**EXECUTIVE SUMMARY**

Below is an executive summary of the groupings provided in the financial charts discussed during previous Subcommittee meetings along with the individual programs, which interact directly with children or families, associated with each grouping.

Also, at a prior meeting the agency made comments about **carry forward amounts** and information from its outside accountants about recommended levels. The agency provided a Financial Audit Presentation for Year Ended June 30, 2015 from Greene, Finney & Horton, CPAs. The presentation recommends the agency maintain two months of needs as a fund balance or 16.7%. The presentation further notes the general fund unassigned fund balance was $0.7M, which was 2.0% of FY 2015 actual expenditures. (See page 3 of PowerPoint Presentation)

**Policy and Accountability**

* Costs include: State office overhead plus all state office staff, including TAs that support local partnerships and staff that works directly with 4K, BabyNet and Early Head Start
* Programs include: There are no programs associated with this category. However, the costs in this category do include the State Office TAs that work with programs.

**4K/Child Development Education Pilot Program (CDEPP) (4-5 year old)**

* Costs include: Total funds that go directly to the private providers. See Program Details pages for amounts.
* Programs include: 4K is the sole program. It is a Group C-1 Program
  + ***Group C-1 Programs*** (Staffed entirely by State Office)
    - Primary Responsibility for agency’s involvement in program: State Office
    - Funding received from: State and/or Outside entities
    - Funding tracked in: S.C. Enterprise Information System (SCEIS)
    - State Board Involvement: Approves program in advance because it has to match with the state agency’s mission.
    - State Office Involvement: State Office staffs all of agency’s responsibilities related to the program.
    - Performance Measures set by: State Board or Outside entities providing the funding

**BabyNet (Birth - 3 year old)**

* Costs include: Total funds that go directly to the private providers. See Program Details pages for amounts.
* Programs include: BabyNet is the sole program. It is a Group C-1 Program. See description of Group C-1 Programs under 4K/CDEPP above.

**Early Head Start (Birth-3 year old)**

* Costs include: Total funds that go directly to the counties on whose behalf the State Office applied for the grant. See Program Details pages for amounts.
* Programs include: Early Head Start is the sole program. It is a Group C-2 Program. The only difference in the Group C-1 Program and Group C-2 Program is State Office Involvement.
  + - State Office Involvement: State Office applied for federal grant on behalf of 12 county local partnerships. State Office is responsible for the program since they received the grant, but it will be staffed by Local Partnerships and those hired through grant funding.

**Local Partnerships and Partnership Supports**

* Costs include: Total funds provided directly to the partnerships, plus costs of regional finance managers. The state office does not currently break out the type of funding expended on each program under Local Partnerships by state v. outside dollars, it only tracks the total amounts expended for each program. See Program Details pages for amounts.
* Programs include: Group A & Group B programs.

***Group A Programs*** - All partnerships have one or more Group A programs.

* + Primary Responsibility for program: Local Partnership
  + Funding received from: State Office and Outside entities
  + Funding tracked in: Statewide UMS accounting system. Any money that flows to/from a local partnership must be included in the UMS system, independent of its source.
  + State Board Involvement: Group A programs are all reviewed and approved by the State Board. Because these strategies are underwritten by state dollars provided directly by the Board (via the SC General Assembly), First Steps plays an intensive role in their implementation and performance. Each Group A strategy is approved in advance by the State Board and has been determined to match with the agency’s statutory mission.

*Subgroups - The difference in subgroups is State Office Involvement and entity setting the performance measures*

***Subgroup A-1*** (Statewide metrics exist as these programs are utilized by many local partnerships)

* + State Office Involvement: These programs are widespread in their implementation, warranting the creation of specific accountability standards by the State Board. Statewide Technical Assistance (T.A.) staff members each support this programming within an assigned set of local partnerships.
  + Performance Measures set by: State Board in consultation with national evidence-based models. In a limited number of cases, outside funders may help to underwrite Subgroup A-1 programs, but independent of fund source, First Steps partnerships are required to meet standards established by the State Board.
  + Number of Current Programs: 11

***Subgroup A-2*** (Statewide metrics exist as these programs are utilized by many local partnerships)

* + State Office Involvement: Programs in this category are models for which the state office of First Steps has been designated as the statewide sponsor. At least 1 state office employee is specifically assigned to oversee each program in this category. Two of these three strategies may be implemented by entities other than First Steps’ local partnerships. For example, while the Parents as Teachers home visitation program is primarily delivered by Local partnerships, the agency also supports the independent delivery of these programs by school districts and/or other vendors as the state-level representative of this national model.
  + Performance Measures set by: State Board and/or Outside entities providing funding
  + Number of Current Programs: 3

***Subgroup A-3*** (No statewide metrics exist as these programs are utilized by only a few local partnerships)

* + State Office Involvement: In addition to the agency’s most prevalent programs (described in A-1 and A-2 above) First Steps’ enabling legislation allows the flexibility for partnerships to propose new or less commonly used strategies. Statewide Technical Assistance (T.A.) staff members are each assigned to support the programming of a specific set of local partnerships.
  + Performance Measures set by: Performance measures for these smaller/innovative strategies are proposed by the local partnerships and reviewed and approved by the the State Board as part of the grant renewal process for the local partnership. Partnerships must adhere to the program standards for Other Strategies as their framework for program design, implementation, and evaluation.
  + Number of Current Programs: 11

**Local Partnerships and Partnership Supports (cont.)**

* ***Group B Programs*** - Not all partnerships have one or more Group B programs
  + Primary Responsibility for program: Local Partnership.
  + Funding received from: Outside entities only.
  + Funding tracked in: Statewide UMS accounting system. Any money that flows to/from a local partnership must be included in the UMS system. To have a new strategy/program added to the UMS system requires state board approval. Thus the state board is aware of all programs utilized by local partnerships.
  + State Board Involvement: Approves program in advance because it has to match with the state agency’s mission. Is aware of the agency’s performance in the program, but since the partnership’s funding depends on it meeting the outside entity’s metrics, leaves the detailed tracking of that performance to the funding entity.
  + State Office Staffing: Statewide Technical Assistance (T.A.) staff members each support this programming within an assigned set of local partnerships.
  + Performance Measures set by: Outside entities providing the funding.
  + Number of Current Programs: 2

**PROGRAM DETAILS**

First Steps operates a variety of early childhood programs, using both public (federal, state and local) and private (philanthropic and other grant) resources. Generally, First Steps’ programs fall into three major groups. These groups were determined based on conversations between committee staff and agency personnel in an effort to help the subcommittee differentiate between the First Steps’ programs. Characteristics utilized to group programs include: (1) who has primary responsibility; (2) from whom funding is received; (3) who sets the performance measures; and (4) and what involvement there is from those who do not have primary responsibility.

**Policy and Accountability**

* Costs include: State office overhead plus all state office staff, including TAs that support local partnerships and staff that works directly with 4K, BabyNet and Early Head Start
* Programs include: There are no programs associated with this category. However, the costs in this category do include the State Office TAs that work with programs.



Performance Measures



**4k/Child Development Education Pilot Program (CDEPP) (4-5 year old)**

* ***Group C-1 Program*** (Staffed entirely by State Office)

Primary Responsibility for agency’s involvement in program: State Office

Funding received from: State and/or Outside entities (State for this program)

Funding tracked in: S.C. Enterprise Information System (SCEIS)

State Board Involvement: Approves program in advance because it has to match with the state agency’s mission.

State Office Involvement: State Office staffs all of agency’s responsibilities related to the program.

Performance Measures set by: State Board or Outside entities providing the funding (State Board for this program)

4k Specific Details:

* + Private Providers provide 4k program to eligible students who sign up with the private provider. SC First Steps provides professional development and intensive statewide monitoring and technical assistance designed to ensure accountability for public dollars in private sector settings and ensure the success of these programs.
  + In the past local partnerships received a small fee from the state office for children whom they referred to the 4k program and processed the provider invoices for. The state office brought this back in house because it was more accountable, efficient and cost effective for a state office employee to process all provider invoices and it ensured private preschool providers who needed cash quickly when they performed work, did not have to wait for long periods of time.
  + Local Partnership Involvement: The state office expects the local partnerships to refer children and families to the 4k program. However, the state office does not set specific goals for the number of referrals the local partnerships should make, nor does it track how many children or families are referred from the local partnerships to these programs.

Costs include: Total funds that go directly to the private providers. NOTE: Students must be enrolled in this program by August of each year. The Budget is typically not finalized until May or June. Therefore, when the agency receives an increase or decrease in funds for this program, it only has 2-3 months to capitalize on those funds during that year.

Performance Measures (***See results of school readiness assessments on next page***)



School Readiness Assessment Information from the Education Oversight Committee (FY 2014-15 & 2015-16 Evaluation of State-Funded Full-Day 4K, Par I)

Table 23 provides information on children when they are first starting in public or private (First Steps) 4k.



Table 24 provides information on children who completed a year in public or private (First Steps) 4k and are now starting 5k.

**BabyNet (Birth - 3 year old)**

* ***Group C-1 Program*** (Staffed entirely by State Office)

Primary Responsibility for agency’s involvement in program: State Office

Funding received from: State and/or Outside entities (Federal Government for this program)

Funding tracked in: S.C. Enterprise Information System (SCEIS)

State Board Involvement: Approves program in advance because it has to match with the state agency’s mission.

State Office Involvement: State Office staffs all of agency’s responsibilities related to the program.

Performance Measures set by: State Board or Outside entities providing the funding (Federal Government for this program)

BabyNet Specific Details:

* + Interagency program which includes DDSN, the SC School for the Deaf and the Blind, DHHS and others.First Steps is responsible for (1) statewide oversight of the entire interagency system (the “lead agency” function); and (2) local intake offices where there is a 45 day window in which to determine if a child is eligible. The 45 days begins as soon as someone refers the child to the intake office.
  + Local Partnership Involvement: The state office expects the local partnerships to refer children and families to these programs and has incorporated BabyNet connections throughout the partnerships accountability standards However, the state office does not set any goals for number of referrals the local partnerships should make, nor does it track how many children or families are referred from the local partnerships to these programs. Local Partnerships have assisted in this effort through the Early ID & Referral Program. In addition, many programs under Local Partnerships require developmental screening and referral to BabyNet depending on the results of the screening.
  + First Steps staff recommends there be more of a focus on determining who actually needs the services. First Steps has recently submitted a report to the General Assembly detailing recommendations for improving BabyNet. This report was informed and developed by an inter-agency BabyNet “Think Tank” of approximately 50 members that met through the fall of 2015.



Costs include: Total funds that go directly to the private providers.

Performance Measures





**Early Head Start (Birth-3 year old)**

* ***Group C-2 Program*** (The only difference in Group C-1 and Group C-2 Programs is State Office Involvement.)

Primary Responsibility for agency’s involvement in program: State Office

Funding received from: State and/or Outside entities (Federal Grant for this program)

Funding tracked in: S.C. Enterprise Information System

State Board Involvement: Approves program in advance because it has to match with the state agency’s mission.

State Office Involvement: State Office applied for federal grant on behalf of 12 county local partnerships. State Office is responsible for the program since they received the grant, but it will be staffed by Local Partnerships and those hired through grant funding.

Performance Measures set by: State Board or Outside entities providing the funding (Federal Government for this program)



Costs include: Total funds that go directly to the counties on whose behalf the State Office applied for the grant.

Performance Measures & Results

**Need First Steps to Provide**

**Local Partnerships and Partnership Supports**

Local Partnerships apply for grant funding from the State Board annually. In these grant applications, Partnerships are required to detail both programs for which they are seeking grant funding from the Board, and – for informational purposes and review against the initiative’s statutory charges – strategies they propose to operate using non-state resources raised from outside sources. These detailed applications are reviewed at the strategy level, initially by staff, then by the Program and Grants Committee of the State Board, and ultimately by the full Board prior to approval each June.

The First Steps Board of Trustees promulgates a detailed set of Partnership Accountability Standards annually, which include expectations related to fidelity of individual program operation (the required components of each strategy), client targeting (most First Steps programming is specifically targeted at children at high risk of early school failure), and outcome measurement. These standards are formally incorporated into each partnership’s annual grant agreement. In the event that an application – each of which is independently verified against First Steps web-based data system – reveals that key performance expectations have not been met during the preceding year, the Board may choose to decline funding, or – more commonly – issue a “conditional approval.” These conditional approvals set forth the partnership’s strategy-level deficiencies and require State Office T.A. staff to work with each to develop a corrective action plan. Conditionally approved strategies are reviewed in January of each year, with partnerships failing to correct noted deficiencies subject to additional corrective action, up to and including strategy discontinuation.



Costs include: Total funds provided directly to the partnerships, plus the costs of regional finance managers. The state office does not currently break out the type of funding expended on each program under Local Partnerships by state v. outside dollars, it only tracks the total amounts expended for each program. Programs include: Group A, including Subgroup A-1, A-2, and A-3 & Group B programs.

Performance Measures (General, not program specific)



**Local Partnerships and Partnership Supports**

* ***Subgroup A-1 Programs* (Statewide metrics exist as these programs are utilized by many local partnerships)**

Primary Responsibility for program: Local Partnership

Funding received from: State Office and Outside entities

Funding tracked in: Statewide UMS accounting system.

State Board Involvement: Group A programs are all reviewed and approved by the State Board. Because these strategies are underwritten by state dollars provided directly by the Board (via the SC General Assembly), First Steps plays an intensive role in their implementation and performance. Each one is approved in advance by the State Board and has been determined to match with the agency’s statutory mission.

State Office Involvement: These programs are widespread in their implementation, warranting the creation of specific accountability standards by the State Board. Statewide Technical Assistance (T.A.) staff members support this programming within an assigned set of local partnerships.

* + Number of State Office Staff that support all Group A Programs and number of counties each supports: Need from First Steps

Performance Measures set by: State Board in consultation with national evidence-based models. In a limited number of cases, outside funders may help to underwrite Subgroup A-1 programs, but independent of fund source, First Steps partnerships are required to meet standards established by the State Board.

In the chart below, Private = Contract with another vendor; Public = Contract with public school district; In-House = Offered in-house by local partnership

| **FS Category** | **Name of Program** | **# of Counties / Total Budgeted**[[1]](#footnote-1)  **/ Counties** |
| --- | --- | --- |
| Parent Education | ***Parent-Child Home -*** 2-3 year olds and their parents; Literacy focused program | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **2016** | **2014** | **2013** | **2012** | | **In-House - Offered in-house by local partnership** | | | | | | # of Counties | 1 | 1 | 1 | 0 | | Total Budgeted | $43,631 | $62,318 | $95,898 | $0 | | **Public - Contract with Public School District** | | | | | | # of Counties | 3 | 3 | 2 | 3 | | Total Budgeted | $315,859 | $290,317 | $197,984 | $166,318 | |
| Parent Education | ***Family Literacy Model* -** low-income families with one or more adults needing their HS diploma or GED, or are in need of English as a Second Language instruction; Based on the Even Start four-part Family Literacy model; Program components include adult education, early childhood education, parent education, and parent-child interaction. | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **2016** | **2014** | **2013** | **2012** | | **In-House - Offered in-house by local partnership** | | | | | | # of Counties | 1 | 1 | 1 | 1 | | Total Budgeted | $71,916 | $120,725 | $9,500 | $18,205 | | **Public - Contract with Public School District** | | | | | | # of Counties | 3 | 4 | 4 | 4 | | Total Budgeted | $401,915 | $445,486 | $430,995 | $422,446 | | **Private - Contract with Private Provider** | | | | | | # of Counties | 0 | 0 | 1 | 0 | | Total Budgeted | $0 | $0 | $96,885 | $0 | |
| Parent Education | ***Dolly Parton Imagination Library (DPIL)* -** Sends one developmentally appropriate book per month to children from enrollment to 5th birthday and provides additional literacy resources for parents on how to promote their child’s language and literacy development. The local partnership serves as a local affiliate for DPIL, funds children’s participation in the program, and maintains accurate addresses for enrolled families on behalf of DPIL. | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **2016** | **2014** | **2013** | **2012** | | **In-House - Offered in-house by local partnership** | | | | | | # of Counties | 14 | 13 | 13 | 11 | | Total Budgeted | $409,404 | $307,660 | $300,731 | $172,721 | |

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| Parent Education | ***Early Steps -*** 0-3 years old; home visitation model; part of a continuum of early childhood services in collaboration with local school districts | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **2016** | **2014** | **2013** | **2012** | | **In-House - Offered in-house by local partnership** | | | | | | # of Counties | 0 | 0 | 0 | 0 | | Total Budgeted | $0 | $0 | $0 | $0 | | **Public - Contract with Public School District** | | | | | | # of Counties | 3 | 3 | 1 | 0 | | Total Budgeted | $368,522 | $312,478 | $95,807 | $0 | | **Private - Contract with Private Provider** | | | | | | # of Counties | 1 | 2 | 3 | 3 | | Total Budgeted | $46,309 | $80,460 | $389,573 | $356,834 | |
| Early Education | ***Full, Half and Extended Day 4k* -** local partnerships contract with school districts to expand the 4k program in the school district; separate from statewide 4k program; program has shrunk since the creation of the statewide 4k initiative. First Steps no longer allows local partnerships to use their funds for this program when the school district is eligible to participate in the statewide 4k program. Therefore, this program only still exists in areas where the districts are not eligible for or do not elect to participate in the statewide 4k program. | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **2016** | **2014** | **2013** | **2012** | | **In-House - Offered in-house by local partnership** | | | | | | # of Counties | 0 | 1 | 0 | 1 | | Total Budgeted | $0 | $189,848 | $0 | $87,280 | | **Public - Contract with Public School District** | | | | | | # of Counties | 1 | 5 | 7 | 7 | | Total Budgeted | $95,987 | $491,476 | $755,426 | $552,542 | | **Private - Contract with Private Provider** | | | | | | # of Counties | 0 | 0 | 0 | 15 | | Total Budgeted | $0 | $0 | $0 | $2,572,038 | |
| Early Education | ***Early Education for Under 4* -** Supports public schools and child care providers in funding early care and education classrooms for children under 4. | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **2016** | **2014** | **2013** | **2012** | | **In-House - Offered in-house by local partnership** | | | | | | # of Counties | 0 | 0 | 0 | 0 | | Total Budgeted | $0 | $0 | $0 | $0 | | **Public - Contract with Public School District** | | | | | | # of Counties | 1 | 1 | 1 | 1 | | Total Budgeted | $153,926 | $158,737 | $138,183 | $147,212 | |
| Child Care | ***Child Care Quality Enhancement -*** Child Care Providers; Technical assistance staff from local partnerships (different than state T.A. who help local partnerships), work in child care centers to improve quality of child care provided | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **2016** | **2014** | **2013** | **2012** | | **In-House - Offered in-house by local partnership** | | | | | | # of Counties | 24 | 17 | 21 | 24 | | Total Budgeted | $1,894,500 | $1,772,445 | $1,882,233 | $2,153,200 | |

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| Child Care | ***Training and Professional Development -*** Child Care Providers; Training and professional development to child care teachers, directors, and other early childhood professionals, for recertification credit with the Center for Child Care Career Development. Also support for child care teachers pursuing higher credentials through the TEACH program. | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **2016** | **2014** | **2013** | **2012** | | **In-House - Offered in-house by local partnership** | | | | | | # of Counties | 41 | 38 | 37 | 35 | | Total Budgeted | $1,390,201 | $1,440,680 | $1,518,937 | $1,262,695 | | **Public - Contract with Public School District** | | | | | | # of Counties | 0 | 0 | 0 | 1 | | Total Budgeted | $0 | $0 | $0 | $6,757 | | **Private - Contract with Private Provider** | | | | | | # of Counties | 0 | 0 | 1 | 2 | | Total Budgeted | $0 | $0 | $7,438 | $49,607 | |

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| Child Care | ***Scholarship Initiatives -*** Provides scholarships for children with multiple risk factors to attend child care. This program differs from child care vouchers offered through DSS in the following ways: 1) First Steps scholarships are not provided to families who would otherwise be able to receive DSS vouchers; 2) qualifying families must have one or more school readiness risk factors, in addition to income; 3) First Steps scholarships, with limited exceptions, can only be used for providers that meet certain quality standards, outlined below; 4) First Steps scholarships require at least one developmental screening per year, with additional screenings if potential delays are found; and 5) connections to needed services for the child and family, including referrals to BabyNet or school district special education. | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **2016** | **2014** | **2013** | **2012** | | **In-House - Offered in-house by local partnership** | | | | | | # of Counties | 13 | 10 | 10 | 10 | | Total Budgeted | $1,146,973 | $1,255,503 | $1,587,063 | $840,071 | | **ARRA In-House - Offered in-house by local partnership** | | | | | | # of Counties | 1 | 2 | 4 | 5 | | Total Budgeted | $10,448 | $31,907 | $56,758 | $142,921 | | **Public - Contract with Public School District** | | | | | | # of Counties | 12 | 11 | 11 | 10 | | Total Budgeted | $489,099 | $575,053 | $476,193 | $541,328 | | **ARRA Public - Contract with Public School District** | | | | | | # of Counties | 1 | 1 | 2 | 2 | | Total Budgeted | $30,000 | $30,000 | $55,000 | $50,000 | |
| Health | ***Early ID and Referral -*** Assists with determining who actually needs the BabyNet services so when children are referred, the most eligible children are referred. Also connects children with suspected delays, who do not qualify for BabyNet, to needed programs and services. | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **2016** | **2014** | **2013** | **2012** | | **In-House - Offered in-house by local partnership** | | | | | | # of Counties | 10 | 9 | 8 | 0 | | Total Budgeted | $378,308 | $330,172 | $373,942 | $0 | |

Performance Measures

Below is a summary of some of the assessments, screenings and other data maintained in the First Steps Data Collection System (FSDC) along with the programs which require this information be stored in the FSDC. Other requirements for each program, including, but not limited to, targeting clients at-risk, targeting by age, group connections, staff qualifications and training, etc. are listed in the 2016 First Steps Program Accountability Standards at the end of this packet.

|  |  |
| --- | --- |
| **Measure** | **Programs which require results of assessment/information be collected within the First Steps Data Collection System (FSDC)** |
| **Keys to Interactive Parenting Scale** (KIPS)  (assessed within 45 days of enrollment if child is older than 2 months; if less than 2 months old, initial KIPS should be done immediately after the child’s 2-month birthday; again during set intervals during the 1st and subsequent years of enrollment; and finally within 30 days of exiting the program) | * Parent-Child * Family Literacy Model (Each family shall be assessed using a nationally recognized parenting assessment within 45 days of enrollment and again after 6 to 9 months. Or, the program may opt to use the KIPS to measure parenting behaviors.) * Early Steps to School Success |
| Nationally recognized parenting assessment | * Family Literacy Model (Each family shall be assessed using a nationally recognized parenting assessment within 45 days of enrollment and again after 6 to 9 months. Or, the program may opt to use the KIPS to measure parenting behaviors.) |
| **Adult-Child Interactive Reading Inventory** (ACIRI)  (assessed within 45 days of enrollment if child is 30 months or older; if less than 30 months old, initial ACIRI should be done immediately after the child’s 30-month birthday; again during set intervals during the 1st and subsequent years of enrollment; and finally within 30 days of exiting the program) | * Parent-Child * Family Literacy Model (each focus child shall have their emerging literacy skills assessed or the program may opt to use the ACIRI (beginning at 30 months) to assess the parent/child interactive literacy skills) |
| PPVT (Peabody Picture Vocabulary Test). | * Family Literacy Model (each focus child shall have their emerging literacy skills assessed or the program may opt to use the ACIRI (beginning at 30 months) to assess the parent/child interactive literacy skills) * Early Steps to School Success (complete per ESSS model requirements) |
| HOME Inventory | * Early Steps to School Success (complete per ESSS model requirements) |
| TABE (Test of Adult Basic Education) and/or the BEST Plus (Basic English Skills Test) | * Family Literacy Model (primary adult client identified within each enrolled case shall complete a minimum, baseline and post assessment) |
| Environment Rating Scale (ERS) | * Child Care Quality Enhancement |
| Program Administration Scale (PAS) | * Child Care Quality Enhancement (Partnerships whose QE strategies entail assistance and/or coaching in the administrative arena) |
| Adult Outcomes for graduation with a GED, HS diploma or other educational achievement | * Family Literacy Model |
| Enroll preschool child client in a quality early childhood education program that is DSS licensed at a level B or higher or has a DSS waiver of approval. | * Family Literacy Model |
| Monthly records regarding the number and nature of public awareness contacts and BabyNet materials disseminated | * Early Identification and Referral |
| **Long term retention** of 75% of its clients | * Parent-Child (across 2 years of program participation) * Family Literacy Model (with both parent and child each receiving 120 hours of program participation) * Early Steps to School Success (across 9 or more months of program participation; provide services to families for 12 months in a program year) |
| **Home Visitations or Service Delivery**, required number  (other group training/meetings may also be required depending on the program) | * Parent-Child (twice weekly home visits for a minimum of 23 weeks or 46 home visits annually across a period of two years; all visits must be one-on-one and last minimum of 30 min.) * Family Literacy Model (minimum of 2 contacts per month) * Early Steps to School Success (For each family served, 1.8 average is considered the minimal threshold for home visits per month, 2.0 is the targeted expectation, and 2.5 and above is considered outstanding intensity; all visits must be one-on-one and last minimum of 1 hour) * Child Care Quality Enhancement (On-site consultation/coaching at least twice a month to all participating centers) |
| Age-appropriate developmental screening tool. In the event that a developmental screening indicates a possible developmental delay, vendors shall refer to child’s pediatric care provider and BabyNet (age 0-3) or Special Needs Board (age 3-5) for additional diagnostic evaluation and record referral as well as information on the outcome/disposition of each First Steps-initiated referral. | * Parent-Child * Family Literacy Model * Early Steps to School Success * Scholarship Initiatives (Child Care Scholarships) (age-appropriate developmental screening Ages and Stages Questionnaire - 3rd Edition for each scholarship recipient) * Early Identification and Referral |
| Client demographic, program, referrals, connections to services, home visitation dates and durations, training attendance, scholarship and provider information | * Parent-Child * Child Care Scholarships * Early Steps to School Success * Child Care Training (starting in FY ’16) * Child Care Quality Enhancement * Scholarship Initiatives (Child Care Scholarships) |
| No data required to enter into FSDC | * Dolly Parton Imagination Library * Four Year Old Kindergarten (required entry of complete student data within the PowerSchool data system) * Child Care Training (training attendees, participation in training sessions, child care providers they represent and all other required information to be submitted to Center for Child Care Career Development to receive DSS credit hours) |

Performance Measure Results

Programs Applicable**: Parent-Child; Family Literacy Model; Early Steps to School Success**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Performance Measures from 2015 Program Evaluation Report** | **2012-13 Results** | **2013-14 Results** | **Target for 2014-15** | **Results as of 4/30/15 (2 months left in year)** | **Target for 2015-16** | **Time Applicable** | **Data Source and Availability** | **Reporting Freq.** | **Calculation Method** |
| Home visitation clients are increasing their parenting skills. | Positive change of 0.37 on a 5 point scale. | Positive change of .55 on a 5 point scale. | Positive change of .5 or higher. | Positive change of 0.52 on a 5 point scale. | Positive change of .5 or higher. | Adult clients assessed via videotaped assessment **Keys to Interactive Parenting Scale (KIPS)** within 45 days of entry or when the child is 2 months of age; assessed 6-9 months later and annually thereafter, and upon program exit if possible. | First Steps Data System | Ongoing. Data checked quarterly and at Renewal. | KIPS/ACIRI Accountability Report: calculates whether assessments are being performed on schedule. KIPS/ACIRI Detail Report: tracks KIPS scores to measure pre to post change. |
| Home visitation clients are increasing their interactive literacy skills. | Positive change of .43 for adults, .46 for children on a 3 point scale. | Positive change of .38 for adults, .47 for children on a 3 point scale. | Positive change of .4 or higher | Positive change of .44 for adults, .52 for children on a 3 point scale. | Positive change of .4 or higher. | Adult and child clients assessed via **Adult Child Interactive Reading Inventory (ACIRI)** within 45 days of entry or when the child is 30 months of age; assessed 6-9 months later and annually thereafter, and upon program exit if possible. | First Steps Data System | Ongoing. Data checked quarterly and at Renewal. | KIPS/ACIRI Accountability Report: calculates whether assessments are being performed on schedule. KIPS/ACIRI Detail Report: tracks ACIRI scores to measure pre to post change. |

Performance Measure Results (cont.)

Programs Applicable**: Parent-Child; Family Literacy Model; Early Steps to School Success; Scholarship Initiatives (Child Care Scholarships); and Early Identification and Referral**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Performance Measures from 2015 Program Evaluation Report** | **2012-13 Results** | **2013-14 Results** | **Target for 2014-15** | **Results as of 4/30/15 (2 months left in year)** | **Target for 2015-16** | **Time Applicable** | **Data Source and Availability** | **Reporting Freq.** | **Calculation Method** |
| Home visitation, family literacy and scholarship clients are receiving appropriate health and developmental screenings | 1908 children received ASQs | 2009 children received ASQs | 2000 children will receive ASQs | 1879 children received ASQs | 2000 children will receive ASQs | Developmental screenings are required at least once per year for all home visitation and child care scholarship strategies. PAT also tracks health screenings (vision, hearing, dental, medical). | First Steps Data System | Ongoing. Data checked quarterly and at Renewal. | ASQ Report. Health Screenings Report. |
| First Steps clients are **receiving program services long enough** to have a significant impact on parenting skills and school readiness. | 82.57% retained 9 or months in one or more programs | 83.26% retained 9 or more months in one or more programs | 85% | 80.54% retained 9 or more months in one or more programs | 85% | Local partnership programs enter clients on a rolling basis. Clients are intended to be served for the entire program year but clients exit for a variety of reasons (relocation, job, etc.) | First Steps Data System. | Ongoing. Data checked at Renewal | Retention Report: calculates months served continuously, and cumulatively across years. |

Performance Measure Results (cont.)

Programs Applicable**: Child Care Quality Enhancement**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Performance Measures from 2015 Program Evaluation Report** | **2012-13 Results** | **2013-14 Results** | **Target for 2014-15** | **Results as of 4/30/15 (2 months left in year)** | **Target for 2015-16** | **Time Applicable** | **Data Source and Availability** | **Reporting Freq.** | **Calculation Method** |
| Child care providers participating in Quality Enhancement are receiving high-quality technical assistance and support. | 2.39 avg. **TA visits / month** | 2.53 avg. TA visits / month | 2.5 avg. TA visits / month | 2.16 avg. TA visits / month | 2.5 avg. TA visits / month | TAs visit child care providers ongoing throughout the program year. | First Steps Data System | Ongoing. Data checked quarterly and at Renewal. | Child Care QE Intensity Summary Report; Intensity Detail Report |
| Child care providers participating in Quality Enhancement are improving their program quality. | ERS pre/post change 1.17 on 7 point scale. | ERS pre/post change 0.97 on 7 point scale | ERS pre/post change of 1.0 or higher | ERS pre/post change of .83 on 7 point scale | ERS pre/post change of 1.0 or higher | Baseline **Environmental Rating Scale (ERS)** administered in classrooms within 90 days of starting TA visits, then post-ERS 6-9 months later and annually thereafter. | First Steps Data System | Data checked at Renewal | Child Care ERS Accountability Report shows ERS scores by classroom and whether assessments were administered at the correct frequency. |

**Local Partnerships and Partnership Supports (cont.)**

* ***Subgroup A-2 Programs* (Statewide metrics exist as these programs are utilized by many local partnerships)**

Primary Responsibility for program: Local Partnership

Funding received from: State Office and Outside entities

Funding tracked in: Statewide UMS accounting system.

State Board Involvement: Group A programs are all reviewed and approved by the State Board. Because these strategies are underwritten by state dollars provided directly by the Board (via the SC General Assembly), First Steps plays an intensive role in their implementation and performance. Each one is approved in advance by the State Board and has been determined to match with the agency’s statutory mission.

State Office Involvement: These programs are widespread in their implementation, warranting the creation of specific accountability standards by the State Board. Statewide Technical Assistance (T.A.) staff members support this programming within an assigned set of local partnerships with one state office employee specifically assigned to the program or just one state office employee specifically assigned to the program.

* + Number of State Office Staff that support all Group A Programs and number of counties each supports: Need from First Steps

Performance Measures set by: State Board in consultation with national evidence-based models. In a limited number of cases, outside funders may help to underwrite Subgroup A-1 programs, but independent of fund source, First Steps partnerships are required to meet standards established by the State Board.

| **FS Category** | **Name of Program** | **# of Counties / Total Budgeted**[[2]](#footnote-2)  **/ Counties** | **State Office Involvement** |
| --- | --- | --- | --- |
| Parent Education | ***Parents as Teachers -*** Aimed at Parents; First Steps State Office is the state sponsor. Evidence-based parent home visitation program. This program is accomplished through (1) local partnerships; (2) school districts; and (3) other outside vendors. | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **2016** | **2014** | **2013** | **2012** | | **In-House - Offered in-house by local partnership** | | | | | | # of Counties | 20 | 20 | 20 | 20 | | Total Budgeted | $2,081,583 | $2,119,936 | $2,305,262 | $2,108,167 | | **Public - Contract with Public School District** | | | | | | # of Counties | 10 | 11 | 11 | 11 | | Total Budgeted | $1,893,627 | $1,975,189 | $1,878,560 | $1,862,161 | | Statewide Technical Assistance (T.A.) staff members each support this programming within an assigned set of local partnerships. Additionally, 1 state office employee specifically assigned to program |
| School Transition | ***Countdown to Kindergarten -*** This program gets kindergarten teachers in the homes of their students during the summer prior to the child starting in the classroom. | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **2016** | **2014** | **2013** | **2012** | | **In-House - Offered in-house by local partnership** | | | | | | # of Counties | 24 | 23 | 19 | 0 | | Total Budgeted | $317,676 | $248,517 | $251,397 | $0 | | Statewide T.A. staff each support this programming within an assigned set of local partnerships. Additionally, 1 state office employee specifically assigned to program |
| Health | ***Nurse Family Partnership -*** Birth - 5 year old; First Steps State Office is the state sponsor. This program is accomplished through (1) local partnerships or other outside vendors. Since it requires medical personnel, a local partnership may serve as the fiscal agent, but the program is primarily accomplished through local hospitals, S.C. Department of Health and Human Services, etc. The National Nurse Family Partnership office is currently working closely with the SC Department of Health and Human Services on social impact bonds which may likely remove the need for local partnerships to serve as fiscal agents. | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **2016** | **2014** | **2013** | **2012** | | **In-House - Offered in-house by local partnership** | | | | | | # of Counties | 6 | 4 | 6 | 4 | | Total Budgeted | $381,345 | $28,991 | $41,318 | $53,040 | | **Public - Contract with Public School District** | | | | | | # of Counties | 6 | 8 | 8 | 8 | | Total Budgeted | $812,385 | $1,518,096 | $1,693,969 | $2,011,260 | | **Private - Contract with Private Provider** | | | | | | # of Counties | 2 | 3 | 3 | 3 | | Total Budgeted | $2,085,157 | $1,495,382 | $1,121,157 | $918,538 | | 1 state office employee specifically assigned to program |

Performance Measures

Other requirements for each program, including, but not limited to, targeting clients at-risk, targeting by age, group connections, staff qualifications and training, etc. are listed in the 2016 First Steps Program Accountability Standards at the end of this packet.

|  |  |
| --- | --- |
| **Measure** | **Programs which require results of assessment/information be collected within the First Steps Data Collection System (FSDC)** |
| For each family served, 1.8 average is considered the minimal threshold for visits per month, 2.0 is the targeted expectation, and 2.5 and above is considered outstanding intensity | * Parents as Teachers |
| Keys to Interactive Parenting Scale (KIPS) | * Parents as Teachers (assessed within 45 days of enrollment if child is older than 2 months; if less than 2 months old, initial KIPS should be done immediately after the child’s 2-month birthday; again during set intervals during the 1st and subsequent years of enrollment; and finally within 30 days of exiting the program) |
| Adult-Child Interactive Reading Inventory (ACIRI) | * Parents as Teachers (assessed within 45 days of enrollment if child is 30 months or older; if less than 30 months old, initial ACIRI should be done immediately after the child’s 30-month birthday; again during set intervals during the 1st and subsequent years of enrollment; and finally within 30 days of exiting the program) |
| Client demographic, program, referrals, connections to services, home visitation dates and durations, training attendance | * Parents as Teachers |
| Long term retention of 75% of its clients | * Parents as Teachers (across 9 or more months of program participation; pursuant to national model guidelines PAT affiliates must plan to provide at least 2 full years of service to eligible families) |
| Age-appropriate developmental screening tool. In the event that a developmental screening indicates a possible developmental delay, vendors shall refer to child’s pediatric care provider and BabyNet (age 0-3) or Special Needs Board (age 3-5) for additional diagnostic evaluation and record referral as well as information on the outcome/disposition of each First Steps-initiated referral. | * Parents as Teachers |
| Life Skills Progression (LSP), an approved family needs assessment tool | * Parents as Teachers (completed every six months on the focus parent/caregiver and is used for Parent Educator Information only) |
| Utilize the Life Skills Progression and/or other formal and informal needs assessments to refer/ link families to additional interventions as necessary and beneficial – either simultaneously or as part of a planned, multi-year service continuum | * Parents as Teachers (referrals to other services are entered in First Steps Data System) |
| Meet all data requirements of SC First Steps within 30 days of receiving data from teachers | * Countdown to Kindergarten |
| 18 model elements as defined by the Nurse Family Partnership National Service Office | * Nurse Family Partnership (data submitted via the NFP Efforts to Outcomes (ETO) system) |

Performance Measure Results

Programs Applicable: **Parents as Teachers**

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| **Performance Measures from 2015 Program Evaluation Report** | **2012-13 Results** | **2013-14 Results** | **Target for 2014-15** | **Results as of 4/30/15 (2 months left in year)** | **Target for 2015-16** | **Time Applicable** | **Data Souce and Availability** | **Reporting Freq.** | **Calculation Method** |
| Home visitation clients receiving appropriate service intensity with individual home visits. | 2.28 visits per month across all partnerships operating PAT | 2.3 visits per month across all partnerships operating PAT | maintain >2.0 | 2.28 across all partnerships operating PAT | maintain >2.0 | Local partnerships receive conditional approvals for the following program year if First Steps program standards are not met for service intensity. | First Steps Data System | Ongoing. Data checked quarterly and at Renewal to determine strategy approvals. | Parenting Home Visit Intensity Report: Total visits divided by months served. Parent Home Visit Summary Report: total visit minutes divided by number of visits. First Steps Data System tracks content of each home visit and who participated. |

Performance Measure Results (cont.)

Programs Applicable: **Countdown to Kindergarten**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Performance Measures from 2015 Program Evaluation Report** | **2012-13 Results** | **2013-14 Results** | **Target for 2014-15** | **Results as of 4/30/15 (2 months left in year)** | **Target for 2015-16** | **Time Applicable** | **Data Souce and Availability** | **Reporting Freq.** | **Calculation Method** |
| Countdown to Kindergarten clients are **receiving the number of visits** per the program model. | Summer 2013: 5.78 average visits per family | Summer 2014: 5.78 average visits per family | Summer 2015 goal: 5.8 visits per family | TBD | Summer 2016: TBD | CTK client families are to receive 5 home visits during the summer prior to 5K, with a 6th visit to the child's school. | First Steps Data System. | Data due in the data system by Sept. 30. | Countdown to Kindergarten Report |
| Countdown to Kindergarten children are **being assigned to their home visitor's classroom** for 5K as much as possible. | Summer 2013: 64.91% assigned to HV classroom. | Summer 2014: 64.85% assigned to HV classroom. | Summer 2015 goal: 70% assigned to HV classroom. | TBD | Summer 2016: TBD |  | First Steps Data System. | Data due in the data system by Sept. 30. | Countdown to Kindergarten Report |

**Local Partnerships and Partnership Supports (cont.)**

* ***Subgroup A-3 Programs* (No statewide metrics exist as these programs are utilized by only a few local partnerships)**

Primary Responsibility for program: Local Partnership

Funding received from: State Office and Outside entities

Funding tracked in: Statewide UMS accounting system.

State Board Involvement: Group A programs are all reviewed and approved by the State Board. Because these strategies are underwritten by state dollars provided directly by the Board (via the SC General Assembly), First Steps plays an intensive role in their implementation and performance. Each one is approved in advance by the State Board and has been determined to match with the agency’s statutory mission.

State Office Involvement: Statewide Technical Assistance (T.A.) staff members each support this programming within an assigned set of local partnerships.

* + Number of State Office Staff that support all Group A Programs and number of counties each supports: Need from First Steps

Performance Measures set by: Local Partnership, but must be approved by State Board and is reviewed each year by the State Board as part of the renewal process for the local partnership.

|  |  |  |
| --- | --- | --- |
| **FS Category** | **Name of Program** | **# of Counties / Total Invested in 2016**[[3]](#footnote-3)  **/ Counties** |
| Parent Education | ***Mother Read/Father Read*** | 0 Counties |
| Parent Education | ***Mother Read/Baby Read*** | 1 / $27,910 |
| Parent Education | ***Parent Training*** | 7 / $791,464 |
| Parent Education | ***Other Family Literacy*** | 6 / $182,684 |
| Parent Education | ***Reach Out & Read*** | 1 / $29,116 |
| Parent Education | ***Fatherhood Initiatives*** | 2 / $198,588 |
| Parent Education | ***Library Based Programs*** | 2 / $64,386 |
| Community Awareness | ***Community Awareness -*** This is currently in A-3, but is moving to A-1 because numerous local partnerships are starting to do it. | 6 / $528,513 |
| Health | ***Health Based Services*** | 0 Counties |
| Health | ***Non-Home Based Services*** | 0 Counties |
| Health | ***HHS Services Coordination*** (Note: Department of Health and Human Services actually does not have anything to do with this, it was just an acronym chosen) | 1 (Public) / $250,411 |

**Local Partnerships and Partnership Supports (cont.)**

* **Group B Programs (No statewide metrics exist as these programs are funded entirely by Outside entities)**

Primary Responsibility for program: Local Partnership. Local partnerships may have a mix of Category A and Category B programs, though not all partnerships have Group B programs (funded entirely by outside entities)

Funding received from: Outside entities only. Not all partnerships have one or more Group B programs.

Funding tracked in: UMS system. Any money that flows to/from a local partnership must be included in the UMS system. To have a new strategy/program added to the UMS system requires state board approval. Thus the state board is aware of all programs utilized by local partnerships.

State Board Involvement: Approves program in advance because it has to match with the state agency’s mission. Is aware of the agency’s performance in the program, but since the partnership’s funding depends on it meeting the outside entity’s metrics, leaves the detailed tracking of that performance to the funding entity.

State Office Staffing: Statewide Technical Assistance (T.A.) staff members each support this programming within an assigned set of local partnerships.

Performance Measures set by: Outside entities providing the funding

|  |  |  |
| --- | --- | --- |
| **FS Category** | **Name of Program** | **# of Counties / Invested in 2016**[[4]](#footnote-4) |
| Early Education | ***Head Start Programming*** | 4 / $7,373,220 |
| Early Education | ***Quality Improvement Center for Early Childhood (Family Networks Project) -*** Federal grant the First Steps State Office applied for in partnership with the University of South Carolina. One of four research projects nationwide to reduce abuse and neglect among children 0-2. Focus of project was the impact of additional training for early intervention staff on reducing the incidence of abuse and neglect among children 0-2 with identified special needs (i.e., enrolled in BabyNet). | Existed from 2009-10 through 2012-13 |
| Early Education | ***Teacher Education Assistance for College and Higher Education (T.E.A.C.H.) -*** Federal grant that the SC Department of Social Services received and gave to First Steps. | Existed at FS from 2009-10 through 2013-14; still exists, but DSS took it back in-house. |
| Early Education | ***Early Reading First -*** Federal grant the First Steps State Office applied for and received on behalf of Lee and Darlington Counties, to improve early literacy instruction within public schools, Head Start, and private child care to improve literacy outcomes for at-risk children. | Existed from 2009-10 through 2011-12 |
| Early Education | ***Foundations for Learning -*** Federal grant applied for by the First Steps State Office for improving social and emotional development among preschool children attending participating child care centers in Georgetown, Horry and Charleston counties. | Existed from 2009-10 through 2012-13 in 3 counties |
| Health | ***Nutrition Program (Backpack)*** | 2 / $222,687 |

**2016 FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS**

**Subgroup A-1 Programs**

**(Statewide metrics exist as these programs are utilized by many local partnerships)**

|  |  |
| --- | --- |
| **PARENT-CHILD HOME PROGRAM** | |
| **REQUIREMENTS FOR FY16 :** | |
| ***First Steps’ parent home visitation strategies are designed to equip adult clients with the knowledge and skills necessary to promote the school readiness, healthy development and long-term success of their preschool-aged children. Partnerships funding these strategies shall ensure vendor compliance with each of the following:***  Partnerships funding the Parent-Child Home Program shall work in collaboration with SC First Steps to ensure full compliance with national model guidelines. Fidelity of implementation in SC includes meeting PCHP requirements along with additional SC-specific additions. The following standards include a mix of both; however, the inserted PCHP fidelity requirements are included for clarity.  **1) TARGETING:**  **a) Targeting Clients At-Risk Of Early School Failure**  At least 60% of home visitation clients shall be identified on the basis of two (2) or more of the readiness risk factors below (with 100% of client families possessing at least one risk factor at the time of enrollment):   * A preschool-aged child has been abused * A preschool-aged child has been neglected * A preschool-aged child has been placed in foster care * Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below) * Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3) * A preschool aged child with a developmental delay as documented by a physician or standardized assessment * Teenage mother/primary caregiver (at the time of the focus child’s birth) * Low maternal/primary caregiver education (less than high school graduation at the time of focus child’s birth) * A preschool-aged child has been exposed to the substance abuse of a caregiver * A preschool-aged child has been exposed to parental/caregiver depression * A preschool-aged child has been exposed to parental/caregiver mental illness * A preschool-aged child has been exposed to parental/caregiver intellectual disability * A preschool-aged child has been exposed to domestic violence within the home * Low birth weight (under 5.5 lbs.) in association with serious medical complications * English is not primary language spoken in the home, when combined with one or more additional risk factors * Single parent household and has need of other services * Transient/numerous family relocations and/or homeless   **b) Targeting By Age (Early Intervention)**  PCH is designed for children aged 16-48 months of age. At least 70% of newly enrolled PCH client households shall contain a child between 16-36 months of age. The model is designed for use only once within a family unit. Exceptions to this “one time” rule may be sought by providing a detailed justification to SC First Steps  **c) Client Retention**  In order for home visitation to be effective, it is critical that client families remain in the program long enough to benefit from the planned intervention. Each partnership will be required to demonstrate its successful, long-term retention of 75% of its home visitation clients across two years of program participation.  **2) SERVICE DELIVERY:**  **Fidelity to a published, research-based model**  In order to ensure the delivery of high quality services and the validity of agency-wide evaluation efforts, vendors shall ensure that each First Steps-funded parenting/family strengthening strategy is implemented with fidelity to its published, research-based model. “Fidelity” is defined as complying with model specifications relating to:  **a) Home Visit Intensity and Delivery:**   * + Parent Child Home (PCH) programs shall be designed to incorporate visits twice weekly for a minimum of 23 weeks or 46 home visits annually across a period of two years (46 weeks/92 visits total).   + While home visitation models are ideally suited for delivery within the home (and home-based visitation expected as the primary method of service delivery), PCH visits may be approved for delivery at an alternate location (a childcare center, family resource center, etc.) as either the documented needs of the family or safety of the visitor dictate. The alternative location must be suitable to delivery of parenting services such that integrity of the session and confidentiality of clients is maintained. Regardless of location, all visits must be one-on-one (PCH may not be delivered in group settings), entail the use of PCH-specific lesson plans and last at least 30 minutes apiece   + Data on each home visit shall be entered into the FSDC client database system within 14 days of completion. In the event that the Partnership has identified an individual responsible for all client data entry, vendors shall formally submit this information to the Partnership within this same 14 day window for subsequent entry.   + No PCH home visitor may carry a caseload of more than sixteen (16) active families. Smaller caseloads may be necessary based upon the intensity of services provided (or as determined by individual family needs).   **b) Screenings and Referrals:**   * + Parenting vendors shall document the completion of all developmental screenings.   + Vendors shall seek to ensure that each participating client family is connected with a pediatric medical home and other community services as appropriate.   + Each client child shall be assessed using an age-appropriate developmental screening tool (e.g. Ages & Stages, Brigance, DIAL-3, etc.). In the event that a developmental screening (conducted in association with any First Steps-funded program) indicates a possible developmental delay, the vendor shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child’s pediatric care provider, *and* (b) either BabyNet (ages 0-3) or the child’s zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation. Vendors shall maintain (within the First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral.   + Partnerships and their funded vendors shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that appropriate connections have been established. Active and sustained efforts to connect client families to pediatric medical homes shall be a priority.   **c) Staff Qualifications and Training:**   * All PCHP Home Visitors must possess at least a two-year degree in early childhood education or a closely related field and document successful completion of 16 hours of training prior to their first home visit.. Each PCHP educator shall meet the minimum education requirements above and be trained and supervised by a site coordinator approved by the PCHP National Center. * PCHP vendors must each employ at least one Site Coordinator trained by the PCHP National Center or a certified local trainer (with sites serving 60 or more families employing a second Site Coordinator). * Each home visitor shall successfully complete at least two hours of weekly professional development/training and supervision meetings from the site Coordinator. Each home visitor shall maintain annual re-certification in the Keys to Interactive Parenting Scale (KIPS).   **d) Ongoing Program Quality Assessment:**   * + PCHP vendors shall utilize *Parent and Child Together (PACT) Observations* to guide family goal setting and evaluate changes in parent behavior, as required, report all required data within the national PCHP Management Information System and administer the *Evaluation of Child Behavior Traits (CBT)* as required.   + Each participating PCHP program shall convene a supervisory meeting of all pertinent program/vendor staff (to include those staff members providing both supervision and direct service to families) no less than quarterly to review recruitment, standards compliance, programmatic data and other issues related to strategy success.   **e)** **Family Assessment and Goal Setting:**   * + Partnerships or PCHP Vendors shall utilize the PCHP family-centered assessment and/or other formal and informal needs assessments to refer/ link families to additional interventions as necessary and beneficial – either simultaneously or as part of a planned, multi-year service continuum.   + All parenting and family strengthening vendors shall develop well-documented Family Goal Plans between the home visitor and families (using the SCFS-issued template if needed) within 3 months of the enrollment of each within the program, and subsequently update these plans at least semi-annually to gauge progress and goal attainment.   **f) Integrated Service Delivery:**   * + Partnerships shall utilize the Life Skills Progression and/or other formal and informal needs assessments to refer/ link families to additional interventions as necessary and beneficial – either simultaneously or as part of a planned, multi-year service continuum.   **3. ASSESSMENT AND DATA SUBMISSION:**   * All First Steps-funded vendors shall complete, at minimum, baseline and post assessments of the *primary adult client* identified within each enrolled caseusing the Keys to Interactive Parenting Scale (KIPS). The initial KIPS should be completed within 45 days of enrollment if the child is older than 2 months; if less than 2 months old at enrollment, the initial KIPS should be done immediately after (not before) the child’s 2-month birthday.   + Thereafter, KIPS should be done at the following intervals during the first program year of enrollment: A 2nd KIPS should be done before the current year’s data deadline if the case was enrolled by December 31 AND the child was age-eligible for KIPS by December 31. If not, then a 2nd KIPS is not required for data compliance, but highly recommended if there is any reason to believe the family may leave the program before the next program year starts. * For the 2nd and subsequent years of enrollment, KIPS needs to be scheduled for the beginning and end of the program year (prior to the data deadline), IF the case only received one KIPS during the first year of enrollment. If the case received 2 or more KIPS during the first year of enrollment, only one KIPS is required per year thereafter. * Regardless of how long a family has been served, or how long it has been since the family last received a KIPS, it is important to assess the family one final time within 30 days of exiting the program, if possible. * In addition to the KIPS, each family containing children aged 30 months or older shall have their interactive literacy behaviors assessed by a trained evaluator using theAdult-Child Interactive Reading Inventory (ACIRI).Each family educator making use of the ACIRI shall document his/her attendance at a First Steps sponsored training on the instrument. An initial ACIRI shall be performed within 45 days of enrollment if the child is 30 months or older; if less than 30 months old at enrollment, the initial ACIRI should be done immediately after (not before) the child’s 30-month birthday. * Thereafter, ACIRI should be done at the following intervals during the first program year of enrollment: A 2nd ACIRI should be done before the current year’s data deadline if the case was enrolled by December 31 AND the child was age-eligible for ACIRI by December 31. If not, then a 2nd ACIRI is not required for data compliance, but highly recommended if there is any reason to believe the family may leave the program before the next program year starts. * For the 2nd and subsequent years of enrollment, an ACIRI needs to be scheduled for the beginning and end of the program year (prior to the data deadline) IF the case only received one ACIRI during the first year of enrollment. If the case received 2 or more ACIRI during the first year of enrollment, only one ACIRI is required per year thereafter. * Regardless of how long a family has been served, or how long it has been since the family last received a ACIRI, it is important to assess the family one final time within 30 days of exiting the program, if possible. * SC First Steps may conduct randomized KIPS/ACIRI reliability monitoring. Sample client videos may be requested for confidential scoring review and shall be maintained on site for potential review for a period spanning four months from the date of original administration. * Note that both the KIPS and ACIRI are utilized as assessments of adult behaviors and thus need not be completed with each adult-child pairing in the household. Post assessments should, however, assess the interactions of the same adult-child pairing observed during the baseline assessment. * Client demographic, program, referrals, connections to services, screening and assessment data shall be collected within the First Steps Data Collection System (FSDC). | |
| **FAMILY LITERACY MODEL** |
| **REQUIREMENTS FOR FY16:** |
| Partnerships supporting comprehensive Family Literacy models within public school district settings or other public or private settings shall ensure that each vendor delivers a four component Family Literacy Model, including: 1) Parent Education, 2) Adult Education, 3) Early Childhood Education and 4) Parent/Child Interaction. Qualified families shall participate in all four components.  **1) TARGETING:**  **a) Targeting Clients At-Risk Of Early School Failure (Adult shall have one or more preschool-aged child or is pregnant and expecting a child during the current school year.**  At least 80% of FL clients shall be identified on the basis of two (2) or more of the readiness risk factors below (with 100% of client families possessing at least one risk factor at the time of enrollment):   * A preschool-aged child has been abused * A preschool-aged child has been neglected * A preschool-aged child has been placed in foster care * Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below) * Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3) * A preschool aged child with a developmental delay as documented by a physician or standardized assessment * Teenage mother/primary caregiver (at the time of the focus child’s birth) * Low maternal/primary caregiver education (less than high school graduation at the time of focus child’s birth) * A preschool-aged child has been exposed to the substance abuse of a caregiver * A preschool-aged child has been exposed to parental/caregiver depression * A preschool-aged child has been exposed to parental/caregiver mental illness * A preschool-aged child has been exposed to parental/caregiver intellectual disability * A preschool-aged child has been exposed to domestic violence within the home * Low birth weight (under 5.5 lbs.) in association with serious medical complications * English is not primary language in the home * Single parent household and has need of other services * Transient/numerous family relocations and/or homeless   **b) Client Retention**  In order for a family literacy model to be effective, it is critical that client families remain in the program long enough to benefit from the planned intervention. Each partnership will be required to demonstrate its successful, long-term retention of 75% of its family literacy clients with both parent and child each receiving 120 hours of program participation. If one component is completed, such as the adult GED, in a shorter time span then the family shall continue to participate in the other three components for as long as needed (based on a family needs assessment.)  **2) SERVICE DELIVERY:**  **Fidelity to a published, research-based model for Family Literacy**  In order to ensure the delivery of high quality services and the validity of agency-wide evaluation efforts, vendors shall ensure that each First Steps-funded family literacy strategy is implemented with fidelity to a published, research-based model. “Fidelity” is defined as complying with model specifications relating to:  **a) Parent Education:**   * + - Programs shall match the intensity of their service delivery to the specific needs of each family with a minimum of 2 contacts per month. This component shall be delivered using an approved, evidence-based parent education model. Approved models are EHS, PAT, PCHP, ESSS, Triple P, Incredible Years or another evidence based curriculum model. Clients identified as possessing two (2) or more board-approved risk factors shall receive services as the needs and availability of the family dictates with a minimum of 2 contacts per month.     - At least one parent education large group meeting/training shall be offered each month (per vendor or area of service if large program).   **b) Adult Education**:   * The adult/parent client(s) shall participate in an Adult Education Program recognized by the South Carolina Department of Education. * Participation is desirable until the GED, High School Diploma or other educational goal is obtained. * The adult/parent client shall work independently with guidance and support from an Adult Ed Teacher or staff that meets requirements of SCDE, within the classroom setting at an individualized pace.   **c) Early Childhood Education:**   * The preschool child client shall be enrolled in a quality early childhood education program (preferably on location where the adult education class is conducted). A quality early childhood education program is defined as a program that is DSS licensed and exceeds minimum licensing requirements (participating in the ABC quality Program at a level B or higher) or has a DSS waiver of approval. If a DSS waiver is granted then a quality environment rating assessment needs to be done as well by a trained ERS evaluator.   **d) Parent/Child Interaction:**   * The adult/child client pair shall participate in a planned monthly interactive literacy play session. This shall occur in the child’s classroom, home, or family resource center at a regular time designated by early education staff for parents to come and interact with their child. * Interactive sessions may include “child’s choice of play” within the classroom learning centers. This open choice play shall last for approximately 30-45 minutes. The final 15 minutes shall include a planned literacy activity led by early education staff, librarian, community visitor, or parents and shall include such literacy activities as singing songs, finger-plays, stories, literacy games, etc. that is appropriate for the age of the child.   **e) Developmental Screenings and Referrals:**   * First Steps Partnership funding a Family Literacy Strategy shall ensure the completion of an age-appropriate developmental screening for each preschool child within the client family with results being shared with parents. This screening may be conducted by the partnership, the early education provider, the parent educator or other community partner as local needs and resources dictate. Examples of most commonly used tools for screening are Ages & Stages-3, Brigance, DIAL-3, etc. * In the event that a developmental screening indicates a possible developmental delay, the vendor shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child’s pediatric care provider, *and* (b) either BabyNet (ages 0-3) or the child’s zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation. Vendors shall maintain (within each client file) referral records to include information on the outcome/disposition of each First Steps-initiated referral. * Partnerships and their funded vendors shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that appropriate connections have been established. Active and sustained efforts to connect client families to pediatric medical homes shall be a priority.   **f) Family Assessment and Goal Setting:**   * Family Literacy Vendors shall use a family needs assessment to determine the priority needs of the clients being served. The Life Skills progression is a preferred option; however a tool currently being used by a Family Literacy Program may be used. * Vendors shall develop family service plans within 3 months of enrollment and subsequently update these plans every 6 to 12 months to gauge progress and goal attainment.   **3) ASSESSMENT AND DATA SUBMISSION:**   1. All First Steps-funded vendors shall complete, at minimum, baseline and post assessments of the *primary adult client* identified within each enrolled caseusing the TABE (Test of Adult Basic Education) and/or the BEST Plus (Basic English Skills Test). The testing schedule should align with adult education assessment policy as set by SCDE. 2. In addition to the TABE and/or the BEST plus each family shall be assessed using a nationally recognized parenting assessment within 45 days of enrollment. This should be conducted again after 6 to 9 months. Or, the program may opt to use the KIPS (Keys to Interactive Parenting Scale) to measure parenting behaviors. 3. Each focus child shall have their emerging literacy skills assessed (pre- and post-, with the PPVT (Peabody Picture Vocabulary Test). The assessment shall be conducted by a trained assessor. This is initially done when the child reaches 36 months old and then yearly thereafter. Or, the program may opt to use the ACIRI (beginning at 30 months) to assess the parent/child interactive literacy skills. 4. Client demographic and all assessment and screening data shall be collected within the First Steps Data Collection System (FSDC) when updated to capture this or kept at the county level where documented and reported at time of renewal. 5. Adult Outcomes for graduation with a GED, HS diploma or other educational achievement shall be documented within the FSDC as well. |

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| **DOLLY PARTON IMAGINATION LIBRARY** |
| **REQUIREMENTS FOR FY16:** |
| **1) 92% Books Rule**  Partnerships administering an Imagination Library strategy must devote 92% or more of strategy funds to the procurement of books. Programs seeking a waiver of this 8% cap on non-book related spending must petition the State Board of Trustees, providing a detailed accounting of all strategy-related spending.  **2) Use DPIL as a Supplement to More Comprehensive Interventions**  Because the Imagination Library incorporates a low-intensity, passive service delivery model it should be used to supplement more comprehensive forms of service as possible. For the purposes of meeting the integration requirements established in other standards categories, however, the DPIL will not be considered an intervention to which parenting or scholarships may be linked for credit.  **3) Solicitation of Community Support (50% Match Requirement)**  A dollar-for-dollar, cash match is required for any state funds committed to the DPIL strategy. (e.g. No more than 50% of the Partnership’s total DPIL budget may be derived from state funding.)  **4) Data Collection**  DPIL strategies are not required to enter case data into the First Steps Data Collection System (FSDC). Partnerships are expected to keep an electronic record of DPIL families with, at minimum, their contact information and beginning and ending dates of program participation. |

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| **EARLY STEPS TO SCHOOL SUCCESS** |
| **REQUIREMENTS FOR FY16 :** |
| ***First Steps’ parent home visitation strategies are designed to equip adult clients with the knowledge and skills necessary to promote the school readiness, healthy development and long-term success of their preschool-aged children. Partnerships funding these strategies shall ensure vendor compliance with each of the following:***  Partnerships funding Early Steps to School Success shall work in collaboration with SC First Steps to ensure full compliance with national model guidelines. Fidelity of implementation in SC includes meeting ESSS requirements along with a few SC-specific additions. The following standards include a mix of both; however, the inserted ESSS fidelity requirements are included for clarity.  **1) TARGETING:**  **a) Targeting Clients At-Risk Of Early School Failure**  At least 60% of home visitation clients shall be identified on the basis of two (2) or more of the readiness risk factors below (with 100% of client families possessing at least one risk factor at the time of enrollment):   * A preschool-aged child has been abused * A preschool-aged child has been neglected * A preschool-aged child has been placed in foster care * Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below) * Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3) * A preschool aged child with a developmental delay as documented by a physician or standardized assessment * Teenage mother/primary caregiver (at the time of the focus child’s birth) * Low maternal/primary caregiver education (less than high school graduation at the time of focus child’s birth) * A preschool-aged child has been exposed to the substance abuse of a caregiver * A preschool-aged child has been exposed to parental/caregiver depression * A preschool-aged child has been exposed to parental/caregiver mental illness * A preschool-aged child has been exposed to parental/caregiver intellectual disability * A preschool-aged child has been exposed to domestic violence within the home * Low birth weight (under 5.5 lbs.) in association with serious medical complications * English is not primary language spoken in the home, when combined with one or more additional risk factors * Single parent household and has need of other services * Transient/numerous family relocations and/or homeless   **b) Targeting By Age (Early Intervention)**  ESSS home visitation is designed for expectant mothers and/or children under 36 months of age. Supplemental group meetings and transition activities may be incorporated for children older than 36 months.  **c) Client Retention**  In order for home visitation to be effective, it is critical that client families remain in the program long enough to benefit from the planned intervention. Each partnership will be required to demonstrate its successful, long-term retention of 75% of its home visitation clients across nine or more months of program participation. ESSS vendors shall provide services to families for 12 months in a program year.  **2) SERVICE DELIVERY:**  **Fidelity to a published, research-based model**  In order to ensure the delivery of high quality services and the validity of agency-wide evaluation efforts, vendors shall ensure that each First Steps-funded parenting/family strengthening strategy is implemented with fidelity to its published, research-based model. “Fidelity” is defined as complying with model specifications relating to:  **a) Home Visit Intensity and Delivery:**   * Programs shall match the intensity of their service delivery to the specific needs of each family, with no client offered less than 2 visits monthly. Clients identified as possessing two (2) or more board-approved risk factors shall receive home visitation 2 times per month. (For purposes of grant renewal, conditional approvals may be issued to Partnerships averaging fewer than 2.0 visits per family, per month.) For each family served, 1.8 average is considered the minimal threshold for visits per month, 2.0 is the targeted expectation, and 2.5 and above is considered outstanding service delivery. * While the ESSS model is ideally suited for delivery within the home (and home-based visitation expected as the primary method of service delivery), visits may be approved for delivery at an alternate location (a childcare center, family resource center, etc.) as either the documented needs of the family or safety of the visitor dictate. The alternative location must be suitable to delivery of parenting services such that integrity of the session and confidentiality of clients is maintained. Regardless of location, all visits must be one-on-one (ESSS visits may not be delivered in group settings), entail the use of model-specific lesson plans, and last at least one hour per visit for 24 hours of home visits per program year. * Data on each home visit shall be entered into the ESSS data system and the First Steps data system each week by the following Monday, close of business. Every home visitor is required to have 20 children enrolled per model standards. (Up to 30 additional children per home visitor may participate in the model’s group meetings and transition activities (book bag exchange) for children older than 36 months.)   **b) Group Meetings:**   * At least one parent education group meeting shall be offered each month (12 per year, per vendor or area of service if large program) for parents receiving home visits and those participating in the three-year-old book bag exchange.   **c) Screenings and Referrals:**   * Vendors shall document the completion of the ESSS HOME assessment within 90 days of enrollment and at least annually thereafter * Vendors shall seek to ensure that each participating client family is connected with a pediatric medical home and other community services as appropriate. * Each client child shall be assessed using an age-appropriate developmental screening tool (e.g. Ages & Stages, Ages and Stages- SE, Brigance, DIAL-3, etc.). In the event that a developmental screening (conducted in association with any First Steps-funded program) indicates a possible developmental delay, the vendor shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child’s pediatric care provider, *and* (b) either BabyNet (ages 0-3) or the child’s zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation. Vendors shall maintain (within each client file) referral records to include information on the outcome/disposition of each First Steps-initiated referral. * Partnerships and their funded vendors shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that appropriate connections have been established. Active and sustained efforts to connect client families to pediatric medical homes shall be a priority.   **d) Staff Qualifications and Training:**   * Each home visitor in a First Steps-funded ESSS program shall successfully complete at least four hours minimum of professional development each month. This shall be documented and approved by Save the Children. Annual training (for both the program and individual staff members) must be documented on-site by each vendor. * Each Home Visitor shall maintain annual re-certification in the Keys to Interactive Parenting Scale (KIPS).   **e) Ongoing Program Quality Assessment:**   * ESSS vendors shall utilize the PPVT and HOME Inventory as prescribed by the Early Steps National Model and any other quality assessments as required for evaluation. * Each ESSS program shall convene a supervisory meeting of all pertinent program/vendor staff (to include those staff members providing both supervision and direct service to families) no less than quarterly to review recruitment, standards compliance, programmatic data and other issues related to strategy success.   **f)** **Family Goal Plans:**   * All home visitors shall develop well-documented Family Goal Plans between the home visitor and families within 3 months of the enrollment and subsequently update these plans at least semi-annually to gauge progress and goal attainment.   **g) Integrated Service Delivery:**   * Partnerships shall utilize the ESSS HOME assessment and Risk and Resource assessment to refer/ link families to additional interventions as necessary and beneficial – either simultaneously or as part of a planned, multi-year service continuum.   **3. ASSESSMENT AND DATA SUBMISSION:**   * All First Steps-funded vendors shall complete, at minimum, baseline and post assessments of the *primary adult client* identified within each enrolled caseusing the Keys to Interactive Parenting Scale (KIPS). The initial KIPS should be completed within 45 days of enrollment if the child is older than 2 months; if less than 2 months old at enrollment, the initial KIPS should be done immediately after (not before) the child’s 2-month birthday.   + Thereafter, KIPS should be done at the following intervals during the first program year of enrollment: A 2nd KIPS should be done before the current year’s data deadline if the case was enrolled by December 31 AND the child was age-eligible for KIPS by December 31. If not, then a 2nd KIPS is not required for data compliance, but highly recommended if there is any reason to believe the family may leave the program before the next program year starts. * For the 2nd and subsequent years of enrollment, KIPS needs to be scheduled for the beginning and end of the program year (prior to the data deadline), IF the case only received one KIPS during the first year of enrollment. If the case received 2 or more KIPS during the first year of enrollment, only one KIPS is required per year thereafter. * Regardless of how long a family has been served, or how long it has been since the family last received a KIPS, it is important to assess the family one final time within 30 days of exiting the program, if possible. * In addition to the KIPS, each family must be assessed with the HOME Inventory per ESSS model requirements. * SC First Steps may conduct randomized KIPS reliability monitoring. Sample client videos may be requested for confidential scoring review and shall be maintained on site for potential review for a period spanning four months from the date of original administration. * Note that the KIPS is utilized as an assessment of adult behaviors and thus need not be completed with each adult-child pairing in the household. Post assessments should, however, assess the interactions of the same adult-child pairing observed during the baseline assessment. * Client demographic information, home visit dates and durations, developmental screening results and KIPS assessment data shall be collected within the First Steps Data Collection System (FSDC).   **SEE ATTACHMENT 2 FOR A COPY OF ESSS STANDARDS.** |

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| **FOUR YEAR OLD KINDERGARTEN**  **Full Day 4K (314), Half Day 4K (316), and Extended Day/Half to Full Day 4K (317)** |
| **REQUIREMENTS FOR FY16:** |
| Independent of vendor, First Steps funded 4K classrooms shall adhere to the following student enrollment criteria during FY16 (2015-16 school year):   * Each student must be four-years-old on or before September 1, 2015. * Each student must qualify for enrollment on the basis of at least one of the following factors: * Eligibility for free- or reduced-price school lunches;   + Eligibility for Medicaid; * Qualification for services under IDEA Part B as the result of a documented disability or developmental delay   In the event that more students seek to enroll than available space permits, students qualifying for service on the basis of income (free- or reduced price lunch or Medicaid) shall be prioritized (at the time of acceptance) on the basis of family income as expressed as a percentage of the federal poverty guidelines, with the lowest family incomes given highest priority.  Public four-year-old kindergarten programs receiving First Steps funding shall be responsible for the entry of complete student data within the PowerSchool data system. Client data entry into the First Steps Data Collection system (FSDC) is not required. |

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| **Other Strategies - Early Education for Under 4** |
| **REQUIREMENTS FOR FY16:** |
| In the event that a partnership wishes to propose a strategy not detailed herein, the following standards apply:  **1. Strategy Approval:**   * 1. The partnership will submit, as part of its annual Renewal Plan submission to SCFS, a detailed explanation of the proposed strategy, chosen curriculum or program model, its rationale (why is the strategy is being proposed), research basis (as appropriate), projected per-client cost and proposed evaluation methodology. Strategies will be expected to follow chosen curriculum and program models with fidelity.   2. The partnership shall be provided individualized technical assistance upon request in an effort to support and strengthen the proposal, if needed.   3. If a new strategy, the Program and Grants Committee of the Board of Trustees shall conduct a programmatic review the proposal, and either: a) recommend the proposal for approval by the state board, or b) return the proposal to the partnership with recommendations for improvement.   4. Upon approval by the Program and Grants Committee, the strategy will be presented to the full Board for final approval.   **2. Strategy Implementation:**  Partnership strategies will be expected to meet the strategy’s goals and objectives as stated in the partnership’s Renewal Plan, using output and outcome data as specified in its board-approved Renewal Plan as evidence of achievement.  Additionally, partnerships shall ensure non-prevalent strategies meet the following criteria:   1. Target children most in need of services, using board-approved risk factors in absence of specific targeting criteria within the chosen program model 2. Deliver services with fidelity to the chosen curriculum or program model 3. Use qualified staff that meet the minimum education and training requirements of the chosen curriculum or program model 4. Maintain detailed data collection records, and enter timely data in the First Steps Data Collection System (FSDC), if required. The State Office of First Steps will notify partnerships what data needs to be entered in the FSDC. |

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| **CHILD CARE QUALITY ENHANCEMENT** |
| **REQUIREMENTS FOR FY16:** |
| ***First Steps’ child care quality enhancement (Q.E.) strategies are intended to produce measurable improvements in the quality of care provided young children, as measured by a program’s advancement within South Carolina’s existing quality infrastructure (the ABC system) and/or its improvement on an approved program quality measure.***  **1) TARGETING:**  Each participating provider shall be identified via competitive application (the minimum components of which will be specified by SCFS) with priority to providers:   * Participating in the USDA Child and Adult Care Food Program and documenting that at least 30% of enrolled students qualify for free meals/snacks (130% of federal poverty), - OR - * Located within the school attendance zone of (and/or enrolling primarily children attending) an individual elementary school rated “Below Average” or “At Risk” (Unsatisfactory) during the preceding three-year period, - OR - * In which 10% or more of enrolled students are ABC voucher recipients. * Participating in a publicly-funding early care and education program (such as First Steps 4K)   Family and Group Child Care Homes may qualify under the criteria above or through their documentation that at least 30% of enrolled students have a family income of 130% of poverty or below.  Centers participating in First Steps-funded quality enhancement projects must permit the on-site delivery of “natural environment” services/therapies to children eligible under the Individuals with Disabilities Education Act.  Additionally, participant providers will be required to document the completion (or pending/planned completion within two semesters) of ECD 101 (or comparable coursework) by the director and 100% of lead classroom staff as a condition of participation.  **2) SERVICE DELIVERY:**  **a) On-Site Technical Assistance (TA)**  Technical Assistance (TA) is defined as “the provision of targeted and customized support by a professional(s) with subject matter and adult learning knowledge and skill to develop and strengthen processes, knowledge application, or implementation of service by recipients.” This includes **consultation/ coaching** and **mentoring**. The goals of technical assistance are to provide the following: 1) individualized information and 2) personalized skill building opportunities in order to enhance child care providers’ abilities to support the growth and development of young children.  Technical assistance includes mentoring and consultation/coaching which are described below:  **Consultation**is defined as a collaborative, problem-solving process between an external consultant with specific expertise and adult learning knowledge and skills and an individual or group from one program or organization. Consultation facilitates the assessment and resolution of an issue-specific concern—a program-/organizational-, staff-, or child-/family-related issue—or addresses a specific topic. **Coaching**is defined as a relationship-based process led by an expert in early care and education and adult learning knowledge and skills, who often serves in a different professional role than the recipient(s). Coaching is designed to build capacity for specific professional dispositions, skills, and behaviors and is focused on goal-setting and achievement for an individual or group. Quality Enhancement strategies are **required** to provide consultation/coaching at least twice monthly as part of their technical assistance services, via employee or contracted staff who are certified as technical assistance providers with CCCCD.  **Mentoring** pairs a new or less experienced EC professional with a peer in the same role, but who has a great deal more experience. The ideal match between a mentor and mentee is one that is agreed upon by both parties since establishing and maintaining a positive, trusting, and respectful relationship is one of the most important features of the mentoring process. The process is enhanced by establishing role clarity, setting goals, and having both planned contacts and unplanned contacts when needed by the mentee. The duration of this process in ongoing and should build on previous learning. Mentoring programs offer new EC professionals a practical and supportive way to learn and grow on the job. For experienced professionals, mentoring programs create an opportunity to advance their own skills, knowledge and career goals. Quality Enhancement strategies are ***encouraged*** to incorporate mentoring into their program services.  Partnerships implementing or contracting to fund quality enhancement strategies will develop a detailed Quality Improvement Plan in partnership with each participating provider - the minimum requirements of which shall be specified by SCFS and which must include on-site technical assistance (TA) as a central component. In all cases, technical assistance shall entail the incorporation of reflective practice principles and a best-practice curriculum model. Partnerships working with providers that are participants in First Steps 4K (formerly CDEPP) must develop the provider’s Quality Improvement Plan and provide services in close coordination with the assigned SCFS 4K Technical Assistant.  Registered family home providers receiving First Steps QE funds shall document their voluntary completion of 15 hours of professional development annually, mirroring the DSS requirements for licensed, center-based providers.  TA needs shall be determined by the providers’ self-identified needs, regulatory deficiencies (if any) and/or the results of an approved environment and/or administrative assessment. First Steps-funded QE strategies shall incorporate on-site consultation/coaching at least bi-weekly (twice a month) to all participating centers. Partnerships unable to provide at least bi-weekly consultation/coaching due to staffing limitations shall reduce the number of QE-funded centers to ensure this level of support to each participating center.  Technical assistance visits (consultation, coaching and mentoring) shall be planned and purposeful and logged within the First Steps Data Collection (FSDC) System no less than monthly. These visits, which may span several hours in duration and entail multiple individual classroom visits, may be supplemented (but not replaced) by additional phone consultation and/or shorter drop-in visits. Two or more visits to the same site on a single day shall be considered a single visit of increased duration. In the event that topical, on-site consultation may be appropriately considered for provider training credit through the CCCCD, TA staff shall take responsibility for the advanced submission of all appropriate training outlines.  First Steps Partnerships offering QE strategies may choose to provide limited, periodic TA to non-QE centers provided: 1) these services are supplemental to the standard QE programming described herein; 2) the consultation provided addresses the attainment of specific goals (such as NAEYC accreditation, maintenance of previous QE gains, etc.); 3) these services support First Steps 4K or other publicly-funded early care and education programs; and 4) no QE grant funds are provided to these centers.  **b) Equipment and Materials Funds**  Equipment/materials funding to centers, if provided, may not exceed $5,000 annually without the approval of SC First Steps. In all cases equipment/materials purchases mustbe aligned with classroom needs as indicated by the environment assessment and/or the center’s current Quality Improvement Plan. Equipment/materials funds shall not be awarded independent of training and/or qualified technical assistance. Equipment/materials funding may not be used to support classrooms funded by the First Steps 4K program without approval by the First Steps 4K Administrator. c) Coordination with Community Partners/ Integration with Child Care Training In developing the Partnership’s quality enhancement efforts, each will be required to explicitly coordinate their efforts with other state/community-level entities offering similar services in the county (example: Child Care Resource and Referral, Success by Six, etc.) including attending regional Technical Assistance Coordination Team meetings. Formal, county-wide (and/or regional) quality enhancement and training plans will be developed (and filed with SCFS) in an effort to ensure the maximization of resources and avoid duplication of effort.  Partnerships will plan and offer training for participating child care providers based on needs identified within each center’s Quality Improvement Plan. As a condition of participation, the center director must participate regularly in the center’s on-site visits and in at least 50% of staff training provided. Child care staff from QE centers shall be required to attend relevant training as a condition of their centers’ participation. SCFS TA staff shall make every effort to register content-specific consultation as provider training as appropriate. Trainings offered to client providers shall be attended by the partnership’s technical assistance provider(s).  Partnerships shall provide at least eight (8) hours of high-quality, certified training (stemming directly from the provider’s Quality Improvement Plan) to each 601 center staffer. At least half of this training shall relate to a best-practice curriculum model (Creative Curriculum, High Scope, Montessori or other First Steps-approved curriculum).    **d) Workforce Development**  Each First Steps-funded QE plan shall incorporate a workforce development component. All participating staff shall be provided with information about the state’s T.E.A.C.H. (Teacher Education and Compensation Helps) scholarship program and provide (and/or connected with) case management designed to assist each in his/her advancement along South Carolina’s Early Childhood Career Lattice.  **e) Certification of Technical Assistance Providers Via CCCCD**  Each First Steps-funded technical assistance provider must demonstrate his/her professional competence through:   * Certification as a South Carolina Technical Assistance Provider through the Center for Child Care Career Development (CCCCD). TA shall be limited to the provision of types/categories of service for which they maintain current certification. * Participation in ongoing professional development with a total of 30 clock hours of training every 3 years. Half of this training shall be in early education and half in technical assistance, i.e., reflective practice, Quality Improvement Plans, and Environment Rating Scales.   Additionally, each First Steps funded TA provider must document the completion of orientation to: 1) SC Childcare Licensing, 2) the ABC Quality Program, and 3) the South Carolina Child Care Inclusion Collaborative within the past two years.  **3) ASSESSMENT AND DATA SUBMISSION:**  Timely submission of technical assistance visits and assessments into the FSDC is expected of all QE strategies. Partnerships shall ensure the submission of complete center data for each focus provider within 30 days of program initiation, and maintain current center, enrollment, and staff information within the FSDC.  Each focus classroom (i.e., classrooms visited regularly by the TA provider) and/or home-based provider benefiting from First Steps QE funding shall receive a baseline assessment with the appropriate Environment Rating Scale (ERS) within 90 days of the initiation of technical assistance, with a post assessment conducted 6-9 months later (prior to the end of the program year), and annually thereafter in the event that a single classroom or home-based provider is served across fiscal multiple fiscal years. In the event that technical assistance is provided on a center-wide basis (entailing three or more focus classrooms), at least 1/3 of all classrooms shall be assessed according to the timeline above.  Environment assessments must be conducted by assessors who have:   1. Completed at least 3 days of training from the Environment Rating Scale Institute (ERSI, Chapel Hill, NC) in the appropriate ER scale. 2. Participated as required in any ERS reliability measures established by SC First Steps. 3. Participated in bi-annual online ERS Refresher training or additional ERS training through the ERSI within the past three years.   Partnerships whose QE strategies entail assistance and/or coaching in the administrative arena shall likewise incorporate pre- and post- assessments using the Program Administration Scale (PAS). |

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| **CHILD CARE TRAINING** |
| **REQUIREMENTS FOR FY16:** |
| **1) TARGETING:**  First Steps-funded Child Care Training strategies shall, in all instances, be considered part of a larger quality enhancement effort and support providers in one or more of the following:   * 1. Advancement along the CCCCD career lattice,   2. Advancement within the ABC quality system,   3. Improvement on an approved measure of program quality, and/or   4. A topic-specific focus based on Regional TA Coordination meetings.   **2) STRATEGY INTEGRATION:**  Accordingly, each Partnership training strategy shall be explicitly integrated with either (or some combination of):  **a) The Partnership’s own Quality Enhancement Strategy**  Partnerships operating a 605 (training) strategy in conjunction with a 601 (quality enhancement) strategy shall explicitly integrate the two in order to maximize service intensity and affect demonstrable quality improvements. In this event, Partnerships shall provide at least eight (8) hours of high-quality, certified training (stemming directly from the provider’s Quality Improvement Plan) to each 601 center staffer. At least half of this training shall relate to a best-practice curriculum model (Creative Curriculum, High Scope, Montessori or other First Steps-approved curriculum).    - AND/OR -  **b) A regional/community-based quality enhancement effort.**  Partnerships offering 605 (training) strategies in the absence of a 601 (quality enhancement) strategy shall be required to demonstrate their explicit integration of this strategy with the training and/or technical assistance offerings of a community partner organization, or one or more neighboring First Steps Partnerships, or in consultation with publicly-funded early care and education programs such as First Steps 4K. Formal integration plans shall be developed for submission to SCFS that demonstrate the parties’ efforts to ensure maximization of resources and avoid duplication of effort.  - AND/OR –  **c) A Training/Coaching Plan centered around a research-based curriculum or model, with SCFS approval.**   * Trainer and coaches must be certified in proposed curriculum/model * Reflective practice principles must be employed * A training and coaching plan shall include pre- and post-assessments, individual goal setting and periodic reviews with all staff and centers participating in this training/coaching program.   **3) SERVICE DELIVERY:**  **a) In all cases, Partnerships shall:**   * Base training upon a local needs assessment process to include input derived from a local directors’ network or - if none exists - a called, countywide directors meeting to assess need. * Actively coordinate any funded training with other state and local entities providing training * Emphasize multi-session trainings (as opposed to isolated, stand-alone workshops) * Incorporate measurable training objectives and at least one form of follow-up. At minimum, partnerships shall conduct a follow-up post assessment questionnaire to each training participant within one month following training, using a format obtained from the certified trainer or curriculum model. Other recommendations for training follow-up include: * Director-guided technical assistance supported by the partnership * Learning community of staff designed to discuss and support work in classroom * On-site visits by original training provider * Completion of interim assignments between meetings of multi-session trainings * Visit to a model center exemplifying training principles   Partnerships should share information from training follow-up activities with the original trainer(s) to improve practice, arrange for additional training opportunities or refer to CCR&R for follow-up TA.   * Prioritize trainings linked to infant-toddler care and staff-child interactions * Post all publicly available training opportunities on the CCCCD website and other widely accessible training calendars.   **b) Certification by the Center for Child Care Career Development (CCCCD)**  All training shall be, with the exception of health/safety topics, certified with the Center for Child Care Career Development (CCCCD).  **c) Charging Participants for Training**  If utilized, participant fees proposed in association with state-funded training opportunities shall be nominal and must be either: a) detailed in the partnership’s renewal application, or b) approved in advance by SC First Steps.  **d) Random Evaluation**  In partnership with the SC Center for Child Care Career Development, SC First Steps may – on a randomized basis - distribute follow-up training evaluations to selected training participants.  **4) DATA COLLECTION:**  Child Care Training strategies are not required to submit participant data within the First Steps Data Collection system (FSDC). However, starting in FY16 partnerships will use the FSDC to track follow-up visits and other consultation activities with child care providers.  At minimum, partnerships are expected to keep an electronic record of training attendees, their participation in training sessions and follow-up, and the child care providers they represent, and submit all required information to CCCCD for participants to receive DSS credit hours. |

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| **(Scholarship Initiatives) CHILD CARE SCHOLARSHIPS** |
| **REQUIREMENTS FOR FY16:** |
| **Unlike federal child care vouchers designed to enable low-income parents to seek and maintain employment, First Steps-funded child care scholarships are granted in an effort to promote the healthy development and school readiness of participating children.**  **1) TARGETING:**  **a) Targeting Clients At-Risk Of Early School Failure**  Each First Steps-funded scholarship client shall possess two or more Board-identified risk factors:   * A preschool-aged child has been abused * A preschool-aged child has been neglected * A preschool-aged child has been placed in foster care * Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below) * Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3) * A preschool aged child with a developmental delay as documented by a physician or standardized assessment * Teenage mother/primary caregiver (at the time of the focus child’s birth) * Low maternal/primary caregiver education (less than high school graduation at the time of focus child’s birth) * A preschool-aged child has been exposed to the substance abuse of a caregiver * A preschool-aged child has been exposed to parental/caregiver depression * A preschool-aged child has been exposed to parental/caregiver mental illness * A preschool-aged child has been exposed to parental/caregiver intellectual disability * A preschool-aged child has been exposed to domestic violence within the home * Low birth weight (under 5.5 lbs.) in association with serious medical complications * English is not primary language spoken in the home, when combined with one or more additional risk factors * Single parent household and has need of other services * Transient/numerous family relocations and/or homeless   b) Clients participating in the Nurse Family Partnership strategy (in which participating mothers are selected during pregnancy) may be considered presumptively eligible for scholarship support with priority to clients with the lowest family incomes.  c) In the event that unique and/or emergency circumstances warrant, Partnerships may offer scholarships to children who do not meet the risk definition above, given prior written authorization from SC First Steps.  **2) SERVICE DELIVERY:**  **a) Administration and Use**  First Steps funded scholarships may be administered “in-house” by the Partnership or via DSS.  **b) Non-Supplantation**  First Steps funds shall not be used to supplant – or in place of – other forms of public funding available to clients’ families for the provision of child care tuition. Current or transitional TANF clients must be referred to the SC Department of Social Services for enrollment the ABC voucher program. Age- and income-eligible clients shall be made aware of their service delivery options via Head Start, preschool programs available through the local school district, and the First Steps 4K program.  **c) Developmental Screening**  First Steps partnerships funding child care scholarships shall ensure the completion of the age-appropriate developmental screening Ages and Stages Questionnaire – 3rd Edition for each scholarship recipient – with results to be shared with parents. Additional screenings, such as health screenings and the ASQ:SE, are encouraged. Screenings may be conducted by the partnership, the child care provider, or another community partner as local needs and resources dictate. Children with suspected delays will be referred (as appropriate) to either BabyNet or their local school district for additional evaluation. d) MonitoringPartnerships operating in-house scholarships must:  * Collect daily attendance data from each center receiving scholarships, at least monthly, to determine if scholarship funds are being used appropriately; * Conduct unannounced monitoring visits to each center to verify child enrollment and family eligibility at least monthly; and * Set scholarship reimbursement rates consistent with the local market, not to exceed the maximum reimbursement rates of the ABC voucher program (unless authorization by SC First Steps is on file).  Partnerships contracting scholarships through DSS must:  * Review monthly scholarship reports from DSS to ensure all scholarship funds are being used and that qualified applicants are connected to a provider and receiving services in a timely manner (i.e., no “pending” scholarships); * Conduct unannounced monitoring visits to each center to verify child enrollment and family eligibility at least monthly.   **e) Eligible Providers**  Given First Steps’ readiness mission Partnership-funding scholarships shall be limited to use within high quality settings (independent of their chosen method of administration). These programs – to be selected via competitive process – are defined as meeting any one of the following criteria: Active participation in a First Steps quality enhancement strategy;Exceeding minimum licensing requirements (participation in the ABC Quality Program at Level B or higher); orAn aggregate Environment Rating Scale rating of 4.0 or higher.The Partnership Board may – upon the provision of written consent from SCFS - waive this requirement in the event that programs meeting this definition are geographically distant or unavailable to individual recipients. **f) Integration with Other Readiness Interventions**  Partnerships are strongly encouraged to integrate the provision of scholarships with additional First Steps (or partner organization) evidence-based strategies and may require participation in these additional services as a condition of funding at the discretion of the Partnership Board.  **g) Parent Training**  Child care scholarship parents/guardians shall receive at least one hour of training on the benefits of high quality child care.  **3) DATA COLLECTION:**  Regardless of whether partnerships operate child care scholarships in-house or through DSS, partnerships must enter client demographic data, scholarship and provider information, service dates, screenings, training attendance, and connections to other partnership or community services within the First Steps Data Collection system (FSDC). |

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| **EARLY IDENTIFICATION AND REFERRAL** |
| **REQUIREMENTS FOR FY16:** |
| First Steps’ early identification and referral (EI&R) strategies serve families with young children with suspected delays in development as a local portal connecting them to community-based services they may need or desire to ensure the school readiness of their children.   1. **SERVICE POPULATION:**     1. Service Population for Early Identification and Referral: Any child ages birth to five years with suspected delays in development, including:  * children residing on a reservation * children who are homeless * children who are born prematurely * children with prenatal exposure to drugs or alcohol * children with substantiated child maltreatment * children who are in foster care or who are wards of the state    1. Services shall be provided to any family regardless of their county of residence.  1. **SERVICE DELIVERY:**     1. Public Awareness for BabyNet Services (for children ages birth to 36 months only):       1. With guidance from the state BabyNet office,          1. Coordinate dissemination of BabyNet brochures and posters directly to families          2. Coordinate dissemination of BabyNet brochures and posters for families through local primary referral sources       2. Primary Referral Sources          1. Parents of infants and toddlers          2. Boards of Disabilities and Special Needs          3. Child care and early learning programs          4. Department of Social Services, Child Protective Services and Foster Care          5. Domestic violence shelters and agencies          6. Early Head Start          7. Family Practice physicians          8. Health Departments          9. Homeless shelters          10. Hospitals          11. Local Indian tribes, tribal organizations, and consortia          12. Local school districts          13. Maternal, Infant, and Early Childhood Home Visiting Program          14. Neonatal Intensive Care Units          15. Nurse-Family Partnerships          16. Pediatricians       3. Public awareness and child find materials must be those developed by the BabyNet Division of South Carolina First Steps to School Readiness.       4. Data: Monthly records regarding the number and nature of public awareness contacts and BabyNet materials disseminated using the First Steps Data Collection System.    2. Screenings:       1. Any child ages birth to 5 years with suspected delays in development shall be screened using an age-appropriate developmental screening tool (e.g. Ages & Stages III, Ages and Stages SE, Parent Evaluation of Developmental Status, Battelle Developmental Inventory -2 Screener). Partnerships recognize that parents have the right to determine which provider of developmental screenings will conduct the screening for their child, including the BabyNet System Point of Entry (SPOE) Office.       2. Any additional but not required physical and developmental screenings, including functional hearing and vison assessments and/or use of milestone checklists, shall be documented.       3. Data: Client demographic, health, and developmental screening results will be entered into the First Steps Data Collection System (FSDC).    3. Referrals:       1. Children aged 0 to 34.5 months:          1. In the event that a developmental screening (conducted in association with any First Steps-funded program) indicates a possible developmental delay, the Partnership shall refer the family to the local BabyNet System Point of Entry Office. No consent is required to make the referral.          2. Partnerships are encouraged to refer children and families to other services, as appropriate.          3. Following determination of eligibility for BabyNet, the local BabyNet System Point of Entry Office, with parental consent, will notify the Partnership of each child’s BabyNet eligibility status.             1. Children eligible for BabyNet: with the family’s consent, Partnership staff who conducted the developmental screening will be included in development of the initial Individualized Family Service Plan as a representative of local early learning resources.             2. Children ineligible for BabyNet: Partnership staff shall contact the family to facilitate referral to appropriate local early learning resources, including but not limited to:   First Steps County Partnership  Help Me Grow  Early Head Start  Use BabyNet Central Directory to identify service providers as resources to family and child   * + 1. Children 34.5 to 60 months:        1. In the event that a developmental screening (conducted in association with any First Steps-funded program) indicates a possible developmental delay, the Partnership shall refer the family to the local school district to determine eligibility for IDEA Part B services. No consent is required to make the referral.        2. Partnerships are encouraged to refer children and families to other services, as appropriate.        3. Following determination of eligibility for IDEA Part B services, the local school district, with parental consent, will notify the Partnership of each child’s IDEA Part B eligibility status.           1. Children eligible for IDEA Part B services: With the family’s consent, Partnership staff who conducted the developmental screening will be included in development of the initial Individualized Education Plan as a representative of local early learning resources.           2. Children ineligible for IDEA Part B servcies: Partnership staff shall contact the family to facilitate referral to appropriate local early learning resources, including but not limited to:   First Steps County Partnership  Help Me Grow  Head Start  Independent service providers (for example, speech therapists), notifying parents that the child may not qualify to receive such services as a part of IDEA Part B eligibility  Use BabyNet Central Directory and other resources to identify service providers as resources to family and child   * + 1. Partnerships are encouraged to arrange with the local BabyNet SPOE Office to receive information on ALL children found ineligible for BabyNet within the partnership’s service area, if the family provides consent. Similarly, partnerships are encouraged to arrange with the local school district to receive information on ALL children found ineligible for IDEA Part B services and younger than five years of age within the partnership’s service area, if the family provides consent.     2. Data: Client referrals to BabyNet and other community resources will be entered into the First Steps Data Collection System (FSDC).  1. **STAFF QUALIFICATIONS AND TRAINING:**   All Partnership staff involved in provision of developmental screening, referrals to BabyNet and the local school district, and participation in development of initial Individualized Family Service Plans and, for children three to five years of age, Individual Education Plans shall:   * + 1. Possess the minimum qualifications of an Associate Degree and 3 years’ experience (course work contributions i.e. psychology, sociology, data management, etc.)     2. Successfully participate in training in use of developmental screening tool(s) through either South Carolina First Steps, the Team for Early Childhood Solutions (TECS) at the USC School of Medicine, or other qualified personnel.     3. Successfully complete “BabyNet Basics”, the online training course offered by TECS 2.0 of the University of South Carolina’s Team for Early Childhood Solutions. Work cooperatively with local SPOE offices, including attending regional coordination team meetings when available. |

**Subgroup A-2 Programs**

**(Statewide metrics exist as these programs are utilized by many local partnerships)**

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| **PARENTS AS TEACHERS** |
| **REQUIREMENTS FOR FY16:** |
| ***First Steps’ parent home visitation strategies are designed to equip adult clients with the knowledge and skills necessary to promote the school readiness, healthy development and long-term success of their preschool-aged children. Partnerships funding these strategies shall ensure vendor compliance with each of the following:***  Partnerships funding Parents as Teachers shall work in collaboration with SC First Steps (in its capacity as South Carolina’s State Office for Parents as Teachers) to ensure full compliance with national model guidelines. Fidelity of implementation in SC includes meeting the 17 Essential Requirements of the Evidence Based Model along with a few SC-specific additions. The following standards include a mix of both; however, the expected Measurement Criteria for PAT National Center is attached for clarity.  **1) TARGETING:**    **a) Targeting Clients At-Risk Of Early School Failure**  At least 60% of home visitation clients shall be identified on the basis of two (2) or more of the readiness risk factors below (with 100% of client families possessing at least one risk factor at the time of enrollment):   * A preschool-aged child has been abused * A preschool-aged child has been neglected * A preschool-aged child has been placed in foster care * Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below) * Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3) * A preschool aged child with a developmental delay as documented by a physician or standardized assessment * Teenage mother/primary caregiver (at the time of the focus child’s birth) * Low maternal/primary caregiver education (less than high school graduation at the time of focus child’s birth) * A preschool-aged child has been exposed to the substance abuse of a caregiver * A preschool-aged child has been exposed to parental/caregiver depression * A preschool-aged child has been exposed to parental/caregiver mental illness * A preschool-aged child has been exposed to parental/caregiver intellectual disability * A preschool-aged child has been exposed to domestic violence within the home * Low birth weight (under 5.5 lbs.) in association with serious medical complications. * English is not the primary language spoken in the home, when combined with one or more additional risk factors * Single parent household and has need of other services * Transient/numerous family relocations and/or homeless   **b) Targeting By Age (Early Intervention)**  At least 70% of newly enrolled client households shall contain an expectant mother and/or a child under thirty-six months of age. In the event that unique and/or emergency circumstances warrant, Partnerships may enroll additional clients aged three-years or older with the provision of written justification to SC First Steps.  **c) Client Retention**  In order for home visitation to be effective, it is critical that client families remain in the program long enough to benefit from the planned intervention. Each partnership will be required to demonstrate its successful, long-term retention of 75% of its home visitation clients across nine or more months of program participation. Pursuant to national model guidelines PAT affiliates must plan to provide at least two full years of service to eligible families.  **2) SERVICE DELIVERY:**  **Fidelity to a published, research-based model**  In order to ensure the delivery of high quality services and the validity of agency-wide evaluation efforts, vendors shall ensure that each First Steps-funded parenting/family strengthening strategy is implemented with fidelity to its published, research-based model. “Fidelity” is defined as complying with model specifications relating to:  **a) Home Visit Intensity and Delivery:**   * + - Programs shall match the intensity of their service delivery to the specific needs of each family and case load of families per Parent Educator, with no client being offered less than 2 visits monthly. Clients identified as possessing two (2) or more board-approved risk factors shall receive home visitation up to weekly as the needs and availability of the family dictate. (For purposes of grant renewal, conditional approvals may be issued to Partnerships averaging fewer than 2.0 visits per family, per month. For each family served, 1.8 average is considered the minimal threshold for visits per month, 2.0 is the targeted expectation, and 2.5 and above is considered outstanding intensity.)     - First Steps funded PAT programs shall maintain formal affiliate status via the Parents as Teachers National Center. SC First Steps will continue hosting regular Technical Assistant conference calls to assist vendors with tracking and meeting all model requirements.     - All Affiliate Programs should complete a minimum of 24 visits per year, per family, as is required from the National PAT Center.     - In households in which two or more preschool-aged children reside, vendors are permitted – but not required – to conduct separate visits designed to address the development of individual children. Alternately, curriculum information relating to the needs of each child may be combined into a single visit of greater duration.     - While PAT is ideally suited for delivery within the home (and home-based visitation expected as the primary method of service delivery), visits may be approved for delivery at an alternate location (a childcare center, family resource center, etc) as either the documented needs of the family or safety of the visitor dictate. The alternative location must be suitable to delivery of parenting services such that integrity of the session and confidentiality of clients is maintained. Regardless of location, all visits must be one-on-one (First Steps-funded PAT visits may not be delivered in group settings), entail the use of PAT-specific lesson plans and last at least 45 minutes.     - Data on each home visit shall be entered into the FSDC client database system within 14 days of completion. In the event that the Partnership has identified an individual responsible for all client data entry, vendors shall formally submit this information to the Partnership within this same 14 day window for subsequent entry.     - No parent educator may carry a caseload of more than twenty (20) active families. Smaller case loads may be necessary based upon the intensity of services provided (ex: weekly home visits) or as determined by individual family needs**. One Full time Parent Educator should serve no less than 15 families unless specifically discussed and approved by South Carolina First Steps TA Team.**     **b) Group Connections:**   * + - At least one parent education group meeting will be offered each month (per vendor or area of service if large program) shall be offered, for a total of 12 per program year.   **c) Screenings and Referrals:**   * + - Parenting vendors shall document the completion of all model-related health and developmental screenings to include hearing, vision, use of milestone checklists, dental checks, etc.     - Vendors shall seek to ensure that each participating client family is connected with a pediatric medical home and other community services as appropriate.     - Each client child shall be assessed using the age-appropriate developmental screening tools Ages & Stages 3 and Ages and Stages SE. In the event that a developmental screening (conducted in association with any First Steps-funded program) indicates a possible developmental delay, the vendor shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child’s pediatric care provider, *and* (b) either BabyNet (ages 0-3) or the child’s zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation. Vendors shall maintain (within the First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral.     - Partnerships and their funded vendors shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that appropriate connections have been established. Active and sustained efforts to connect client families to pediatric medical homes shall be a priority.   **d) Family Assessment and Goal Setting:**   * First Steps PAT vendors shall adhere to national model requirements pertaining to use of the Life Skills Progression (LSP), an approved family needs assessment tool. It is completed every six months on the focus parent/caregiver and is used for Parent Educator Information only. All LSP items shall be entered into the First Steps Data System. * All parenting and family strengthening vendors shall develop well-documented Family Goal Plans between the home visitor and families (using the PAT Goal Setting form) within 3 months of the enrollment of each within the program, and subsequently update these plans at least semi-annually to gauge progress and goal attainment.   **e) Integrated Service Delivery and Referrals:**   * Partnerships shall utilize the Life Skills Progression and/or other formal and informal needs assessments to refer/ link families to additional interventions as necessary and beneficial – either simultaneously or as part of a planned, multi-year service continuum. All referrals to other services shall be entered into the First Steps Data System. * Each PAT Affiliate shall convene an advisory committee at least twice yearly. These meetings shall incorporate community stakeholders in an effort to identify service gaps, and increase collaborative service referrals. This committee also advises, provides support for and offers input to the affiliate program for planning and evaluation purposes.   **f) Staff Qualifications and Training:**   * + - All Parent educators and Supervisors in SC must possess at least a two-year degree in early childhood education or a closely related field and document successful completion of/initial certification in PAT’s *Foundational and Model Implementation Training*. Educators whose caseloads include children aged 3-5 must also maintain the *Foundational 2 (3-5)* certification.     - Each PAT program shall be overseen by one or more individuals certified as PAT Supervisors. Supervisors are expected to be certified in the Foundational Curriculum as well as Model Implementation.     - Each parent educator in a First Steps-funded program shall successfully complete (as part of his/her annual recertification and regardless of his/her individual funding source) at least three hours of professional development preferably around early literacy and document the successful completion of all national model requirements related to ongoing professional development hours. Annual training and/or recertification (for both the program and individual staff members) must be documented on-site by each vendor.     - Each parent educator shall maintain annual re-certification in the Keys to Interactive Parenting Scale (KIPS).   **g) Ongoing Program Quality Improvement and Professional Development**   * Each PAT vendor shall participate in the PAT affiliate National Quality Endorsement process every 4th year and make ongoing use of the *PAT Parent Evaluation* (annually), *Parent Educator Performance Evaluation* (annually), *Parent Educator and Supervisor Self-Evaluations* (annually), *Program Evaluation by Parent Educators* (annually) and *Peer Mentor Observation* (optional). Each program must submit an Affiliate Performance Report to PAT and South Carolina First Steps by July of each year. All Performance Measurement Reports generated by PAT National and State Offices are to be used to develop Continuous Quality Improvement Plans.   + - Each participating First Steps Partnership PAT program shall convene a monthly staff meeting of all pertinent program/vendor staff (to include those staff members providing both supervision and direct service to families) to review recruitment, standards compliance, programmatic data and other issues related to strategy success. A minimum of 2 hours of staff meetings per month for full-time Parent Educators and a minimum of 1 hour of staff meetings for part-time Parent Educators.   Full-time Parent educators shall participate with their supervisor in individualized reflective supervision meetings at a minimum of 2 hours per month. No less than 18 hours of individualized reflective supervision during the program year is expected. Part-time Parent Educators shall participate at a minimum of one hour of reflective supervision per month.  **3) ASSESSMENT AND DATA SUBMISSION:**   * All First Steps-funded vendors shall complete, at minimum, baseline and post assessments of the *primary adult client* identified within each enrolled caseusing the Keys to Interactive Parenting Scale (KIPS). The initial KIPS should be completed within 45 days of enrollment if the child is older than 2 months; if less than 2 months old at enrollment, the initial KIPS should be done immediately after (not before) the child’s 2-month birthday. * Thereafter, KIPS should be done at the following intervals during the first program year of enrollment: A 2nd KIPS should be done before the current year’s data deadline if the case was enrolled by December 31 AND the child was age-eligible for KIPS by December 31. If not, then a 2nd KIPS is not required for data compliance, but highly recommended if there is any reason to believe the family may leave the program before the next program year starts. * For the 2nd and subsequent years of enrollment, KIPS needs to be scheduled for the beginning and end of the program year (prior to the data deadline), IF the case only received one KIPS during the first year of enrollment. If the case received 2 or more KIPS during the first year of enrollment, only one KIPS is required per year thereafter. * Regardless of how long a family has been served, or how long it has been since the family last received a KIPS, it is important to assess the family one final time within 30 days of exiting the program, if possible. * In addition to the KIPS, each family containing children aged 30 months or older shall have their interactive literacy behaviors assessed by a trained evaluator using theAdult-Child Interactive Reading Inventory (ACIRI).Each family educator making use of the ACIRI shall document his/her attendance at a First Steps sponsored training on the instrument. An initial ACIRI shall be performed within 45 days of enrollment if the child is 30 months or older; if less than 30 months old at enrollment, the initial ACIRI should be done immediately after (not before) the child’s 30-month birthday. * Thereafter, ACIRI should be done at the following intervals during the first program year of enrollment: A 2nd ACIRI should be done before the current year’s data deadline if the case was enrolled by December 31 AND the child was age-eligible for ACIRI by December 31. If not, then a 2nd ACIRI is not required for data compliance, but highly recommended if there is any reason to believe the family may leave the program before the next program year starts. * For the 2nd and subsequent years of enrollment, an ACIRI needs to be scheduled for the beginning and end of the program year (prior to the data deadline) IF the case only received one ACIRI during the first year of enrollment. If the case received 2 or more ACIRIs during the first year of enrollment, only one ACIRI is required per year thereafter. * Regardless of how long a family has been served, or how long it has been since the family last received a ACIRI, it is important to assess the family one final time within 30 days of exiting the program, if possible. * SC First Steps may conduct randomized KIPS/ACIRI reliability monitoring. Sample client videos may be requested for confidential scoring review and shall be maintained on site for potential review for a period spanning four months from the date of original administration. * Note that both the KIPS and ACIRI are utilized as assessments of adult behaviors and thus need not be completed with each adult-child pairing in the household. Post assessments should, however, assess the interactions of the same adult-child pairing observed during the baseline assessment. * Client demographic, program referrals, connections to services, screening and family needs assessment data shall be collected within the First Steps Data Collection System (FSDC).   **SEE ATTACHMENT 1 FOR A TABLE OF PAT ESSENTIAL REQUIREMENTS AND ASSOCIATED MEASUREMENT CRITERIA.** |

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| **COUNTDOWN TO KINDERGARTEN** |
| **REQUIREMENTS FOR FY16:** |
| **Countdown to Kindergarten is a summer home visitation strategy designed to link incoming kindergartners and their families with the individual who serve as their kindergarten teacher during the coming year.**  **1) TARGETING:**  **Targeting Clients At-Risk Of Early School Failure**  Countdown to Kindergarten (CTK) shall be targeted toward families of children most likely to experience early school failure. Given the program’s unique role in supporting school transition, several additional risk factors are associated with eligibility for this service. (CTK-specific transition risk factors are noted in italic text in the list below, and do not extend to other First Steps-funded strategies.)  At least 60% of CTK clients shall be identified on the basis of two (2) or more of the readiness risk factors below (with 100% of client families possessing at least one risk factor at the time of enrollment):   * A preschool-aged child has been abused * A preschool-aged child has been neglected * A preschool-aged child has been placed in foster care * Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below) * Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3) * A preschool aged child with a developmental delay as documented by a physician or standardized assessment * Teenage mother/primary caregiver (at the time of the focus child’s birth) * Low maternal/primary caregiver education (less than high school graduation at the time of focus child’s birth) * A preschool-aged child has been exposed to the substance abuse of a caregiver * A preschool-aged child has been exposed to parental/caregiver depression * A preschool-aged child has been exposed to parental/caregiver mental illness * A preschool-aged child has been exposed to parental/caregiver intellectual disability * A preschool-aged child has been exposed to domestic violence within the home * Low birth weight (under 5.5 lbs.) in association with serious medical complications * English is not primary language spoken in the home, when combined with one or more additional risk factors * Single parent household and has need of other services * Transient/numerous family relocations and/or homeless   *Additional CTK Transition Risk Factors:*   * *An incoming kindergartner who has had an older sibling retained in/before the 3rd grade* * *An incoming kindergartner who has been recommended for service on the basis of significant social/emotional and/or behavioral difficulties – or those of an older sibling.* * *An incoming kindergartner who has never been served within a full-time preschool program out of his/her home. (Note that this final factor may be considered in conjunction with one or more additional risks but may not be used to determine eligibility in isolation.)*   **2) SERVICE DELIVERY:**  **a) Adherence to the Countdown to Kindergarten Curriculum**  While the CTK curriculum offers substantial opportunity for personalization by individual teachers, each must adhere to its general format and ensure the delivery of each published lesson.  **b) Placement within the Classroom of the Home Visitor**  Countdown to Kindergarten is explicitly designed to connect children and families to the teachers with whom they will be working during the coming year. Accordingly, Partnerships must take steps to ensure the placement of CTK client children in the classrooms of their home visitors.  The CTK curriculum must – without exception – include a meeting with the child’s teacher at the school where the child will be attending kindergarten.  **c) Curriculum Training**  Any teacher who has not attended training on the updated Countdown Curriculum (initially utilized during Summer 2009) must do so prior to the beginning of the program.  **3) DATA SUBMISSION AND FISCAL ADMINISTRATION:**  **a) Outcomes and Data Requirements**  The Partnership will be responsible for meeting all data requirements of SCFS within 30 days of receiving data from the teachers. CTK client and program information must be entered into the First Steps Data Collection system (FSDC).  **b) Partnership Match Requirement**  Partnerships agree to meet the SCFS match requirements for CTK.  **c) Fiscal Administration and Teacher Payment**  The Partnership will be responsible for ensuring that each CTK teacher adheres (in all regards) to his/her CTK Memorandum of Agreement.  Visits performed before July 1 must be invoiced no later than July 16. Visits performed on or after July 1 must be invoiced no later than August 20. In order to receive payment, teachers must submit all paperwork required by the Partnership and have completed the required number of home visits. If all home visits are not completed, the Partnership may adjust teacher payments accordingly, though teacher pay may not be docked as the result of an “attempted visit” in which the family was available for participation. The Partnership must clearly mark the last invoice as “FINAL”. Payments will be made within 30 days after invoice approval. |

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| **FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS**  **NURSE-FAMILY PARTNERSHIP (214)** |
| **REQUIREMENTS FOR FY16:** |
| Partnerships funding Nurse Family Partnership (NFP) strategies shall work in collaboration with SC First Steps (in its capacity as South Carolina’s NFP sponsor agency) to ensure full compliance with national model guidelines. Fidelity of implementation includes, but is not limited to:   1. TARGETING: First time, low-income mothers (Medicaid eligible or a family income not to exceed 185% of the federal poverty definition). 2. DATA COLLECTION: Full client and visit data will be submitted via the NFP Efforts to Outcomes (ETO) system, per model guidelines. 3. TRAINING/PROFESSIONAL DEVELOPMENT: Nurses and supervisory staff will complete all required training, prior to the provision of service and participate in professional development as required by the NFP National Service Office. 4. CURRICULAR FIDELITY: Nurse Family Partnership services will be delivered with fidelity to each of the model’s 18 model elements as defined by the Nurse Family Partnership National Service Office. |

**Subgroup A-3 Programs**

**(No statewide metrics exist as these programs are utilized by only a few local partnerships)**

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| **FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS**  **Other Strategies** |
| **REQUIREMENTS FOR FY16:** |
| In the event that a partnership wishes to propose a strategy not detailed herein, the following standards apply:  **1. Strategy Approval:**   * 1. The partnership will submit, as part of its annual Renewal Plan submission to SCFS, a detailed explanation of the proposed strategy, chosen curriculum or program model, its rationale (why is the strategy is being proposed), research basis (as appropriate), projected per-client cost and proposed evaluation methodology. Strategies will be expected to follow chosen curriculum and program models with fidelity.   2. The partnership shall be provided individualized technical assistance upon request in an effort to support and strengthen the proposal, if needed.   3. If a new strategy, the Program and Grants Committee of the Board of Trustees shall conduct a programmatic review the proposal, and either: a) recommend the proposal for approval by the state board, or b) return the proposal to the partnership with recommendations for improvement.   4. Upon approval by the Program and Grants Committee, the strategy will be presented to the full Board for final approval.   **2. Strategy Implementation:**  Partnership strategies will be expected to meet the strategy’s goals and objectives as stated in the partnership’s Renewal Plan, using output and outcome data as specified in its board-approved Renewal Plan as evidence of achievement.  Additionally, partnerships shall ensure non-prevalent strategies meet the following criteria:   1. Target children most in need of services, using board-approved risk factors in absence of specific targeting criteria within the chosen program model 2. Deliver services with fidelity to the chosen curriculum or program model 3. Use qualified staff that meet the minimum education and training requirements of the chosen curriculum or program model 4. Maintain detailed data collection records, and enter timely data in the First Steps Data Collection System (FSDC), if required. The State Office of First Steps will notify partnerships what data needs to be entered in the FSDC. |

**Group B Programs**

**(No statewide metrics exist as these programs are funded entirely by Outside entities)**

1. The state office does not currently break out the type of funding expended on each program in the Local Partnerships by state v. outside dollars, they only track the total amounts expended for each program. [↑](#footnote-ref-1)
2. The state office does not currently break out the type of funding expended on each program in the Local Partnerships by state v. outside dollars, they only track the total amounts expended for each program. [↑](#footnote-ref-2)
3. The state office does not currently break out the type of funding expended on each program in the Local Partnerships by state v. outside dollars, they only track the total amounts expended for each program. [↑](#footnote-ref-3)
4. Funded entirely by outside entities. [↑](#footnote-ref-4)