness Programs Must Include Specific Program Elements

### Program Expectations [Section 411.01(5)(c), F.S.]

*1. Local school readiness programs must meet the expectations noted below.*

- Prepare children to enter kindergarten ready to learn.
- Provide extended-day and extended-year services to the maximum extent possible.
- Coordinates staff development opportunities.
- Expanded access to community services and resources.
- Establish a single point of entry and unified waiting list.
- Serve as many children as were served prior to program implementation.
- Have a plan to address the needs of all eligible children. Meet all state licensing guidelines.

*2. A coalition must implement a comprehensive program of readiness services that includes at a minimum the following elements below.*

- Developmentally appropriate curriculum
- Character development program
- Age-appropriate assessment
- Pre-and post test
- Appropriate staff-to-child ratio
- Healthful and safe environment
- Resource and referral network

### Required Plan Elements [Section 411.01(5)(d)3, F.S.]

*Coalition plans must include the following minimum standards and provisions noted below.*

- A sliding fee scale establishing a co-payment for parents based upon their ability to pay
- A choice of settings and locations
- Instructional staff who have completed specified training courses and coalition assuring these qualifications
- Specific eligibility priorities for children within the coalition's county
- Performance standards and outcome measures
- Reimbursement rates that have been developed by the coalition
- Systems support services
- Direct enhancement services to families and children
- A business plan
- Strategies to meet the needs of unique populations, such as migrant workers

Source: Section 411.01, *Florida Statutes*, 2003.

## Prior report findings

Our January 2002 report on school readiness concluded that local coalitions had made only limited progress in creating the fully integrated and cohesive school readiness system envisioned by the Legislature. In general, little

local coordination was occurring and individual program providers such as school districts and community child care coordinating agencies were continuing to deliver services the same way they were provided prior to the program's creation. Also, the local coalitions were not coordinating program funding, which generally continued to be allocated directly to the school districts and central agencies, making it difficult for the local coalitions to control program activities.

Some coalitions deliberately postponed changes to program delivery to preserve the status quo. Other coalitions that made little progress reported that they focused their efforts on planning activities and had not begun to implement strategies to improve program integration and services.

## Findings

### *Readiness coalitions have made progress*

Since our January 2002 report, coalitions have gained more traction, are more proactive in addressing required program elements, and are driving a process to transform what used to be a child care system into a coordinated school readiness program. However, more progress is needed to fully meet the program's intent. Most coalitions (37 of 50) made mixed progress in addressing five essential program elements. Ten coalitions (10 of 50) made significant progress in addressing all five of the program elements, while three made only minimal progress.


To determine the progress made by coalitions, we examined the steps each took to address five program elements required by law.<sup>4</sup> We focused our review on those elements that are critical to achieving the readiness system laid out in law as well as those that coalitions were generally not implementing at the time of our previous review. Accordingly, our review

focused on the following five elements: (1) ensuring that providers use a developmentally appropriate curriculum; (2) using age-appropriate screenings and assessments (pre- and post-test) for school readiness children; (3) coordinating professional development opportunities for the various types of providers (private centers, school-based teachers, etc.); (4) establishing a single point of entry system or coordinating eligibility determinations and intake processes; and (5) monitoring program providers. We also noted any enhancements the coalitions made to school readiness services, such as health related initiatives, efforts to increase provider accreditation, and parent involvement activities.

We rated the coalitions' progress on each element using a five-point scale, by which a rating of "1" represented no progress while a rating of "5" represented exceptional progress. (See Exhibit 4). See Appendix B for more information about the process and criteria used in our rating.

#### Exhibit 4

#### We Used a Five-Point Rating Scale to Judge the Progress Coalitions Made in Implementing the Program

1	2	3	4	5
				
1 = <b>No progress.</b> The coalition has not addressed the element other than what has been done historically.				
2 = <b>Minimal progress.</b> The coalition has taken initial steps (such as planning efforts) to address the element, but little change has occurred.				
3 = <b>Moderate progress.</b> The coalition has implemented a combination of activities to address the element, but there are gaps in coverage of the element.				
4 = <b>Strong progress.</b> The coalition has addressed the element in a concerted manner, but there are some management controls missing or there is a critical community partner absent.				
5 = <b>Fully addressed.</b> The coalition's actions fully meet the program's intent, and other coalitions could follow these as a best practice.				

Note: See Appendix B for a specific explanation of the rating criteria for each element.

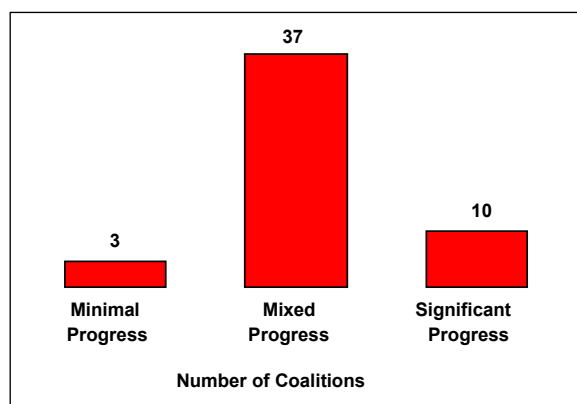
Source: OPPAGA generated scale, 2003.

<sup>4</sup> We reviewed each of the 50 coalition plans, visited 13 coalitions, and interviewed coalition members or staff in the remaining 37 coalitions. During field visits we conducted focus groups with coalition members and providers and interviewed school district officials, community child care coordinating agency representatives, and Head Start personnel.

### *Most coalitions have made mixed progress implementing the program*

As shown in Exhibit 5, most local coalitions (37 of 50) made mixed progress addressing the five program elements we assessed. These coalitions have made good progress on some program elements, but made limited progress on other elements. Ten coalitions made significant progress in addressing all of the program elements. Conversely, three coalitions only made minimal progress across the elements. (See Exhibit 5.)

**Exhibit 5**  
**Most Coalitions Have Made Mixed Progress in Addressing Required Program Elements**



Source: Continuum spreadsheet, 2003.

#### **Examples of significant coalition progress.**

Ten coalitions made significant progress implementing the program.<sup>5</sup> These coalitions made at least moderate progress in all areas and had made strong progress or had fully addressed some program elements.

For example, one of these coalitions, Early Education and Care, Inc., fully addressed three of the program elements (curriculum, screenings and assessments, and provider monitoring) and made strong progress in establishing a single point of entry and coordinating training opportunities. The coalition had taken the actions described below.

<sup>5</sup> Early Education and Care, Lake County Coalition, Clay/Nassau/Baker/Bradford Coalition, Duval County - Ready Child Coalition, Citrus, Hardee, Hillsborough, Sarasota, and Marion County School Readiness Coalitions.

- **Developmentally appropriate curriculum** – The coalition implemented a service delivery agreement that requires all providers to use a developmentally appropriate curriculum approved by the coalition (five currently approved by coalition), and provides curriculum, training, and ongoing support to providers who need it. Providers not signing or meeting the service delivery agreement will not be eligible to receive program funding from the coalition.
- **Screenings and assessments** - As part of the coalition's service delivery agreement, providers are required to complete the Ages and Stages Questionnaire for each child ages birth through three, and the Early Screening Inventory - Preschool (ESI-P) or Development Indicators for the Assessment of Learning (DIAL) assessments for children ages four through five. Coalition staff assist providers administer the ESI-P and DIAL. Providers must submit the results of the screenings and assessments to the coalition. A provider service team from the coalition provides the assessment results to both providers and parents and provides technical assistance to providers based on the results of the assessment.
- **Provider monitoring** – The coalition established a multi-tiered monitoring process to ensure providers are using the curriculum and meeting the service delivery agreement. The coalition monitors service delivery agreements on a quarterly basis. The provider service team monitors lesson plans to ensure assessment results are being used to individually plan for each child and maintains database to track the results of provider assessments. Providers participating in the coalition's Programs of Excellence also undergo a quarterly monitoring using the Infant and Toddler Environment Rating Scale (ITERS) and Early Childhood Environmental Rating Scale (ECERS) environmental rating tools. All providers are monitored by a third party consultant on an annual basis.
- **Single point of entry** – The coalition is making service intake and eligibility determinations for all programs including



Head Start and school-based early education services. However, one of the four school districts has not contracted for school readiness services but runs a separate Title I pre-k program that is not coordinated with the coalition.

- **Coordinating training opportunities** –The coalition’s provider service team is responsible for providing staff development through on-site technical assistance and monthly symposiums. The coalition has established a master training calendar which includes school district training that will be disseminated to all readiness programs. The service delivery agreement requires all providers to participate in five coalition-designated training courses annually. The coalition’s program and curriculum committee is planning to work to complete a training needs assessment, develop a matrix of available training opportunities, and further coordinate the staff development plan.

The success of coalitions that are making significant progress appears to be due to several factors, including local initiative and leadership. These coalitions also generally have supportive community partnerships with their school districts and central child care agencies, which appear to actively support the work and goals of the coalitions by participating in critical subcommittees of the coalition, contracting for services, and leveraging their expertise in contributing to a collaborative effort on behalf of children in the community. In addition, these coalitions are generally entrepreneurial in that they engaged in some type of “risk taking” in programmatic areas not adequately addressed by the partnership. For instance, several coalitions implemented provider service delivery agreements that require providers to use specific curricula, even though the partnership has not clarified that coalitions may establish this type of local program requirement.

**Examples of minimal coalition progress.** Three coalitions are struggling and have made minimal progress implementing the program elements we evaluated. These three coalitions have made no or minimal progress on at least four of the five program elements. These coalitions may have focused their efforts on one element of the

five elements reviewed or may have focused on other enhancements to their program not evaluated in this rating.

The limited progress of these coalitions appears to be due largely to the lack of state guidance by the partnership. These coalitions are not sure how they could implement aspects of the program and cite difficulty in obtaining timely answers from the partnership to questions regarding programmatic issues. These coalitions also tend to lack meaningful and productive cooperation among coalitions, central agencies, and school districts. They also often have inadequate administrative capabilities, and lack expertise in contracting, purchasing, technology, and other business functions. Finally, these coalitions typically lack local leadership and initiative in implementing the program. Some of these coalitions are still struggling with various local providers that want to maintain the status quo.

### ***Progress by coalitions varies by program area***

Statewide, coalitions generally have made more progress implementing some of the specific program elements we addressed than other elements. As shown in Exhibit 6, coalitions have made the most progress in coordinating the eligibility determination and service intake processes to create a single point of entry. Over three quarters (76%) of the coalitions have made moderate or better progress towards establishing a single point of entry system in their local communities. Conversely, coalitions have made the least progress in ensuring that all providers use a developmentally appropriate curriculum. Just under half (42%) of the coalitions have made either no or minimal progress in this area.

**Exhibit 6**

**The Majority (76%) of Coalitions Have Made Strong or More Progress in Implementing a Single Point of Entry, But Struggled With Developmentally Appropriate Curriculum**

Program Element	Percent of Coalitions by Progress Level				
	No Progress	Minimal Progress	Moderate Progress	Strong Progress	Fully Addressed
Curriculum	2%	40%	46%	8%	4%
Assessment	4%	38%	40%	8%	10%
Monitoring	2%	28%	52%	14%	4%
Training	2%	28%	36%	32%	2%
Single Point of Entry	12%	12%	8%	52%	16%

Source: Continuum spreadsheet, 2003.

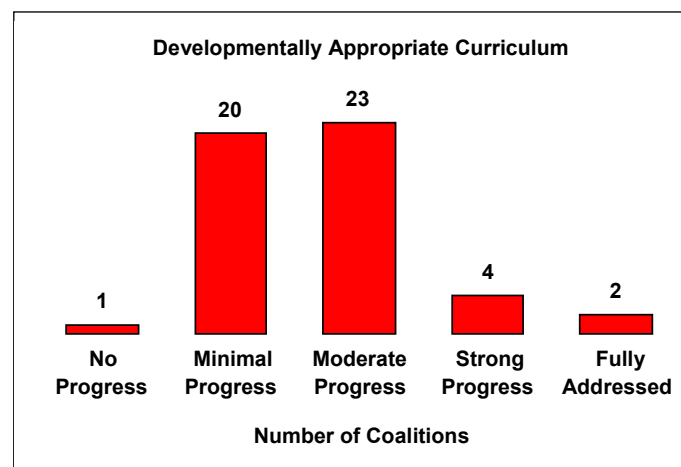
***Coalitions have made limited progress in ensuring that program providers use developmentally appropriate curriculum***

Overall, coalitions have made relatively little progress in ensuring that all providers use developmentally appropriate curriculum. Using appropriate curriculum is important as it helps expose children to educational programming that should lead to better preparedness and readiness outcomes. However, 21 of the 50 coalitions (42%) have made no or minimal progress in this area (see Exhibit 7). The primary reason for this limited progress is that many coalitions do not believe they can mandate that providers use a specific curriculum. Typically, coalitions have established curriculum requirements for those providers that are under local funding contracts, but have not done so for non-contracted or voucher certificate providers.<sup>6</sup> The partnership needs to clarify coalition's authority to establish these requirements.

<sup>6</sup> Voucher certificate providers have a voucher issued to the provider by the paying agent through the parent outlining how much care a child is eligible to receive.

**Exhibit 7**

**Twenty-one (42%) Coalitions Have Made Minimal or No Progress in Ensuring That All Providers Use a Developmentally Appropriate Curriculum**



Source: Continuum Spreadsheet, 2003.

Two coalitions, Santa Rosa and Early Education & Care, have made notable progress in this area and implemented service delivery agreements requiring all to use a developmentally appropriate curriculum approved by the coalition. These coalitions provide curricula, training, and ongoing support to their providers. Providers not signing or meeting the service delivery agreement are not eligible to receive program funding from the coalitions.

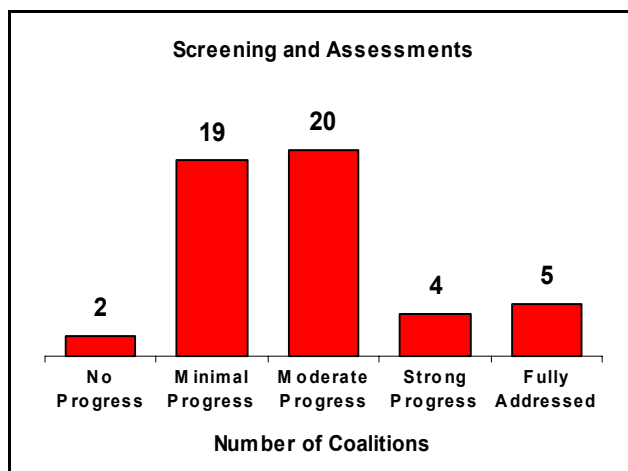
Other coalitions that have made progress in this area have taken steps such as formally adopting a curriculum but have not enforced its use by providers. Some coalitions provide curricula to providers along with relevant training and technical assistance, monitor providers to determine whether they use a curriculum, and/or survey providers to determine the types of curricula being used. See Appendix C for additional information on coalition activities to address developmentally appropriate curriculum.

***Coalitions have made fair progress in screening and assessing children***

Coalitions generally have made somewhat stronger progress implementing age-appropriate screenings and assessment systems (pre- and post-test) for children receiving school readiness services. These screenings and assessments are

important in determining if children have developmental impairments to their learning abilities. Early diagnosis of impairments can help access resources that can improve childrens' learning success. As shown in Exhibit 8, over half (29) of the 50 coalitions (58%) have made at least moderate progress in implementing age-appropriate screenings and assessments. Of this group, five coalitions have fully addressed the element.

**Exhibit 8**  
**Twenty-nine (58%) Coalitions Have Made at Least Moderate Progress in Implementing Age-Appropriate Screenings and Assessments**



Source: Continuum Spreadsheet, 2003.

Coalitions making strong progress or fully addressing the element have implemented an age appropriate screening or assessment for all children ages 0-5 receiving school readiness services regardless of the provider type.<sup>7</sup> In addition, coalitions fully addressing this element have established a structured process for providing feedback and technical assistance to providers and parents based on assessment results. Coalitions making moderate or less progress are not assessing or screening all ages of children, not using an age-appropriate assessment instrument, or are not including children served by certain types of providers.

<sup>7</sup> In judging age appropriateness, we used the Florida Workgroup on School Readiness Assessment screenings recommendations for use of Ages and Stages for children under the age of three and a more detailed assessment tool for children over three.

As an example of a coalition that has made significant progress in this area, the Miami Dade Readiness Coalition developed and implemented the Assessment Intervention Program, which is described below.

- For 2002-03, the coalition used the Learning Accomplishment Profile - Diagnostic Assessment (LAP-D) and Devereaux Early Childhood Assessment (DECA) age-appropriate screening assessments for all for four-year-old children in the school readiness program. The program was expanded to three-year-olds in 2003-04. These assessments determine the developmental level of children in language development, fine motor, gross motor, cognitive, and social/emotional development.
- The coalition contracted with Florida International University and George Mason University to develop baseline data for the assessment, analyze results, and provide classroom profiles and reports on each child's developmental level.
- The coalition worked in collaboration with Florida International University, central agency, child care providers, and the school district to provide intervention based on results of the assessments. The school district contracted with the central agency to provide 12 of the district's curriculum specialists to assist with private providers.
- The coalition will begin implementing a new assessment instrument for three-year-old children Fiscal Year 2003-04.

See Appendix D for additional information on coalition activities for age-appropriate screenings and assessments.

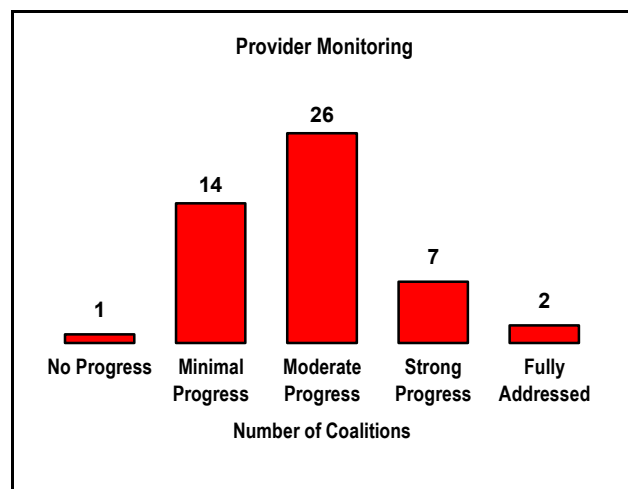
### ***Coalitions have made generally good progress in monitoring program providers***

A strong provider monitoring process is critical for ensuring that program requirements are implemented at the classroom level and quality services are provided to children. Over two thirds (35, or 70%) of the 50 coalitions have made at least moderate progress implementing reasonable provider monitoring systems. Seven coalitions have made strong progress and two fully addressed the element. (See Exhibit 9.)



### Exhibit 9

#### Thirty-five (70%) Coalitions Have Made at Least Moderate Progress in Implementing Monitoring of Providers



Source: Continuum Spreadsheet, 2003.

Coalitions making strong progress in this area have established processes to monitor all of their providers. In some cases, these coalitions modified the monitoring instrument that the Department of Children and Families historically used for subsidized child care providers. In other cases, the coalitions have established their own monitoring instruments or adopted environmental rating instruments such as the ITERS and the ECERS.<sup>8</sup> These coalitions also have linked the results of their monitoring to technical assistance, financial incentives, and/or an intervention process for providers.

For example, the Lake County School Readiness Coalition is implementing the monitoring program for 2003-04 described below.

- The coalition uses a series of environmental rating scales (ITERS, ECERS, and FDCRS – Family Day Care Rating Scale) to monitor all types of providers.

<sup>8</sup> ITERS and ECERS are two “off the shelf” observation tools that measure global quality based on seven environmental dimensions. The rating scales have been used in many national studies regarding the quality of child care in America. The tools are reported as valid and reliable when used by trained evaluators. The tools are able to measure quality in a variety of school settings.

- For 2003-04, the assessments are voluntary for providers; they will be mandatory in subsequent years.
- All mini-grants that the coalition administers to providers through quality initiative funding are tied directly to monitoring results. The coalition’s central agency also provides technical assistance to providers based on monitoring results and will work with providers to establish quality development plans as needed.
- The coalition plans to conduct a follow-up evaluation in 2004 to ensure that mini-grants led to improvements in provider monitoring scores.

See Appendix F for additional information on coalition activities to monitor program providers.

### *Coalitions have made relatively strong progress in coordinating staff development opportunities*

Coalitions have made fairly strong progress in coordinating staff development opportunities and training for providers. Coordinating staff development and training can help maximize resources and eliminate duplicative training efforts, create consistent professional development objectives for all provider types, and ensure that all program providers have an opportunity to upgrade their skills and knowledge.

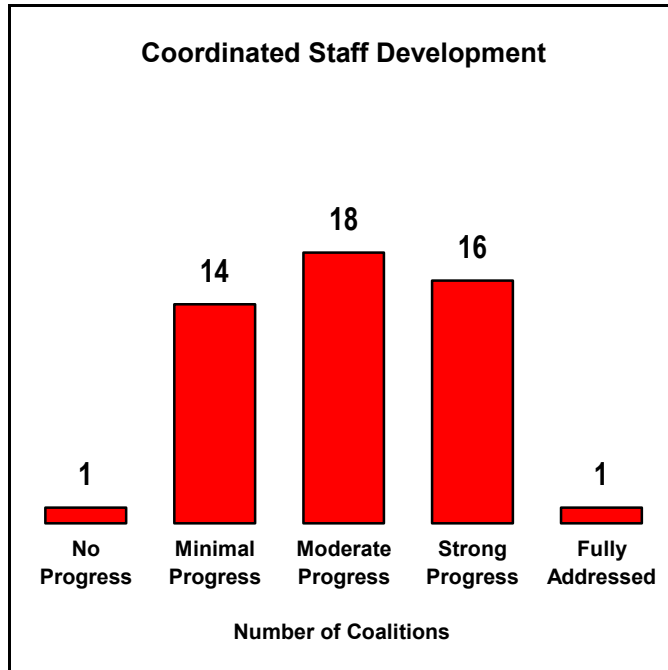
Over two-thirds (35, or 70%) of the 50 coalitions have made at least moderate progress in coordinating staff development and training opportunities. Of this group, 16 coalitions have made strong progress and one fully addressed the element. (See Exhibit 10.)

The Ready Child Coalition of Duval County fully coordinated staff development and training. The coalition implemented a comprehensive approach to staff development that involves a consortium of community partners including the school district, the University of North Florida and the central child care agency. Through this highly structured approach, the coalition identified consistent professional development objectives and outcomes for all types of providers (private and public school-based) and implemented a multi-

level process for delivering the training necessary to meet these objectives. The coalition's approach also links specific curricula, child assessments, and provider monitoring tools to the professional development process.

#### Exhibit 10

**Thirty-five (70%) Coalitions Have Made Moderate or Better Progress in Implementing Coordinated Staff Development and Training**



Source: Continuum Spreadsheet, 2003.

Other coalitions have taken positive steps to coordinate staff development and training, including

- publishing and disseminating to all providers an ongoing comprehensive master training calendar of all early education training events being offered in the community by various groups such as the school district, community college, and central child care agency;
- performing a comprehensive training needs assessment of all providers and their staff development processes and developing a training plan to fill in the gaps;
- coordinating on-going training events for all types of providers including school-based sites; and

- requiring all providers to participate in specific training or courses throughout the fiscal year.

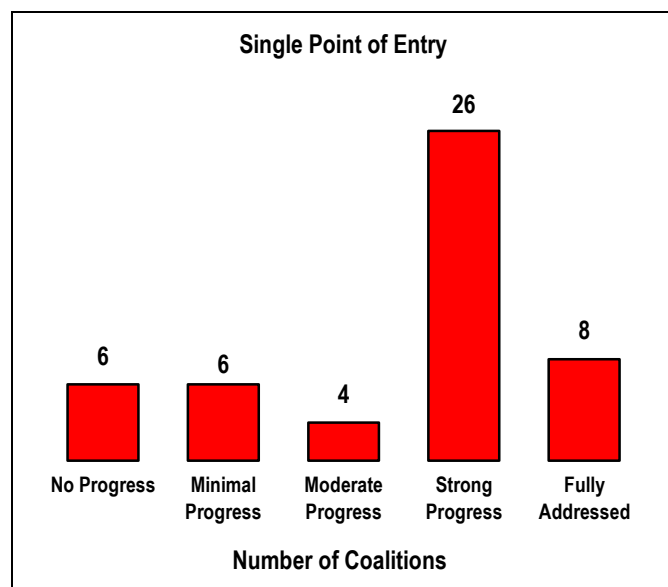
Coalitions making strong progress typically implemented several of these types of activities. See Appendix E for additional information on coordinated staff development and training.

#### ***Coalitions have made strong progress in establishing a single point of entry and unified wait list***

Coalitions have made the strongest overall progress in establishing single point of entries and unified wait lists. Implementing a single entry point, by which families seeking access to any school readiness service are directed to a central entity for information and eligibility determinations, is critical to streamlining administrative processes and improving program integration and efficiency. Our earlier reports cited multiple, often uncoordinated eligibility determination processes as a key problem.

Over three quarters (38, or 76%) of the 50 coalitions have made at least moderate progress in establishing a single point of entry and unified wait list. Of this group, 26 coalitions have made strong progress and eight fully addressed the element. (See Exhibit 11.)

**Exhibit 11**  
**Thirty-eight (76%) Coalitions Have Made at Least**  
**Moderate or More Progress in Implementing a**  
**Single Point of Entry and Unified Wait List**



Source: Continuum Spreadsheet, 2003.

The eight coalitions that fully addressed this element have established systems in which parents can contact one entity to access early education services provided by public schools, private providers participating in the readiness program, and the local Head Start program. These coalitions typically have contracted with the central child care agency to provide the single entry point.

***Coalitions have established several enhancements to school readiness services***

Many coalitions have taken steps to enhance school readiness through local initiatives and services. These enhancements contribute to school readiness by addressing holistic issues for the children and families in the program. One example is discussed below.

The Escambia, Santa Rosa, Okaloosa, and Walton counties coalitions have developed a regional resource to jointly fund nurses from school districts, Department of Health and a school readiness funded nurse to screen children at the provider's setting throughout the region including those not in school readiness. The

screenings are comprehensive and include medical, dental, vision, hearing, mental health, etc. The funding for this is blended to include Title I, Head Start, and school readiness money.

See Appendix G for additional information on other enhancements to school readiness services.

**Coalitions have strengthened local program oversight.** Several coalitions have taken steps to more closely monitor the central child care agencies that provide many program services. In some cases, this oversight has resulted in cost savings by more closely scrutinizing spending on areas such as administration. Some coalitions also have introduced competition by issuing invitations to bid and negotiate for program services, which has enabled them to obtain lower prices for services as well as to cut funding for administration and allocate it to services. For example, the Leon coalition required the central agency to compete with another vendor, which led to a reduction in the price the coalition paid

for services. In some cases, coalition monitoring also has led to the correction of program weaknesses. For example, one coalition discovered through monitoring that the central child care agency was not screening children, which was subsequently corrected.

## Conclusions

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Local coalitions have made substantial progress implementing the school readiness program since OPPAGA's January 2002 report. Most coalitions have made mixed progress in addressing required program elements. However, ten coalitions have substantially addressed most program elements. Conversely, three coalitions made minimal progress implementing the program. Stronger statewide program guidance from the partnership would help coalitions make implementation progress.

We recommend the partnership provide stronger guidance to assist coalitions with implementing a developmentally appropriate curriculum, developing assessment tools and implementing the other elements of the school readiness program to meet the requirements of Chapter 411. Further discussion of guidance issues may be found in two OPPAGA Reports soon to be released.

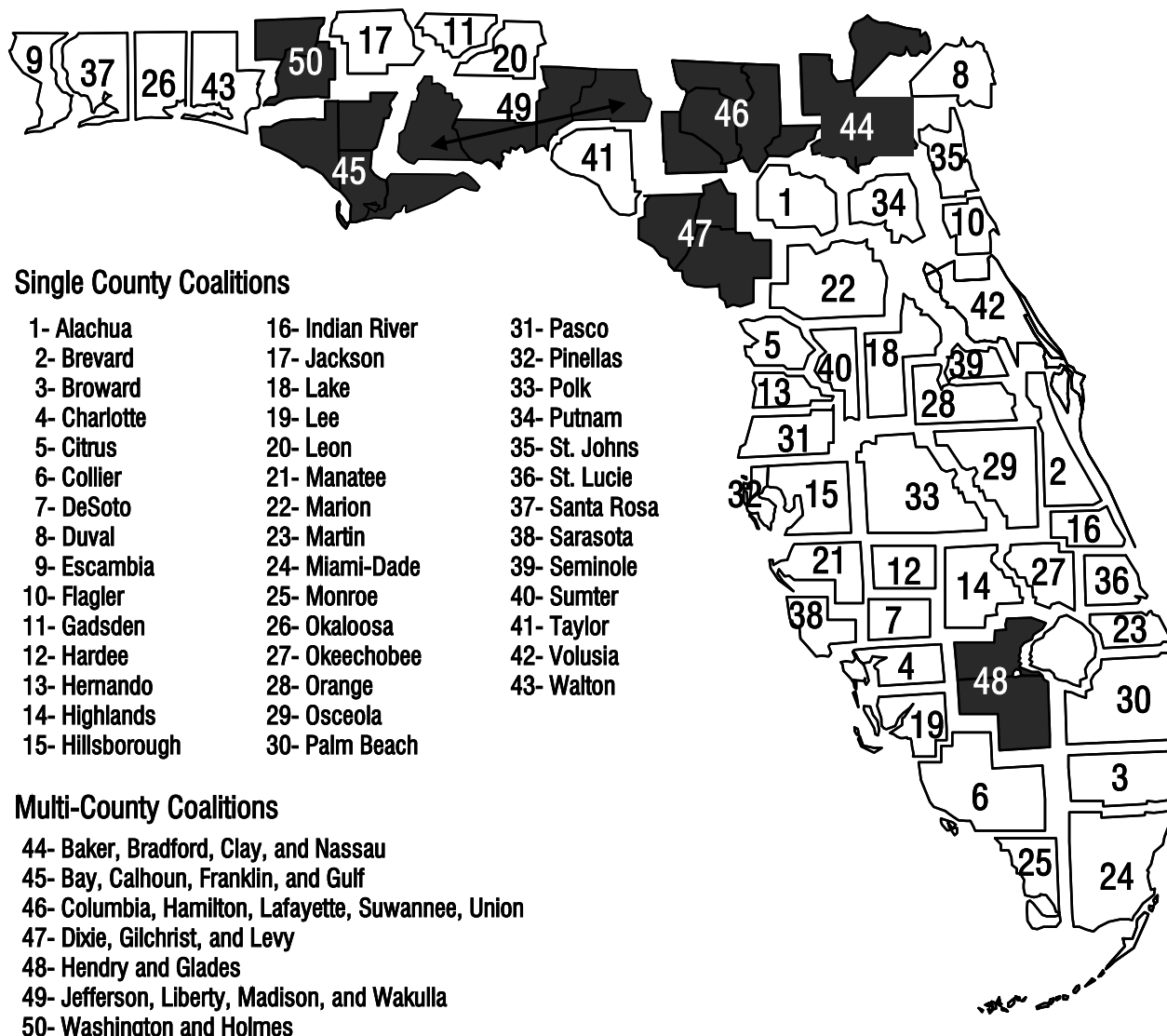
## Agency Response

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In accordance with the provisions of s. 11.45(7)(d), *Florida Statutes*, a draft of our report was submitted to the Florida Partnership for School Readiness for review and response. The Partnership's written response is included in Appendix I.

## Appendix A

# Map of School Readiness Coalitions





## Appendix B

# Methodology

OPPAGA focused our review of coalitions on five key elements necessary for the effective implementation of the school readiness program on the local level. Our 2002 review found that many coalitions made relatively little progress in these activities.

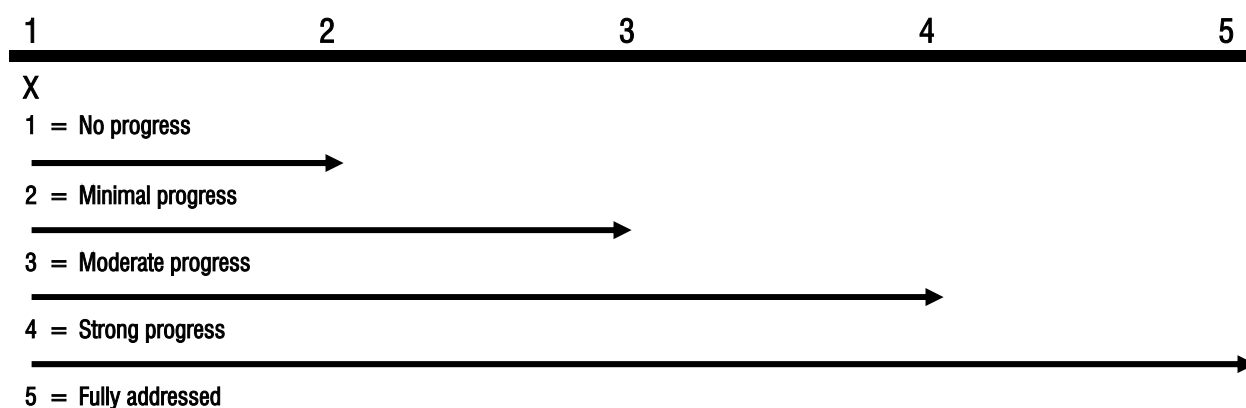
The five elements we examined are

- using a developmentally appropriate curriculum for all providers (s. 411.01(5)(c)2.a., *Florida Statutes*);
- using age-appropriate developmental assessment and a pre and post test where appropriate for all school readiness children (s. 411.01(5)(c)2.c. and d., *Florida Statutes*);
- coordinating professional development opportunities (s. 411.01(5)(c)1.c., *Florida Statutes*);
- establishing an effective single point of entry/unified waiting list for children needing services (s. 411.01(5)(c)1.e., *Florida Statutes*); and
- establishing an effective system for monitoring providers.

Concerns about the lack of a single point of entry and coordinated professional development were cited in the debate that preceded the 1999 legislation. Use of age-appropriate curriculum, along with screenings and assessments of children, are critical to ensuring positive outcomes for children. Monitoring by the local coalitions is critical to enforcing program requirements at the local level.

We did not address additional elements in the law that coalitions may be excelling in such as health and safety. These were not addressed in this report since they were either addressed through other means or were outside the scope of the report. Coalitions could potentially move up or down on the rating scale if these other elements were included in the report.

We rated coalitions' progress on these five elements using a five-point scale. The five-point scale ranges from 1, not addressing or no progress to 5, fully addressing the element.



The criteria used to evaluate each of the elements on the five-point rating scale are provided below.

**Not addressed/no progress.** This is a 1 on the OPPAGA scale using the criteria below.

- a. This rating was given based upon the coalition not doing something to address the element. In effect, this rating showed a status quo and lack of progress in implementing the elements as designed in the school readiness legislation.

## ***Developmentally appropriate curriculum***

**Minimal progress for developmentally appropriate curriculum.** This is a 2 on the OPPAGA scale using the criteria below.

- a. The coalition has gathered baseline data; surveyed providers to see what has been offered or;
- b. the coalition has formally adopted curricula but is not requiring providers to use them or;
- c. the coalition has organized and coordinated (may be through central agency) some training on developmentally appropriate curricula for providers; coalition has provided curricula to providers at training or;
- d. the coalition is piloting the use of a developmentally appropriate curriculum with some providers.

**Moderate progress for developmentally appropriate curriculum.** This is a 3 on the OPPAGA scale using the criteria below.

- a. The coalition has implemented a combination (two or more) of the activities listed under minimal progress or;
- b. the coalition is monitoring all providers using an environmental or other rating tool (i.e., ECERS) that looks at the use of developmentally appropriate practices and curricula, AND the results of the monitoring effort are linked to technical assistance or improvement plans to help a provider improve in deficient areas or;
- c. the coalition has established a service delivery agreement that requires all providers to use a developmentally appropriate curriculum approved by the coalition, BUT has not established a system to provide the curriculum, training, and ongoing support to providers who need it.

**Strong progress for developmentally appropriate curriculum.** This is a 4 on the OPPAGA scale using the criteria below.

- a. The coalition has purchased or secured (through school district, central agency or other resource) a curriculum for all providers, given it to providers who wanted it, trained providers on how to implement the curricula, and provides on-going support. Use of curricula is still voluntary or;
- b. the coalition has established a service delivery agreement that requires all providers to use a developmentally appropriate curriculum determined by the coalition, BUT has not established a monitoring process to ensure that they are using it.

**Fully addressed for developmentally appropriate curriculum.** This is a 5 on the OPPAGA scale using the criteria below.

- a. The coalition has established a service delivery agreement that requires all providers to use a developmentally appropriate curriculum determined by the coalition, will provide curriculum, training, and ongoing support for providers who need it, and has established a monitoring process to ensure they are using it.

## ***Age-appropriate assessment***

**Minimal progress for age-appropriate assessment including pre-and post-test.** This is a 2 on the OPPAGA scale using the criteria below.

- a. The coalition is using Ages and Stages (ASQ) or some other appropriate screening instrument for children in both contracted and voucher sites. School district, if a readiness provider, may be using an additional assessment for its school based programs.

**Moderate progress for age-appropriate assessment including pre-and post-test.** This is a 3 on the OPPAGA scale using the criteria below.

- a. The coalition is using an age-appropriate screening and assessment instrument (i.e., DIAL, LAP) for children in all provider settings (contracted and voucher) BUT it is not using the screening or assessment for some age group of children (i.e., they are doing something for every age of children except three-year-olds) or;

## *Information Brief*

- b. the coalition is using an appropriate screening and assessment instrument (i.e., DIAL, LAP) for all age groups of children BUT it is only completing the assessment for children enrolled in certain types of providers (contracted, school-based, or other voluntary) or on a pilot basis.

**Strong progress for age-appropriate assessment including pre-and post-test.** This is a 4 on the OPPAGA scale using the criteria below.

- a. The coalition is using an age-appropriate screening and assessment (i.e., DIAL, LAP) for all ages of children in every type of setting (contracted, school-based, or voucher). HOWEVER, the coalition has not established a system for compiling and tracking the results of the assessments and has not linked the results to a technical assistance or intervention process for providers. The assessment may voluntary for parents or;
- b. in one case, we gave a coalition (Marion) a “4” because it was doing an age-appropriate screening and assessment for all ages of children in every type of setting (contracted, school-based, or voucher). However, it only planned to do 75% of the four- and five-year-olds this year. In addition, they were doing an additional assessment for infants and toddlers that is linked to centers feeding into “D” and “F” schools. They have a feedback loop as well for providers and parents. The “4” was given because of the 75%.

**Fully addressed for age appropriate assessment including pre- and post-test.** This is a 5 on the OPPAGA scale using the criteria below.

- a. The coalition is using an age appropriate screening and assessment instrument (i.e., DIAL, LAP) for all ages of children in every type of setting (contracted, school-based, or voucher), AND the coalition has also established a system for compiling and tracking the results of the assessments and has linked the results to a technical assistance or intervention process for providers. The assessment may be voluntary for parents.

## *Coordinated professional development*

**Minimal progress for coordinated professional development.** This is a 2 on the OPPAGA scale using the criteria below.

- a. The coalition has coordinated or sponsored some sporadic or occasional training events for all providers including school based sites (if contracting for slots) or;
- b. the coalition has done a comprehensive and coordinated training needs-assessment across the different types of providers or;
- c. the coalition has established a standing subcommittee of the coalition to address the coordination of professional development opportunities. Subcommittee should include school district representation.

**Moderate progress for coordinated professional development.** This is a 3 on the OPPAGA scale using the criteria below.

- a. The coalition is coordinating the development and dissemination (website, newsletter, monthly meetings) of an ongoing master training calendar for all providers or;
- b. the coalition has done a comprehensive and coordinated training needs-assessment and developed a training plan to fill in the gaps or;
- c. the coalition is implementing a service delivery agreement that requires all providers (including school based) to take specific professional development courses each year. The coalition provides the training as well or;
- d. a coalition could get a 3 based on a combination of things. However, remember this item is coordinated staff development. So, it should involve some coordination among different entities within the community (school district, community college, etc.).

**Strong progress for coordinated professional development.** This is a 4 on the OPPAGA scale using the criteria below.

- a. The coalition is coordinating or sponsoring ongoing training events for all providers including school based sites (if contracting for slots) and is developing and publishing an ongoing master training calendar or;
- b. the coalition has done a comprehensive and coordinated training needs-assessment and developed a training plan to fill in the gaps. The coalition has also coordinating or sponsored some training events related to training needs identified in the assessment or;
- c. a coalition could get a 4 based on a combination of things. However, remember this item is coordinated staff development. So, it should involve some coordination among different entities within the community (school district, community college, etc.).

**Fully addressed for coordinated professional development.** This is a 5 on the OPPAGA scale using the criteria below.

- a. The coalition has established a comprehensive approach to staff development that involves community partners such as the school district and central agency. A structured approach that has identified consistent professional development objectives and outcomes for all providers and has implemented procedures on how to meet these objectives.

### ***Single point of entry and unified waiting list***

**Minimal progress for single point of entry and unified wait list.** This is a 2 on the OPPAGA scale using the criteria below.

- a. If the school district is contracting for slots, there are some shared resources between the coalition (central agency) and school district such as an intake specialist. Eligibility determination processes remain separate or;
- b. if the school district is contracting for school readiness slots, give them a “2” if there is a uniform intake/eligibility application used for both school-based services and private providers (the central agency). The actual eligibility determination processes remain separate (school district and central doing there own processes or;
- c. if the school district is not contracting for slots AND is not operating a separate Pre-K program through Title I, then give the coalition a “2” if the coalition is not coordinating with Head Start. They have a single point of entry through default.

**Moderate progress for single point of entry and unified wait list.** This is a 3 on the OPPAGA scale using the criteria below.

- a. Give the coalition a 3 if the school district is NOT contracting for school readiness slots but running a Pre-K program through Title I funds, but there is uniform intake/eligibility application used for both school-based Pre-K program and school readiness services (the central agency). The actual eligibility determination processes remain separate.

**Strong progress for single point of entry and unified wait list.** This is a 4 on the OPPAGA scale using the criteria below.

- a. School district is contracting for school readiness slots and one entity (usually the central agency) is doing service intake and eligibility determinations for all school readiness children including the school-based sites. Head Start is not part of the system or;
- b. if the school district is not contracting for slots but operating a separate Title I Pre-K, give the coalition a “4” if it or its central agency is doing the service intake and eligibility for Head Start.
- c. fully addressed for single point of entry and unified wait list. This is a 5 on the OPPAGA scale using the criteria below.
- d. one entity (usually the central agency) is doing service intake and eligibility determinations for all programs included Head Start and school based early education services. If the school district is not contracting for school readiness slots and using Title I to run its own Pre-K program, then it must be included in the single point of entry in order to receive a score of 5.

### ***Monitoring providers at the classroom level***

**Minimal progress for monitoring providers at the classroom level.** This is a 2 on the OPPAGA scale using the criteria below.

- a. The coalition or central agency has revised or modified modifications to the old Department of Children and Families (DCF) tool is using it to monitor providers (contracted only, or contracted and voucher) or;
- b. the coalition or central agency has is using the old DCF tool to monitor all providers (contracted and voucher) or;
- c. the coalition has taken over the central agency functions and has initiated a monitoring process.

**Moderate progress for monitoring providers at the classroom level.** This is a 3 on the OPPAGA scale using the criteria below.

- a. The coalition is monitoring providers on a voluntary or “contracted” basis using an appropriate environmental rating instrument such ITERS and ECERS, a coalition developed tool, or service delivery agreement monitoring tool. The monitoring is not required for all providers. If the school district is contracting for slots, then they should be using the same or similar tool or;
- b. the coalition is only monitoring one type of provider (for example, private centers) using an appropriate environmental rating instrument ITERS and ECERS, a coalition developed tool, or service delivery agreement monitoring tool. The monitoring is required for this type of provider. Other types of providers (family child care homes) are not monitored.

**Strong progress for monitoring providers at the classroom level.** This is a 4 on the OPPAGA scale using the criteria below.

- a. The coalition is monitoring all providers using an appropriate environmental rating instrument such as ITERS and ECERS, a coalition developed tool, or service delivery agreement monitoring tool. There may be some variation between contracted and voucher but everyone is being monitored. HOWEVER, the coalition has not specifically established a system or process to link the results of the monitoring to technical assistance, financial incentives, or an intervention process for providers.

**Fully addressed for monitoring providers at the classroom level.** This is a 5 on the OPPAGA scale using the criteria below.

- a. The coalition is monitoring all providers using an appropriate environmental rating instrument such as ITERS and ECERS. If the school district is contracting for slots, then they should be using the same or similar tool. The coalition has not specifically established a system or process to link the results of the monitoring to technical assistance, financial incentives, or an intervention process for providers.

To rate all 50 local coalitions, OPPAGA conducted 13 site visits to local coalitions to interview stakeholders including coalition board members, coalition executive directors, central agency administrators, school district administrators, Head Start administrators, and child care providers. For the remaining 37 coalitions, OPPAGA interviewed the coalition executive director and in some instances conducted follow-up interviews or interviewed other stakeholders such as school district administrators for corroboration.

To maintain consistency across team members, at least three analysts reviewed the facts that support each rating to develop a consensus before finalizing each rating. These consensus meetings typically resulted in generating follow-up questions for the local coalitions to answer to confirm a rating. A second quality assurance review was made by a team member reviewing another analysts rating and conclusions to ensure consistency within and across ratings was maintained.



## Appendix C

# Examples of Coalition Activities to Ensure That Providers Use a Developmentally Appropriate Curriculum

### Examples of Strong Progress or Fully Addressing Developmentally Appropriate Curriculum

#### Early Education and Care, Inc.

- Implemented a service delivery agreement that requires all providers to use a developmentally appropriate curriculum approved by the coalition (five currently approved by coalition), and will provide a curriculum, training, and ongoing support to providers who need it; providers not signing or meeting the service delivery agreement will not be eligible to receive program funding from the coalition.
- Established a multi-tiered monitoring process to ensure providers are using the curriculum and meeting the service delivery agreement.
- Created a "Programs of Excellence" that provides quarterly stipends to providers who meet certain standards of quality as defined by the coalition (staff-to-child ratios, teacher credentials, score on environmental rating instrument).

#### Santa Rosa County Readiness Coalition

- Implemented a service delivery agreement that requires all providers to use a developmentally appropriate curriculum approved by the coalition; providers not signing or meeting the service delivery agreement will not be eligible to receive program funding from the coalition.
- Approved the use of one curriculum for all providers throughout the county.
- Purchased the curriculum, distributed it to providers, and provided training and technical assistance to those providers needing such training.

#### Monroe County Readiness Coalition

- Identified one curriculum as its instructional philosophy, purchased the curriculum, gave copies of the curriculum to providers, and trained all providers on its use.
- Although voluntary, most providers (approximately 95%) have agreed to use the curriculum.
- Provides continuing support to providers using the curriculum.

### Examples of Moderate Progress in Developmentally Appropriate Curriculum

#### Marion County Readiness Coalition

- Surveyed providers who contract with its central agency to determine what curricula they are using for school readiness children.
- Conducted several training sessions on developmentally appropriate curricula for providers and gave everyone who attended a free curriculum and other materials such as lesson plans
- Piloting the use of the Early Learning and Literacy Model (ELLM) at six child care centers during 2002-04.
- Gave a character development curriculum to every provider and trained them on how to use it.

#### Clay/Nassau/Baker/Bradford County School Readiness Coalition

- Adopted a literacy based curriculum with a character component that is used in school based sites, Head Start and contracted private providers; voluntary for voucher/certificate providers
- Implemented a teacher training and literacy coach model using 12 literary coaches from Episcopal Children's Services to support teachers in the classroom. The training model includes individual weekly coaching sessions to help preschool teachers develop the skills necessary to teach the essential elements of early literacy.

#### Lake County School Readiness Coalition

- Piloting the use of a specific curriculum at two child care centers during 2003-04. If the curriculum produces good outcomes, the coalition will expand to all providers on a voluntary basis.
- Monitoring all providers (voluntary for 2003-04, mandatory next year) using one of three environmental rating tools that are designed to measure quality in a variety of school readiness settings. These tools include evaluative dimensions that consider the use of developmentally appropriate practices and curricula. The results of this monitoring effort are linked to technical assistance or quality development plans to help a provider improve in deficient areas.

#### Taylor County School Readiness Coalition

- Conducts monthly meetings with private providers (a small coalition with approximately 21 providers) that include training sessions on various school readiness issues. Some of these meetings have included training on developmentally appropriate practices and curriculums.
- Inventoried private providers to determine what curriculum they are using for school readiness children.

## Appendix D

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# Examples of Coalition Activities to Age-Appropriately Screen and Assess Children Receiving School Readiness Services

### Examples of Strong Progress or Fully Addressing Screenings and Assessments

#### **Miami-Dade School Readiness Coalition**

- For 2002-03, the coalition used the Learning Accomplishment Profile – Developmental (LAP-D) and Devereaux Early Childhood Assessment (DECA) age-appropriate screening assessments for all for four-year-old children in the school readiness program. The program expanded to three-year-olds in 2003-04. These assessments determine the developmental level of children in language development, fine motor, gross motor, cognitive, and social/emotional development.
- Contracted with Florida International University and George Mason University to develop baseline data for the assessment, analyze results, and provide classroom profiles and reports on each child's developmental level.
- Worked in collaboration with Florida International University, central agencies, child care providers, and the school district to provide intervention based on results of the assessments. The school district contracted with the central agency to provide 12 of district's curriculum specialists to assist private providers based on assessment results.
- Will begin implementing a new assessment instrument for children under the age of three in January 2004.

#### **Early Education and Care, Inc.**

- As part of its newly implemented service delivery agreement, providers are required to complete the Ages and Stages Questionnaire for each child ages birth through three, and the ESI-P or DIAL 3 assessments for children ages four through five. Coalition staff will assist providers in administering the ESI-P and DIAL 3.
- Providers must submit the results of the screenings and assessments to the coalition.
- A provider service team from the coalition will provide the assessment results to both providers and parents and will provide technical assistance to providers based on the results of the assessment.

#### **Marion County Readiness Coalition**

- All school readiness children (voucher or contract) are screened by the central agency using the Ages and Stages.
- This year, the coalition is assessing four- and five-year-olds using LAP-D. For this year, they plan to assess 75% of four- and five-year-olds in school readiness programs and increase it to 100% next year.
- Results are given to provider and parent in the form of individual development plans. Using Early - Learning Accomplishment Profile for infant and toddlers in selected centers geographically close (feeders) to "D and F" elementary schools.

#### **Lake County School Readiness Coalition**

- The coalition uses Ages and Stages for all children birth to three in contracted and voucher sites and implementing the LAP-D this year for all four- and five-year-olds in both school-based and private provider sites (contracted and voucher).
  - The school district is doing a pre- and post-test with the LAP-D this year for children receiving school-based services, while the central agency is doing a one time screening with it for all other children. The central agency will use the LAP-D as a pre- and post-test next year. They use palm pilots to conduct the LAP-D like the Miami-Dade.
  - They will use the results to give feedback to the provider on how they can improve. Central agency staff will also provide information to parents regarding the LAP-D results.
-

### **Examples of Moderate Progress in Implementing Screenings and Assessments**

#### **Okeechobee County School Readiness Coalition**

- Ages and Stages is administered to all children six months to three-years-old twice a year.
- The coalition started using Speed Dial and the Pre-School Behavioral Checklist of Dial 3 for all 4-year-olds on a pre- and post-test basis in both central agency and school district sites.
- DECA is used for social and emotional development for two- and three-year-old children.

#### **Escambia County School Readiness Coalition**

- The coalition uses ASQ currently for all providers.
- Some providers will use DIAL and Brigance this year. All four-year-olds will be done this year followed by all three-year-olds next year.

#### **Volusia County School Readiness Coalition**

- Coalition uses Ages and Stages for 0 – 3, and Brigance for three- and four-year-olds.
  - The coalition is considering adopting the LAP-D; plans to implement a tracking system for pre/post testing; 48% more assessment of children in 2002-03 over previous year.
  - School district is no longer participating; Head Start administers its own assessment.
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## Appendix E

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# Examples of Coalition Activities in Coordinating Staff Development and Training for Providers of School Readiness Services

### Examples of Strong Progress or Fully Addressing Coordinated Staff Development and Training

#### **Ready Child Coalition – Duval**

- Comprehensive approach to staff development involving community partners such as the school district and central agency.
- Coalition identified consistent professional development objectives and outcomes for all providers and implemented procedures on how to meet those objectives.

#### **Lee County School Readiness Coalition**

- The central agency coordinates training, publishes a monthly newsletter of training opportunities, and disseminates it to over 1,000 providers.
- The coalition has a subcommittee coordinating training by bringing all stakeholders to the table including the Health Department, Department of Children and Families, the central agency, and the school district.

### Examples of Moderate Progress in Coordinating Staff Development and Training

#### **Pasco County School Readiness Coalition**

- The coalition formed a quality subcommittee that includes representatives from the school district, central agency, and other providers. One of the specific tasks of this committee is to look at the training needs of all providers and identify and coordinate the training events in areas where it is needed.
- The coalition continued EDUCARE. The EDUCARE effort includes a formal committee of providers (school district and private providers) that looks at training needs and coordinates some workshops each year for all providers.

#### **Sarasota County School Readiness Coalition**

- The central agency is the training coordinator and publishes a quarterly training calendar. The coalition compiled a master early childhood education course calendar.
  - The coalition ensures training schedules are coordinated to eliminate duplication.
  - The coalition service delivery agreement requires providers to attend training.
-

## Appendix F

# Examples of Coalition Activities to Monitor Providers of School Readiness Services

### Examples of Strong Progress or Fully Addressing Monitoring of Providers

#### Early Education and Care, Inc.

- The provider service team is responsible for monitoring the service delivery agreements on quarterly basis using a service delivery monitoring tool.
- Each provider participating in the coalition's Programs of Excellence program will receive additional monitoring using the ITERS and ECERS assessment tools along with a health portfolio checklist on a quarterly basis.
- All providers will be monitored by a third party consultant on an annual basis.
- The provider service team will monitor lesson plans to ensure assessment results are being used to individually plan for each child, maintain database to input an report results of provider's assessments, and meet with DCF licensing personnel on a quarterly basis to review licensing and ratio issues and to develop corrective action plans for non-compliance. The school-based sites will also be monitored by a non-direct service monitoring team.

#### Escambia Coalition

- The coalition established provider support teams that will monitor providers. There is no formal checklist; however, they use National Association for the Education of Young Children accreditation standards and visit twice a year.
- The coalition uses quality money to fund accreditation of providers.

#### Lake Coalition

- The coalition uses ITERS, ECERS, and FDCRS as the new program evaluation tools. This year the assessments are voluntary for the providers as it is a significant change from the old DCF tool.
- For any mini-grants that the coalition administers to providers, the grant will be tied directly to the assessment tool. The Central Agency staff provides technical assistance to providers in writing a Quality Development Plan. The application for the grant will be tied to this plan. The staff conducts a follow-up evaluation the next year to ensure that the grant led to the improvement in the score for that provider.

### Examples of Moderate Progress in Monitoring Providers

#### Hillsborough County School Readiness Coalition

- Starting this fiscal year, the coalition initiated contracts with 200 providers who are required to meet all of the requirements in Chapter 411. These providers are evaluated using ECERS. The coalition hired a project manager to help with the monitoring.
- The coalition provides a monetary incentive (stipend) to providers based on their score on the ECERS. This is a pilot for this year and they plan to expand this process to all school readiness providers in the next several years.
- The central agency (school district) will be going out to participating childcare centers to provide technical assistance based on results of ECERS.

#### Martin County Coalition

- The coalition has somebody with providers once a week, using ECERS and two others tools.
- Environment and safety are addressed and there is an additional component that looks at staff development and training.



## Appendix G

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# Examples of Additional Coalition Activities to Enhance School Readiness Services

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- The **St. Lucie County** coalition has developed a kindergarten transition program in St. Lucie where the children in school readiness locations are taken to the schools they would most likely go to for kindergarten and see what kindergarten will be like in their future. This helps to bridge the gap and ease the transition into the new setting.
  - The **Duval County Ready Child Coalition** has developed and is piloting for 2003-04 a locally developed program known as the “Healthy School Readiness Program”. The major goal of the program is to assure, based a framework of public and private partnerships, that the physical, dental, developmental and mental health of each child participating in the school readiness program is optimized to contribute to their readiness to learn. Partners include the Department of Health, Healthy Child Care Jacksonville Pediatricians, The Child Guidance Center, The Jacksonville Children’s Commission, Vision is Priceless, and Children’s Medical Center. The program, which is funded collaboratively through the various partners, has six objectives for 2003-04.
    - Every child should have health insurance.
    - Every child should have a medical and dental home.
    - Every child should have age-appropriate screenings for vision, hearing, speech, nutrition, development, behavior, and dental.
    - Every child should have health care problems under treatment.
    - A coordinated system will link screening and other care with the medical home.
    - Evaluation will be implemented to assess outcomes and process.
  - The pilot program will focus on 600 of the county’s 9,000 children enrolled in school readiness programs. These families will receive intensive care coordination with family advocates and health care coordinators. The pilot will draw from a Duval County zip code that has a high concentration of families receiving school readiness services. A formative and summative evaluation will provide insight and ongoing feedback to inform and improve the program.
  - The **Escambia, Santa Rosa, Okaloosa, and Walton counties** coalitions have developed a regional resource to jointly fund nurses from school districts, Department of Health and a school readiness funded nurse to screen children at the provider’s setting throughout the region including those not in school readiness. The screenings are comprehensive and include medical, dental, vision, hearing, mental health, etc. The funding for this is blended to include Title I, Head Start, and school readiness money.
  - Some coalitions have instituted quality initiatives that pay additional incentive stipends to reward providers willing to address quality aspects of the program. This rating system uses an assessment of providers, like an ECERS, to determine a star ranking. This star ranking then gets rewarded through a higher rate of pay per child. As part of this program stipends are paid for training of providers as they attend intensive classes.
  - The **Sarasota and Walton coalitions**, among others, have blended funding and services of some of their Head Start programs with school readiness programs thereby enhancing effects of both programs. Some of these programs include both school readiness and non school readiness children and all children are afforded the same services using multiple sources of funding. Services include health related screenings, specific curriculum, and parental involvement activities.
  - The **Leon, Gadsden, and Area Management Coalitions** share fiscal agents and other administrative staff. The one fiscal agent handles all paperwork from all three coalitions with Leon and Gadsden sharing an executive director and administrative assistant position and administrative space. Other coalitions have shared resources as well, including Washington/Holmes and Jackson who share an executive director, Charlotte and DeSoto who share an executive director, and Walton and Okaloosa who share a fiscal agent.
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## Appendix H

# Most Coalitions Made Mixed Progress on Five Key Program Elements

**Coalition Ratings** - We rated coalitions relative to one another on five key elements. We focused our review on those elements that are critical to achieving the readiness system laid out in law as well as those that coalitions were generally not implementing at the time of our previous review. Coalition's ratings may change if other elements were considered. We did note that many coalitions had made other enhancements to school readiness services that were outside the elements we rated, such as health related initiatives, efforts to increase provider accreditation, and parent involvement activities.

**Significant Progress** – These coalitions made moderate progress or better on all five elements rated and may also have provided other enhancements to their programs not evaluated in this rating.

Citrus	Hillsborough
Clay/Nassau/Baker/Bradford	Lake
Early Education & Care	Marion
Hardee	Ready Child Coalition
Highlands	Sarasota

**Mixed Progress** – These coalitions exhibited mixed progress, they may have made moderate or significant progress on some elements while making minimal progress on other elements. These coalitions did not meet the criteria for significant or minimal progress. These coalitions may have focused their efforts on a few of the areas reviewed or on other enhancements to their program not evaluated in this rating.

Alachua	Area Management	Brevard
Broward	Charlotte	DeSoto
Dixie/Gilchrist/Levy	Escambia	Flagler
Gateway	Hendry/Glades	Hernando
Indian River	Jackson	Lee
Leon	Manatee	Martin
Miami-Dade	Monroe	Okaloosa
Okeechobee	Orange	Osceola
Palm Beach	Pasco	Pinellas
Polk	Putnam	Santa Rosa
Seminole	St. Johns	St. Lucie
Sumter	Taylor	Volusia
Washington/Holmes		

**Minimal Progress** – These coalitions made minimal progress or less on four of the five elements. These coalitions may have focused their efforts on one element of the five elements reviewed or may have focused on other enhancements to their program not evaluated in this rating.

Collier
Gadsden
Walton



**Board of Directors:**

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David Lawrence, Jr.

Ellen McKinley

Annette Phelps ARNP, MSN

Joel L. Rosen

Deborah Russo

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**Executive Director:**

Katherine Kamiya

December 23, 2003

Gary VanLandingham, Interim Director  
Office of Program Policy Analysis and Government Accountability  
111 West Madison Street, Room 312  
Tallahassee, FL 32399-1475

Dear Mr. VanLandingham:

This letter is the response of the Florida Partnership for School Readiness to the Office of Program Policy Analysis and Government Accountability's (OPPAGA) Draft Information Brief entitled:

**School Readiness Coalitions' Progress Varies in  
Implementing the Program Over Two Years.**

Overall, local school readiness coalitions have made tremendous progress. In your own assessment 92% have made significant or mixed progress. The paradigm shift that resulted from the School Readiness Act has been more challenging for some coalitions than for others and this is reflected in their uneven progress. Florida is growing and is one of the most diverse states in the nation and coalitions face many unique challenges building local governance and service delivery systems that are responsive to: unique populations; differences between urban and rural communities; significant differences in the availability of state and local resources; balancing competing policy goals with limited resources; and the differences in the size and resources available to the coalition. With the legislatively mandated 5% administrative cap, requirement to serve at least as many children as were served prior to implementation of the program and no significant increase in state resources, coalitions have made progress by re-directing funding and increasing efficiency and productivity. Coalitions frequently have to prioritize their efforts to meet the greatest needs and available resources.

The Partnership for School Readiness (Partnership) met all deadlines in the 1999 School Readiness Act to establish the statewide framework for school readiness. We have supported local governance and decision-making in other areas. We continue to work to achieve the proper balance between statewide and local control. The Partnership has met and is continuing a dialogue with representatives of the US Department of Health and Human Services, Administration for Children and Families Regional Office to receive technical assistance and guidance on meeting federal requirements and state policy goals.

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## Appendix I

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Gary VanLandingham  
December 23, 2003  
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Especially in the area of requiring developmentally appropriate curriculum, Florida's definition of eligible providers, statewide versus local requirements and parent choice are issues requiring further discussion.

As a part of our commitment to improve program quality and compliance with the requirements of section 411.01, Florida Statutes, the Partnership created a statewide training and technical assistance system and revised the coalition plan and process. We have previously provided training on developmentally appropriate curriculum, selecting appropriate assessment tools and other aspects of the program. We agree that more can be done. The next technical assistance symposium scheduled for February 2004 and entitled, *Quality Outcomes for Children: Screening, Assessment and Curriculum*, is devoted entirely to curriculum and assessment.

We agree with OPPAGA's recommendation that the Partnership provide stronger guidance to coalitions and we plan to expand training and technical assistance to meet all the requirements of section 411.01, Florida Statutes. In addition, the Partnership has developed a process to disseminate guidance and information to coalitions although this process has not been fully implemented. We will continue to work to refine this process to assure timely dissemination of information and written guidance and procedures.

The report is thorough and generally fair in identifying progress and areas that need improvement. Coalitions continue to work on key areas and report advances in many areas since the reporting period. The Partnership is committed to working together with coalitions to build on our accomplishments and to continue to improve a program which can be critical to the success of the children of Florida.

Sincerely,

/s/  
Judith A. Clay, O.D. FAAO  
Chair

Katherine Kamiya  
Executive Director

## *The Florida Legislature*

# *Office of Program Policy Analysis and Government Accountability*



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Visit the [Florida Monitor](http://www.floridamonitor.com), OPPAGA's online service. See <http://www.oppaga.state.fl.us>. This site monitors the performance and accountability of Florida government by making OPPAGA's four primary products available online.

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- [Performance-based program budgeting \(PB<sup>2</sup>\) reports and information](#) offer a variety of tools. Program evaluation and justification reviews assess state programs operating under performance-based program budgeting. Also offered are performance measures information and our assessments of measures.
- [Florida Government Accountability Report \(FGAR\)](#) is an Internet encyclopedia of Florida state government. FGAR offers concise information about state programs, policy issues, and performance.
- [Best Financial Management Practices Reviews of Florida school districts](#). In accordance with the *Sharpening the Pencil Act*, OPPAGA and the Auditor General jointly conduct reviews to determine if a school district is using best financial management practices to help school districts meet the challenge of educating their students in a cost-efficient manner.

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