Evaluation of *Safer, Smarter Kids*
Child Sexual Abuse Prevention Curriculum for Kindergartners

Florida Council Against Sexual Violence
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Table of Contents

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Executive Summary

The 2011 "Walk in Their Shoes Act" included funding for Lauren's Kids, a statewide non-profit foundation for the prevention of child abuse, to develop a school-based sexual abuse prevention curriculum. Lauren's Kids developed the *Safer, Smarter Kids* child sexual abuse prevention curriculum for kindergartners. The curriculum reflects best practice in the field of early childhood education. It introduces children to the key concepts of prevention and safety through six 30-minute lessons that incorporate information and skills-based learning, parental involvement, and home-based lesson reinforcement. To date, 11,186 curriculum kits have been distributed among Florida's 2095 elementary schools. Approximately 354 (17%) elementary schools reported implementation of the curriculum in the 2011-2012 school year.

Lauren's Kids contracted with the Florida Council Against Sexual Violence to conduct a pilot evaluation of the *Safer, Smarter Kids* curriculum. The evaluation assessed the effectiveness of the curriculum in meeting the educational objectives of increasing children's knowledge of safety risks and self-protection strategies. The study sample consisted of 1169 students in four school districts in Florida: Miami-Dade, Pasco, Franklin and Okaloosa. Pretests and posttests were conducted for students in the participating classrooms. Only children who completed the entire program were included in the study. Pretests and posttests were administered by trained school personnel in an interview format with each student, and the students' responses were recorded by the test administrator.

Completion of the *Safer, Smarter Kids* curriculum significantly increased students' knowledge of key prevention concepts. Posttest scores showed a 77% increase in knowledge gains for the children who participated in and completed the entire program.

Introduction

In 2011, the Florida legislature passed the "Walk in Their Shoes Act," which included funding for Lauren's Kids, a state non-profit foundation for the prevention of child abuse, for the purpose of educating children about sexual abuse through an in-school curriculum. Lauren's Kids developed the *Safer, Smarter Kids* child sexual abuse prevention curriculum for kindergartners. To date, 11,186 curriculum kits have been distributed among Florida's 2095 elementary schools. Implementation of the curriculum was reported in approximately 17% (n=354) of elementary schools.

The *Safer, Smarter Kids* instructional design is based on best practice in the field of early childhood education. Because children are at greatest risk of sexual abuse during their elementary school years, prevention efforts are best introduced in early childhood. Studies have indicated that sexual abuse education programs are effective in teaching core prevention concepts to preschoolers (Wurtele, 2009). The best programs are a mix of information and skills-based learning, are offered repeatedly and incorporate parental involvement and home-based lesson reinforcement (Kenny, 2009; Smothers & Smothers, 2011; Kopp & Miltenberger, 2009).

Lauren's Kids Foundation contracted with Florida Council Against Sexual Violence (FCASV) to conduct a summative evaluation of the *Safer, Smarter Kids* curriculum. School district participation in the pilot project was voluntary. Franklin, Miami-Dade, Okaloosa and Pasco counties agreed to participate in the study. This study assessed the effectiveness of the *"Safer, Smarter Kids"* kindergarten sexual abuse prevention curriculum in meeting its educational objectives of increasing children's knowledge of safety risks and self-protection strategies.

Background

Sexual abuse continues to threaten the safety and healthy development of Florida's children. Although knowing the true extent of child sexual abuse is limited by low disclosure and reporting rates, we do know that in 2010, the Florida Abuse Hotline received 2,325 reports of child sexual abuse, comprising 4.6% of total reports (Children's Bureau, 2010), and the Children's Advocacy Centers in Florida provided services to 10,149 child victims of sexual abuse in 2011 (Retrieved from http://www.nationalchildrensalliance.org/index.php?s=273&cat=180).

Being a child poses the greatest risk factor for sexual victimization. A study based on law enforcement data reported in the National Incident-Based Reporting System found that 67% of sexual offenses involved victims under the age of 18. For victims under the age of 12, four-year-olds were at greatest risk for sexual assault. Eighty-six percent of reported sex offenses involved a female victim, with risk for girls increasing with age; whereas, boys are at greatest risk for sexual assault at age 4 and then risk steadily declines (Snyder, 2000).

Children are at greatest risk of sexual assault in a home environment. Approximately 70% of all sexual assaults against minors occurred in the victims' homes, offenders' homes or another residence. Offenders were male in 96% of the reported cases, although female offenders (12%) were most common in cases against children under age 6. Family members were the offenders in 27% of cases, but for children under 6 the risk of sexual abuse by a family member increased to 49% (Snyder, 2000).

The recent decline in reported child sexual abuse has been attributed, in part, to the national, state and local campaigns for child abuse prevention, education and awareness (Finkelhor & Jones, 2004; Daro, 2010). Numerous studies have found that school-based sexual abuse prevention programs are effective in teaching children the concepts of self-protection, and participants in several studies displayed increased self-efficacy and reduced self-blame

(Finkelhor, 2009). Likewise, prevention education increases child disclosure rates and reporting by school officials (Finkelhor, Ormond, Turner & Hamby, 2012).

School teachers, social workers and guidance counselors work hard to protect children. In 2010, law enforcement, legal or criminal justice agencies accounted for 25% of the reports to the Florida Abuse Hotline and education personnel comprised the second largest group of reporters at 15.8% (Children's Bureau, 2010). Training teachers to identify the red flags of sexual abuse, to intervene effectively and to provide children with the knowledge and skills necessary for self-protection and assertiveness constitutes a critical component in child protection and sexual abuse prevention.

Curriculum

The *Safer, Smarter Kids* curriculum was developed by Lauren Book, M.Ed., and Tara Zuckerman, Psy.D., and consists of six 30-minute lessons. Each lesson focuses on a critical child safety topic using video material, structured learning and class exercises. The curriculum meets 22 Sunshine State Standards in the areas of social studies, theatre, visual art, health education and reading/language arts. It was specifically designed to help teachers meet existing educational requirements while imparting critical safety information.

Principals in each of the state's elementary schools received *Safer, Smarter Kids* "kits" to be distributed to every kindergarten class. The kit contained everything needed to implement the program: a hardcopy version of the curriculum lessons plans, parent newsletters, class materials/handouts, skill-based scenarios and homework for the children to review the lesson's safety topics with their parents; a DVD introducing the learning objective for each lesson; and a flash drive that contains an electronic version of class materials, parent newsletters in English, Spanish and Creole and the curriculum teacher's guide.

Curriculum support is also provided to teachers on the Lauren's Kids website (www.laurenskids.org). Web-based assistance includes a sample curriculum where teachers can view Lauren Book, Lauren's Kids founder and curriculum co-developer, teaching lesson one of the curriculum and the "Teacher's Corner" where teachers or those teaching the curriculum can track progress for each classroom and provide curriculum feedback. Parents are also encouraged to participate in the curriculum via the website's "Parent Toolkit," which provides parents with information on child sexual abuse and offers interactive exercises for parents and children to discuss and share the six learning objectives: understanding safety rules, introducing the concept of a stranger versus a trusted grown-up "buddy," listening to one's inner guiding voice, body boundaries, recognizing safe vs. unsafe secrets and knowing the difference between tattling and reporting.

Method

The pilot study employed a one-group pre-post design (O X O) to evaluate student learning gains. The pre and posttest were developed for the project and included five questions that reflected key curriculum concepts: understanding the difference between a "safe" and "unsafe" secret, defining a stranger, identifying personal space, distinguishing between tattling and reporting and understanding "safe" versus "unsafe" situations.

Participants

The study utilized a two-phase non-probability convenience sample of public school kindergarten children. Lauren's Kids Foundation approached school districts that were implementing the Monique Burr Foundation "Speak Up, Be Safe" child abuse prevention program for 1st through 5th grade to participate in the pilot project. District administrators and principals in the four participating school districts recruited kindergarten teachers and/or

guidance counselors for the pilot project. Teacher/Counselor participation was voluntary. The final count included 4 classrooms in Franklin, 25 classrooms in Miami-Dade, 16 classrooms in three Miami-Dade charter schools, 4 classrooms in Okaloosa and 5 classrooms in Pasco (*see* appendix B).

Procedure

Teachers and guidance counselors who were interested in participating in the pilot project were invited to attend a training webinar conducted by FCASV. The training included an introduction to the project, review of the project instrument and materials, instructions for conducting the child interview, video of a model child interview using the instrument, participant expectations and Q&A. The webinar was attended by twenty-four teachers, guidance counselors and school administrators who would be supervising the pilot project. Subsequent to the webinar, FCASV offered teachers/counselors a one-on-one review of the webinar materials, link to the materials in the *Safer, Smarter Kids* classroom hosted on the FCASV website and ongoing support by telephone or email.

The Miami-Dade school district provided two training opportunities for kindergarten teachers, guidance counselors and school social workers teaching the *Safer, Smarter Kids* curriculum. During the training, break-out sessions were held for the school personnel involved in the pilot project. The break-out session covered the material provided on the FCASV *Safer, Smarter Kids* online classroom.

All participants in the pilot project were provided with the "Teachers' Testing Packet" (see appendix A) that contained the pre and post-tests, testing materials, instructions for their use and directions for participants. The pre-post tests were designed to be read to the student by the teacher/guidance counselor. Before the curriculum was introduced, each student was met with individually and asked the five evaluation questions. Within 30 days of completing the

curriculum the teacher/guidance counselor met again with the students individually and asked the five evaluation questions. The test administrator may or may not have been the same person who presented the lessons to the students. Only students who attended each of the six *Safer, Smarter Kids* lessons were included in the post-testing.

In addition to the five questions, the pretest gathered basic demographic information on the student: date of birth, race and gender. The post-test collected data on kindergarten experience (in years) for the individual teaching the curriculum. The evaluation did not collect identifying information. A simple coding system was used to link each child's pretest and posttest results. Participating schools returned hardcopies of the completed pre-posttests in stamped envelopes or with postage paid for and supplied by FCASV.

Instrument

A pre-post instrument was developed for the evaluation of the curriculum. It was developed in consultation with an expert in the field of early childhood development, Dr. Pamela C. Phelps. Dr. Phelps has been the director of an innovative research-based preschool since 1971, and has over 20 years of experience as a research consultant for the Creative Center for Childhood Research and Training. Construct validity was addressed in a pilot testing of the instrument with eight kindergarten children who had completed the *Safer, Smarter Kids* curriculum. Based on the responses of the children, changes were made to the initial instrument to clarify meaning on two questions and to include an additional question that assessed the "safe versus unsafe" secrets learning objective. The final instrument contained eleven items, with possible scores ranging from zero to eleven.

Testing the learning gains of young children is challenging. Preschoolers are highly influenced by environmental and personal factors (e.g., noise, tiredness or hunger) and are inexperienced test-takers with limited capacity to generalize from one situation to another (Scott-

Little & Niemeyer, 2001; National Association of Early Childhood Specialists, 2000). Pre-post designs offer the advantage of assessing learners with pre- or limited literacy skills and minimal test-taking experience. The use of direct assessment allows for optimizing the timing and environment of the testing for increased consistency and reliability (National Education Goals Panel, 1998; Brown, Scott-Little, Amwake & Wynn, 2007). Furthermore, pre-post designs are most effective when evaluating structured programs that promote uniformity of delivery and implementation (Miller & Almon, 2009). Although the *Safer, Smarter Kids* curriculum allows for flexibility in delivery, it offers a comprehensive classroom ready program that provides consistent use of materials, content and delivery.

The instrument was designed to test five key curriculum concepts: understanding safety rules, introducing the concept of a stranger versus a trusted grown-up "buddy," body boundaries, recognizing safe vs. unsafe secrets and knowing the difference between tattling and reporting. The assessment was conducted through the use of 5 close-ended questions that were accompanied by a supporting scenario or picture (*see* appendix A). The instrument included an "I don't know" or "unsure" option for each question. The trained test administrator met individually with each child prior to curriculum delivery and within 30 days post-delivery. The child's oral response to each question is recorded (check box format) on the instrument by the administrator. The participating schools completed pre and posttests for 1169 students. Only students that attended all six curriculum lessons were included in the study.

Results

Instrument

The student responses were recoded into dichotomous variables (0=wrong; 1=right). Reliability analysis for internal consistency of the multi-item instrument resulted in an alpha coefficient (*a*) of .82 (see Table 1). An *a* .82 falls within the range of "good" and exceeds the

conventional threshold for acceptability of a = .70 (Gliem & Gliem, 2003). The alpha if deleted results indicate that removing an item would not significantly improve the global alpha so analysis was conducted on the full scale.

Table 1 ***Safer Smart Kids Survey Internal Consistency***

	N	Mean	Variance	SD
Statistics for Scale	1166	6.84	8.82	2.97
				Global α = .82
				Alpha if Item Deleted
Item 1: Safe or an unsafe secret				.83
Item 2: Pick out all of the "strangers"				.82
Item 3: Bikini top (Girl)				.80
Item 4: Bikini bottom front (Girl)				.79
Item 5: Bikini bottom back (Girl)				.78
Item 6: Mouth (Girl)				.80
Item 7: Bathing trunks front (Boy)				.80
Item 8: Bathing trunks back (Boy)				.79
Item 9: Mouth (Boy)				.81
Item 10: Tattling or reporting				.82
Item 11: Grown-up Buddy				.82

Sample Characteristics

Initial data analysis assessed the demographic characteristics of the study sample (n=1169). Student characteristics included gender, males 53% and females 47%; race, African American 5.0%, Asian 1.1%, Hispanic (any race) 72.9%, white (non-Hispanic) 18.6% and other/unknown 2.2%; and age, ranging from 5.5 to 7.7 years/months with a mean age of 6.2 years. Curriculum administrators' years of experience teaching kindergarten ranged from 0 to 27 years, with a mean of 4.6 years. Nearly half of those presenting the curriculum (46.7%) had no direct teaching experience with kindergarteners. This result is possibly explained by Miami-Dade's use of guidance counselors rather than teachers to present the curriculum. By district, Miami-Dade students comprised 83% of the sample; Franklin 6.0%, Pasco 5.6% and Okaloosa 5.4% (see Table 2)

Table 2 *Demographic Data*

Variables	
Sample size	1169
Age (years/months)	6.2
Sex (% female)	53
Race/Ethnicity (%)	
African American	5.0
Asian	1.1
White (non-Hispanic)	18.6
Hispanic (all races)	72.9
Unknown	2.2
Experience Teaching Kindergarten	4.6

The number of students who were excluded from the study because they did not attend all six sessions (attrition rate) comprised 11% (N=128) of the initial sample. Student characteristics included gender, males 53% and females 47%; race, African American 4.7%, Asian 3.9%, Hispanic (any race) 76.6%, white (non-Hispanic) 12.5% and other/unknown .8%; and age, ranging from 5.8 to 7.4 years/months with a mean age of 6.4 years. Excluded students by district were: Miami-Dade 95%, Franklin 4%, Pasco 0% and Okaloosa 1%.

Using an alpha level of .05, a, independent samples *t* test was calculated to compare the pretest scores between the included and excluded cases. The mean difference (M = .287, SD = .221, N = 1297) was statistically non-significant, *t* (1295) = 1.295, p = .19, indicating no significant differences in pretest mean scores between the included and excluded cases (see Table 3).

Table 3 *Results for Independent Samples t test*

	N	Mean	SD	t	DF	ρ
Prescore Group 1	1169	3.86	2.40			
Prescore Group 2	128	3.57	2.10			
Equal Variances Assumed				1.295	1295	.195

Data Analysis

Using an alpha level of .05, a paired-samples *t* test was calculated to compare the mean pretest scores to the mean posttest scores of the youth participants and assess gain scores. The mean difference (M = 2.98, SD = 2.82, N = 1169) was significantly greater than zero, *t* (1168) = 36.17 , two-tailed p-value < .000, 95% confidence interval about mean gains of 2.82 to 3.15, providing evidence that the *Safer, Smarter Kids* curriculum is effective in producing statistically significant learning gains (see Table 4).

Statistical significance does not guarantee practical significance. Practical significance (i.e., magnitude of the treatment effect) addresses questions such as "how effective is the *Safer, Smarter Kids* curriculum in transferring content knowledge to students?" To answer this, effect size was calculated using Cohen's *d*, an indicator of the relative strength of the 3.06 mean difference gain score. The Cohen's *d* value of 1.09 indicates a large effect size (Cohen, 1988), signifying significantly large learning gains for students.

Table 4 *Results for Paired-Sample t test*

	N	Mean	SD	t	DF	ρ	*d*
Posttest score	1169	6.84	2.97				
Pretest score		3.86	2.41				
Prescore-postscore				36.17	1168	.000	1.09

Analysis of the interaction of child's race and gender on the variance in the mean difference scores indicates that race had a statistically significant (p = .004) effect on the scores, although the association was trivial (η^2 = .02) accounting for less than 2% of the variability. Gender had no statistically significant effect on mean difference scores (p =.10).

Using an alpha level of .05, bivariate correlations were conducted to evaluate the correlation between child's age and years/months kindergarten teaching experience on the mean

difference (gain) scores. The results indicated teaching experience had no statistically significant association with learning gains (p = .22). Likewise, the result for children's age and mean difference scores was not statistically significant (p = .09).

Using an alpha of .05, paired sample *t* test for each individual survey item resulted in statistically significant mean differences (p-value = .000). However, questions 6 and 7 relating to the identification of the "mouth" as a private part were notable in the percent of incorrect responses. Posttesting showed significant gains in correct responses but were still well below the remaining items on the survey (*see* Table 5).

Table 5 *Item Response Rates (percentage)*

N=1169	Pretest (% Correct)	Posttest (% Correct)
Item 1: Safe or an unsafe secret	43.1	73.8
Item 2: Pick out all of the "strangers"	23.9	61.8
Item 3: Bikini top (Girl)	28.2	56.3
Item 4: Bikini bottom front (Girl)	53.2	74.1
Item 5: Bikini bottom back (Girl)	46.0	71.6
Item 6: Mouth (Girl)	1.9	27.3
Item 7: Bathing trunks front (Boy)	54.4	73.6
Item 8: Bathing trunks back (Boy)	46.0	70.4
Item 9: Mouth (Boy)	1.5	27.0
Item 10: Tattling or reporting	43.0	64.6
Item 11: Grown-up Buddy	44.5	83.6

Discussion

Completion of the *Safer, Smarter Kids* curriculum significantly increased students' knowledge of key prevention concepts by an average gain of 2.82 points (on a scale of 0 to 11) in tested knowledge. The measurement instrument functioned well in terms of reliability and was an appropriate tool for assessing student learning gains. The result for the correlation between teacher's experience and test scores was not statistically significant, but the result may have been due to poor word choice for the question: "Teacher's (or person who taught curriculum) years of

experience teaching kindergarten." If the question were revised to read: "Teacher's (or person who taught curriculum) years of experience working with kindergarten students" it may reduce the 47% entry of "0" because many guidance counselors, school health officers or school social workers will teach the curriculum but have no experience teaching kindergarten. The use of including "mouth" as an identified private part needs to be considered. The students in this sample consistently failed to identify the mouth as a private part. Options to consider include dropping these items from the test, rethinking the question or instructing teachers to emphasize the mouth as a private part. It may be that the concept of the mouth as a private part is too difficult for kindergarteners and, thus, inappropriate for inclusion in the measurement tool.

Limitations

Several limitations need mention. Most important, the use of a non-representative convenience sample precludes generalization of the findings beyond the sample. Random selection and a control group aim to reduce potential threats to external and internal validity (Shadish, Cook & Campbell, 2002). Lacking these conditions, the findings cannot be claimed to be a direct result of the curriculum. Other factors, not addressed in the study, could have influenced the results, such as lack of standardization in teaching the curriculum, selection bias, experimenter effects (unintentional influence experimenter has on performance) or experimental arrangements (impact of the testing environment on students).

Using a single measure limits the inferences that can be made. For example, this study did not assess the impact of external influences on learning gains, such a parental involvement. The curriculum is designed to include child-parent interaction of the teaching materials. The degree of parental reinforcement of key teaching points may have had a significant impact on the posttest score.

Recommendations

The results of the pilot evaluation of *Safer, Smarter Kids* curriculum are promising. The research literature notes the need for evaluations based on reliable measures (National Association of Early Childhood Specialists, 2000). The initial findings indicate the *Safer, Smarter Kids* survey used to measure learning gains exceeds the threshold of acceptability. Likewise, the study's findings are consistent with the literature demonstrating the significant learning gains of children, even young children, who participate in school-based victimization prevention programs (Wurtele, 2009). The curriculum model also reflects best practices in prevention such as the inclusion of participatory activities, role-play and skill rehearsal and parental involvement (Smothers & Smothers, 2011; Kenny, 2009).

Given the positive findings on the initial evaluation, the study should be replicated. Suggestions for future study include the implement of a randomized field experiment using a pretest-posttest control group design. To enhance generalizability, statewide cluster sampling could be employed with multistage selection proceeding from school districts, to schools, to kindergarten classes. The addition of control groups would aid in addressing concerns of external and internal validity. To assess the unique contributions of multiple sources on the pre and posttest scores, the study design could incorporate qualitative and quantitative data collection from various sources, such as parental input and teacher feedback (Pedhazur & Schmelkin, 1991; U.S. Department of Health and Human Services, 2003).

Focus groups could be employed to address issues related to the measurement survey, such as its ease of use in the classroom, cultural sensitivity, adding multiple items for each content area without overburdening the student or survey administrator, and gathering data from multiple sources. The benefits of focus group involvement by teachers, curriculum presenters and school administrators include improved content validity for the measurement tool,

implementation improvement through community-based expertise and increased commitment by involved partners. Regional training could be provided for curriculum presenters that would demonstrate standardized implementation to minimize a potential threat to external validity. The overall benefits of the study include the ability to enhance our knowledge of effective child sexual abuse prevention programs. Evidence-based programs are becoming a standard requirement for funders and drive policy formation and future program development.

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Appendix A

Pre/Post Test Teachers Packet

Appendix B

Evaluation Site Map