

## Program Efficacy Report Spring 2013

**Name of Department:** Child Development Center

**Efficacy Team:** Yon Che and Todd Heibel

**Overall Recommendation (include rationale):** Conditional

The Child Development Center (CDC) is a valuable asset for San Bernardino Valley College (SBVC) and the surrounding community. Through its modern facilities, dedicated staff, successful grant programs, and ongoing expansion of accreditation, it serves more than 300 children, newborn to five years old, Monday through Friday. However, a lack of EMP and survey data diminish the overall message conveyed within the CDC efficacy report. These data could have been used to build a stronger case for additional staff, increased service hours, more funding, and ability to serve a greater population.

Plans to address specific challenges are not always clearly articulated. For example, planning to recruit potentially under-served populations is not included. While the need for additional faculty, staff, capacity (to serve additional children), and overall funding is clearly stated, plans to cope without these additional amenities are largely neglected within the CDC efficacy document.

The evaluation committee recommends *conditional* status for the CDC and would like an update on the following areas that warrant a “does not meet” rating:

- Pattern of service,
- Data demonstrating service success,
- Productivity,
- Relevance, currency, and articulation, and
- Trends.

Strategic Initiative	Institutional Expectations	
	Does Not Meet	Meets
	<b>Part I: Access</b>	
<b>Demographics</b>	<i>The program does not provide an appropriate analysis regarding identified differences in the program’s population compared to that of the general population</i>	<i>The program provides an <u>analysis</u> of the demographic data and provides an interpretation in response to any identified variance.</i>  <i>If warranted, discuss the plans or activities that are in place to recruit and retain underserved populations.</i>

**Efficacy Team Analysis and Feedback: Meets**

While the evaluation team appreciates the general demographic analysis and incorporation of secondary data (e.g. *California's Cities, Towns, and Counties*), a more thorough exploration of local data is necessary. The following statement from the efficacy document is compelling:

*The over-representation of the Hispanic-Latino population at the CDC more fully reflects community and local neighborhood demographics rather than overall campus demographics.*

However, the evaluation committee feels that this statement must be supported by concrete data. Specifically, the Child Development Center (CDC) needs to provide plans to implement data collection. For example, a survey of CDC parents could fulfill this endeavor. Survey topics might include overall ethnicity, as well as socioeconomic, education, marital, age, transportation, familial, and other demographic status indicators. These data would better address current demographic issues, as well as future planning.

As it relates to demographics and overall service to the local community, the *Productivity* section notes a current waiting list of 542 children. Although the CDC is over-represented with children identified as "Hispanic," the evaluators assume that the CDC is unable to select from a diversity of ethnicities in order to attain a more balanced population. In short, a survey instrument could further justify the over-representation of Hispanic children who utilize CDC services.

Finally, the evaluators observed that the efficacy document author mistakenly included questions within this section. These questions were a distraction from the overall message.

***Pattern of Service***

*The program's pattern of service is not related to the needs of students.*

*The program provides evidence that the pattern of service or instruction meets student needs.*

*If warranted, plans or activities are in place to meet a broader range of needs.*

**Efficacy Team Analysis and Feedback: Does Not Meet**

While this section provides an analysis of current service patterns, the evaluators would like to see additional information. For example, are service pattern limitations based on staffing and/or funding shortages? If so, then has the CDC sought additional funding and/or staffing through Program Review and/or grant funding mechanisms? Have parents been surveyed about overall levels of service-pattern satisfaction (e.g. Anecdotal evidence suggests that parents would like to have CDC hours extended beyond 4:00 PM)? A future survey has been mentioned, but are there any concrete plans to do so?

**Part II: Student Success**

***Data demonstrating achievement of instructional or service success***

*Program does not provide an adequate analysis of the data provided with respect to relevant program data.*

*Program provides an analysis of the data which indicates progress on departmental goals.*

*If applicable, supplemental data is analyzed.*

**Efficacy Team Analysis and Feedback: Does Not Meet**

CDC goals have been clearly identified (listed), however, there is insufficient information about how these goals are being met. We believe that, in order to carry this out, additional supporting data are necessary. For example, information from the current *Excel* spreadsheet should be included, even if it is a preliminary overview. In addition, if the CDC has presently compiled "all data," then do these data directly address the entire list of goals? The evaluators believe that the CDC has devoted significant time and energy in collecting an abundance of useful data. It would be helpful if information from this data set could be shared with not only the Program Review Committee but also the entire campus. This information would better demonstrate current progress, as well as future plans to meet each stated goal.

Discussion of linkage with CDC parents and student workers is useful and demonstrates a clear association with the Child Development instructional program. Be sure to explain how this specifically addresses one or more of your stated goals.

<b>Student Learning Outcomes and/or Student Achievement Outcomes</b>	<i>Program has not demonstrated that they have made progress on Student Learning Outcomes (SLOs) and/or Service Area Outcomes (SAOs) based on the plans of the college since their last program efficacy.</i>	<i>Program has demonstrated that they have made progress on Student Learning Outcomes (SLOs) and/or Service Area Outcomes (SAOs) based on the plans of the college since their last program efficacy.</i>
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**Efficacy Team Analysis and Feedback: Meets**

Although the CDC should have identified SAOs, the evaluators feel that SAOs in general have not been well defined for or information disseminated to non-instructional programs.

**Part III: Institutional Effectiveness**

<b>Mission and Purpose</b>	<i>The program does not have a mission, or it does not clearly link with the institutional mission.</i>	<i>The program has a mission, and it links clearly with the institutional mission.</i>
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**Efficacy Team Analysis and Feedback: Meets**

The CDC provides a thorough, detailed mission statement that links especially well with the institutional (campus) mission statement. The evaluators especially appreciate the diversity discussion.

<b>Productivity</b>	<i>The data does not show an acceptable level of productivity for the program, or the issue of productivity is not adequately addressed.</i>	<i>The data shows the program is productive at an acceptable level.</i>
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**Efficacy Team Analysis and Feedback: Does Not Meet**

The CDC must create a survey instrument (unless one has already been created) in order to obtain feedback about the following areas of productivity:

- Staffing levels,
- Specific compliance issues,
- Service response time,
- Complaints,
- Employee satisfaction,
- Parent satisfaction, and
- Other pertinent benchmarks.

As has been previously mentioned, one or more survey instruments would more fully address most of the concerns raised within this efficacy document (and overall efficacy process). However, the point of a survey is not only to satisfy Program Review requirements, but also to better address institutional and community needs.

In order to reduce duplication of efforts, the CDC should determine whether these data already exist or if one or more survey instruments need to be created to address these crucial questions and issues.

EMP data –missing for this document – could also address some of these concerns.

<p><b>Relevance, Currency, Articulation</b></p>	<p><i>The program does not provide evidence that it is relevant, current, and that courses articulate with CSU/UC, if appropriate.</i></p> <p><i>Out of date course(s) that are not launched into Curricunet by Oct. 1 may result in an overall recommendation no higher than Conditional.</i></p>	<p><i>The program provides evidence that the curriculum review process is up to date. Courses are relevant and current to the mission of the program. Appropriate courses have been articulated or transfer with UC/CSU, or plans are in place to articulate appropriate courses.</i></p>
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**Efficacy Team Analysis and Feedback: Does Not Meet**

The evaluators would like to see, in addition to the current analysis, how the CDC is meeting the needs of children at different developmental stages (e.g. toddlers and five-year-olds are likely at quite different stages).

Undoubtedly, the CDC offers seminars, workshops, and other presentations to the campus and community throughout the academic year. The evaluation committee would like to see specific examples of these instructional services.

**Part IV: Planning**

<p><b>Trends</b></p>	<p><i>The program does not identify major trends, or the plans are not supported by the data and information provided.</i></p>	<p><i>The program identifies and describes major trends in the field. Program addresses how trends will affect enrollment and planning. Provide data or research from the field for support.</i></p>
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**Efficacy Team Analysis and Feedback: Does Not Meet**

The committee feels that there is a lack of data or research from the field that supports the current trend observed in the CDC. Furthermore, the committee would like to know if there are other major trends across the field such as: pedagogy, technology, teacher training, and / or grant writing.

According to the document, the CDC received two additional funding grants to accommodate the children who are on the waiting list interested in service. However, it does not address how these grants will be used to address the major trend(s) in the field (Anecdotal evidence suggests that there is a recent surge of interest by parents who are returning students or work) and how it will affect enrollment and planning. Is it feasible to accommodate additional children (clients) now or in the future? If so, then how might this be accomplished? If not, then which regulatory or infrastructural barriers must be overcome? This is another area that could be better addressed with clientele survey results.

**Accomplishments**

*The program does not incorporate accomplishments and strengths into planning.*

*The program incorporates substantial accomplishments and strengths into planning.*

**Efficacy Team Analysis and Feedback: Meets**

Although the document incorporated some of the program's accomplishments and strengths (such as increasing the enrollment and being accredited with the National Association for the Education of Young Children) into planning, the committee would like to see a more complete description of planning in the other areas (such as the reputation for excellent service, being on the cutting edge of its practices and multi funded programs).

The CDC is commended for increasing services via grant funding in order to meet increasing demands within a bleak budgetary climate. Are there plans in place to institutionalize current grant-funded programs at the conclusion of the grant cycle so that additional children can continue to be served?

Accreditation with the NAEYC should further elevate the status of the CDC. How does this intersect with institutional accreditation

**Weaknesses/challenges**

*The program does not incorporate weaknesses and challenges into planning.*

*The program incorporates weaknesses and challenges into planning.*

**Efficacy Team Analysis and Feedback: Meets**

It is clear that the CDC is not sufficiently staffed and that client demand far exceeds availability. The CDC presents a solid case for additional faculty and staff. Although the document addresses the program's weaknesses and challenges, it does not provide the plans for the challenges. The committee would like to know how the shortage of staff would be incorporated into planning. If additional faculty and staff are not provided, how will the CDC continue to meet current demand and abide by all rules and regulations?

**Part V: Technology, Partnerships & Campus Climate**

*Program does not demonstrate that it incorporates the strategic initiatives of Technology, Partnerships, or Campus Climate.*

*Program demonstrates that it incorporates the strategic initiatives of Technology, Partnerships and/or Campus Climate.*

*Program does not have plans to implement the strategic initiatives of Technology, Partnerships, or Campus Climate.*

*Program has plans to further implement the strategic initiatives of Technology, Partnerships and/or Campus Climate.*

**Efficacy Team Analysis and Feedback: Meets**

The document addresses all three areas with *Partnerships* addressed most thoroughly. The committee would like to congratulate the CDC for its successful partnerships with diverse organizations in the community. In addition, the CDC has indicated specific plans to engage the music and the art departments for special presentations. Future partnerships show evidence of planning and integration into the overall mission of the CDC. As for technology, the committee would like to know if the CDC plans to implement more technology into the program.

**Part VI: Previous Does Not Meets Categories**

*Program does not show that previous deficiencies have been adequately remedied.*

*Program describes how previous deficiencies have been adequately remedied.*

**Efficacy Team Analysis and Feedback (N/A if there were no “Does not Meets” in the previous efficacy review): Meets**

No deficiencies were reported within the spring 2010 efficacy review document.