REPORT ON THE EVALUATION OF SOUTH CAROLINA FIRST STEPS

Continuing Steps to School Readiness
Fiscal Years 2011-2014

SUBMITTED BY:

Sarah Heinemeier, PhD
Anne D'Agostino, PhD
Susan Yonk

Compass Evaluation and Research, Inc.
5720 Fayetteville Rd., Suite 202
Durham, NC 27713

Toll Free: **877.652.0189**
Phone: **919.544.9004**
Fax: **919.321.6997**

www.CompassEval.com

LETTER FROM THE EXTERNAL EVALUATION PANEL

March 16, 2015

Over the past ten months, we have had the pleasure of working with Compass Evaluation and Research to oversee the state-mandated evaluation of the South Carolina First Steps to School Readiness initiative. The law which created First Steps provided for the establishment and enhancement of services directed toward young children and their families. It also established an evaluation process for monitoring and improving the effectiveness of First Steps. Under the law, an evaluation of the effectiveness of First Steps is to be conducted by an external evaluator and an evaluation report is to be provided to the South Carolina General Assembly every three years. The legislation also stipulated that the external evaluation be supervised by a three-person committee with two committee members to be appointed by the General Assembly and one by the First Steps Board of Trustees. One position was vacant. The members of the committee have worked with the First Steps Board of Trustees and the Office of South Carolina First Steps to oversee the external evaluation presented herein.

The First Steps Board of Trustees contracted with Compass Evaluation and Research to conduct this external evaluation. The Compass Evaluation and Research is a non-partisan research organization in Durham, North Carolina that focuses on research in the areas of early childhood development and education. The committee has worked with Compass researchers to ensure that the evaluation is impartial, comprehensive and instructive. We endorse this report as possessing each of these qualities.

We appreciate the cooperation of the many groups that have contributed to this evaluation. Many of the outcomes presented to us by Compass Evaluation indicated that First Steps is having success in identifying the poorest of the poor for much need services. Overall, this process was a true partnership between the external evaluation panel and Compass Evaluation and Research. This evaluation focuses on the implementation of recommendations from the last First Steps evaluation and the ability to gather data to effectively evaluate child outcomes. The report details the numerous successes of the First Steps initiative to date and outlines serious challenges still to be addressed.

We look forward to seeing the recommendations outlined in this evaluation implemented so as to improve the school readiness of the children of South Carolina.

Sincerely,

The External Evaluation Committee

Dexter Cook

Jill Kelso

ABSTRACT

Compass Evaluation and Research was contracted by the SC First Steps Board of Trustees pursuant to South Carolina Section 59-125-160 to "assess the extent to which First steps has been successful in meeting its five legislative goals and articulate the relative "value add" (or lack thereof) of SC's maintenance of a statewide early childhood coordination and service delivery structure." The evaluation team finds that:

1. First Steps' public-private structure and model of shared governance generate a high degree of value-added at both the state and local levels.

2. First Steps is finding and serving the state's most high-need clients.

3. First Steps is meeting legislated goals.

4. First Steps has a statewide fiscal and programmatic accountability structure in place to guide and provide oversight to local partnerships. This structure supports the translation of state-level priorities into practice.

5. At the state and local levels, First Steps serves as the "battery" powering many of the state's key early childhood conversations and practices.

EXECUTIVE SUMMARY

South Carolina First Steps to School Readiness is the state's comprehensive, public-private early childhood initiative. First Steps was the nation's third statewide early childhood initiative, originally passed into SC law in 1999. The program is charged with developing and partnering state and local early childhood infrastructures, including (but not limited to) grassroots community programs, publicly-funded prekindergarten, services funded through the Individuals with Disabilities in Education Act—Part C, and the state's Early Childhood Advisory Council. The purpose of the initiative, as stated in §59-152-20 of the S.C. Code of Laws, is to "… develop, promote, and assist efforts of agencies, private providers, and public and private organizations and entities, at the state level and the community level, to collaborate and cooperate in order to focus and intensify services, assure the most efficient use of all available resources, and eliminate duplication of efforts to serve the needs of young children and their families…" with the goals being to[1]

- Provide parents with access to the support they might seek and want to strengthen their families and to promote the optimal development of their preschool children;
- Increase comprehensive services so children have reduced risk for major physical, developmental,

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[1] SC Code §59-152-30

and learning problems;

- Promote high quality preschool programs that provide a healthy environment that will promote normal growth and development;

- Provide services so all children receive the protection, nutrition, and health care needed to thrive in the early years of life so they arrive at school ready to learn; and

- Mobilize communities to focus efforts on providing enhanced services to support families and their young children so as to enable every child to reach school.

To meet the legislated goals for the initiative, the law stipulated the formation of a nonprofit organization, a State Board of Trustees to govern the First Steps initiative[2] and created the Office of First Steps to administer and monitor funding for local programs, ensure programmatic success, provide technical assistance, receive and analyze data from approved and funded programs, provide oversight for the approval of programs, and provide a standardized fiscal accountability system.[3]

The SC First Steps to School Readiness Board of Trustees is comprised of diverse stakeholders from government agencies and private business as well as early childhood service providers and parents. Their responsibilities include, but are not limited to:[4]

1. establishing internal evaluation policies and procedures for annual reviews of county partnerships' functioning, strategy implementation, and progress toward interim goals and benchmarks; and

2. contracting with an external evaluator for an in-depth state- and county-level program evaluation every three years to ensure that they are meeting the legislative goals and requirements. The evaluation is to be overseen by a three-member committee appointed by the First Steps Board, Pro Tempore of the Senate and Speaker of the House.

In addition to governing First Steps' funds, the SC First Steps to School Readiness Board of Trustees is charged by law to "assess and develop recommendations: for ensuring coordination and collaboration among service providers at both the state and county level, for increasing the efficiency and effectiveness of state programs and funding and other programs and funding sources, as allowable, as necessary to carry out the First Steps to School Readiness initiative, including additional fiscal strategies, redeployment of state resources, and development of new programs (63-11-1730)." By Executive Order 2010-06, the First Steps Board serves as the South Carolina Early Childhood Advisory Council under the federal Head Start reauthorization of 2007 (42 U.S.C. § 9837b(b)(1)).

The State Office of First Steps is run by a director, employed by the Board of Trustees, and support staff,

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[2] SC Codes §59-152-40, §59-152-150, and §63-11-1720
[3] SC Code §59-152-50
[4] SC Codes §59-152-160 and §63-11-1730

who are hired by the director.[5] The First Steps office is tasked by law with, but not limited to, the following:[6]

- providing guidance and information to the Board of Trustees on best practices, effective strategies, model programs, and making recommendations for awarding county grants;
- reviewing county partnership plans and budgets and providing technical assistance, support, and consultation to facilitate their success;
- submitting annual reports of progress, budget information, and recommendations for initiative implementation to the Board of Trustees;

> As part of the 2014 reauthorization of First Steps, the local partnerships will add **three common duties**, effective July 1, 2016. As enabled by Section 59-152-70, these are:
>
> 1) serve as a local portal connecting families of preschool children to community-based services they may need or desire to ensure the school readiness of their children;
>
> 2) serve as a community convener around the needs of preschool children and their families; and
>
> 3) support of state-level school readiness priorities as determined by the State Board.

- ongoing data collection and contracting for an in-depth performance audit every three years; and
- coordinating First Steps with other early childhood health and school readiness efforts by state, federal, and local public and private entities.

Since 2006, the State Office has also been charged by the SC General Assembly and by the Governor with specific state-level program responsibilities (which were codified in the June 2014 First Steps reauthorization). These duties include:

- co-administration of the state's public-private four-year-old kindergarten program; and
- serving as lead agency for BabyNet, the South Carolina PART C early intervention program under the Individuals with Disabilities Education Act (IDEA).

Additionally, SC First Steps serves as the state's sponsor agency for two home-visitation models: Nurse-Family Partnership and Parents as Teachers.

At the local level, independent First Steps County Partnerships Boards were established by the enabling act to oversee and coordinate local implementation of the initiative. Like the state Board, local partnership boards include diverse, local stakeholders involved in early childhood development and education[7]. The County Partnership Boards' duties and powers include, but are not limited to[8]:

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[5] SC Code §63-11-1740
[6] SC Codes §[6]59-152-50 and §59-152-150
[7] SC Code §59-152-60
[8] SC Code §59-152-70

- ensuring fiscal accountability, and keeping accurate records;

- coordinating county or multi-county collaboration efforts with the community to identify local needs, strategic planning, development of initiatives to implement the plan, directing and contracting for service provision, and integrating service delivery where possible;

- implementing an annual county needs assessment;

- assessing the level and effectiveness of services and client satisfaction, and monitoring progress toward strategic plan goals; and

- collecting data and submitting annual reports of implementation and progress toward strategic goals to the First Steps Board of Trustees as well as participating in annual reviews and three-year evaluations of the state initiative.

Funding for SC First Steps is provided by the state and through the federal government, private grants, and donations[9]. To receive state grants, county partnerships are required to submit annual applications to the state Board of Trustees, which allocates funds to "expand, extend, improve, or increase access to services or to enable a community to begin to offer new or previously unavailable services in their community"[10]. The dollar amounts of state grants are governed using legislatively determined allocation criteria[11] and may not be used to supplant other funding[12.] The legislation also mandates that no more than 8% of the local budgets can be used for administration[13] and requires a 15% local match, which includes cash and in-kind contributions[14]. County partnerships may, as private nonprofit corporations under Section 501(c)3 of the Internal Revenue Code[15], apply for additional funds from federal, state, and local governments, foundations, and businesses[16].

Based on SC legislation, First Steps funds school readiness programs across six broad strategy areas[17] to address the goals of the initiative that are set out in the law. These strategy areas are: Healthy Start, Family Strengthening, Early Intervention, Child Care Quality, Early Education, and School Transition.

PURPOSE OF THE EVALUATION

The purpose of the evaluation was to "assess the extent to which First Steps has been successful in meeting its five legislative goals and articulate the relative "value-add" (or lack thereof) of SC's maintenance of a statewide early childhood coordination and service delivery structure" (Request for Proposals # 5400006889).

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[9] SC Code §63-11-1750
[10] SC Code §59-152-110
[11] SC Code §59-152-90
[12] SC Code §59-152-110
[13] SC Code §59-152-70(B)
[14] SC Code §59-152-130(A)
[15] SC Code §59-152-70(E)
[16] SC Code §59-152-70(C)
[17] SC Code §59-152-70(C)

The evaluation examined four fiscal years, 2011 through 2014, and targeted six questions:

> As recommended by the Legislative Audit Council in 2013 and codified within the First Steps Reauthorization of 2014, First Steps will conduct two separate types of evaluation: (1) outcome analyses of individual program investments on an ongoing, five-year, cycle and (2) overall review of First Steps' progress toward meeting legislative goals, once every five years.

1. What is the nature and diversity of programming provided statewide? To what extent and how do investments vary statewide?

2. To what extent do programs target and enroll children and families most in need of services? To what extent does enrollment vary statewide, if at all?

3. To what extent are programs implemented with a high degree of fidelity to program models or guidelines (such as evidence-based practices)?

4. To what extent have program investments satisfied legislative requirements to:

   - Provide parents with access to the support they might seek to strengthen their families and to promote the optimal development of their preschool children?

   - Increase comprehensive services so children have reduced risk for major physical, developmental, and learning problems?

   - Promote high quality preschool programs that provide a healthy environment that will promote normal growth and development?

   - Provide services so all children receive the protection, nutrition, and health care needed to thrive in the early years of life so they arrive at school ready to learn? and

   - Mobilize communities to focus efforts on providing enhanced services to support families and their young children so as to enable every child to reach school healthy and ready to learn?

5. To what extent are local counties providing effective and efficient support services, such as transportation, connections to available health services, etc.?

6. What, if any, value-added has resulted from First Steps investments?

The goal of this evaluation was not to replicate previous evaluation studies, but to examine the theme of **local variation**. This stated, the evaluation also examined the integration between state and county partnerships, and the value-added contributed by this approach.

EVALUATION METHODOLOGY

CIPP Model

First Steps is a system of early childhood partners, programs, and services. System elements include a state Board of Trustees, state-level staff, and county-level, local partnership, boards and staff. These elements are dynamic and inter-dependent; the partnering of these agencies and individuals facilitates the aggregation and distribution of both public and private funds in support of readiness. As a public-private partnership, First Steps' success can be attributed both to (a) provision of programs and services at state and local levels and (b) the convening of state and local leaders, partners, and stakeholders to identify needs, cross-refer and –populate clients across programs, and provide guidance for program development and delivery.

In general, the First Steps initiative can be thought of as a "nested system," wherein individual services are embedded inside of larger programmatic systems that occur in a community, which is part of a county, which is part of the state, which operates within the state's governmental system, and so forth. Thus, the evaluation team determined that a systems evaluation was most appropriate for the First Steps initiative.

The Context-Input-Process-Product (CIPP) model offers a four-part framework for guiding the systematic assessments of a broad range of programs, projects, personnel, institutions, and systems (Stufflebeam, 2003, 2007). In general, there are two ways to think about the CIPP model: as four distinct types of evaluation, with each part being of equal importance; or as the stages in a more comprehensive evaluation model, allowing for the exploration of the complex relationships among different program dimensions (Zhang, Zeller, Griffith, Metcalf, Williams, Shea, & Misulis, 2011). Depending on the needs of the particular evaluation project, it may include each element of the CIPP model individually or in any combination of two to four elements (Stufflebeam, 2003).

Evaluation Design

The evaluation employed the Context-Input-Process-Product approach for conceptualizing and grounding the evaluation, relying upon both qualitative and quantitative data to respond to the evaluation questions. The evaluation began with a discussion of state and local systems for early childhood work, grounded in the systems model proposed by the Early Childhood Systems Working Group (Exhibit 1). The systems model proposes (a) the critical services that should be available for children and their primary caregivers and (b) the operational support that is necessary to ensure effective and efficient delivery of services.

Exhibit 1. Functions and Results of a Comprehensive Early Childhood System
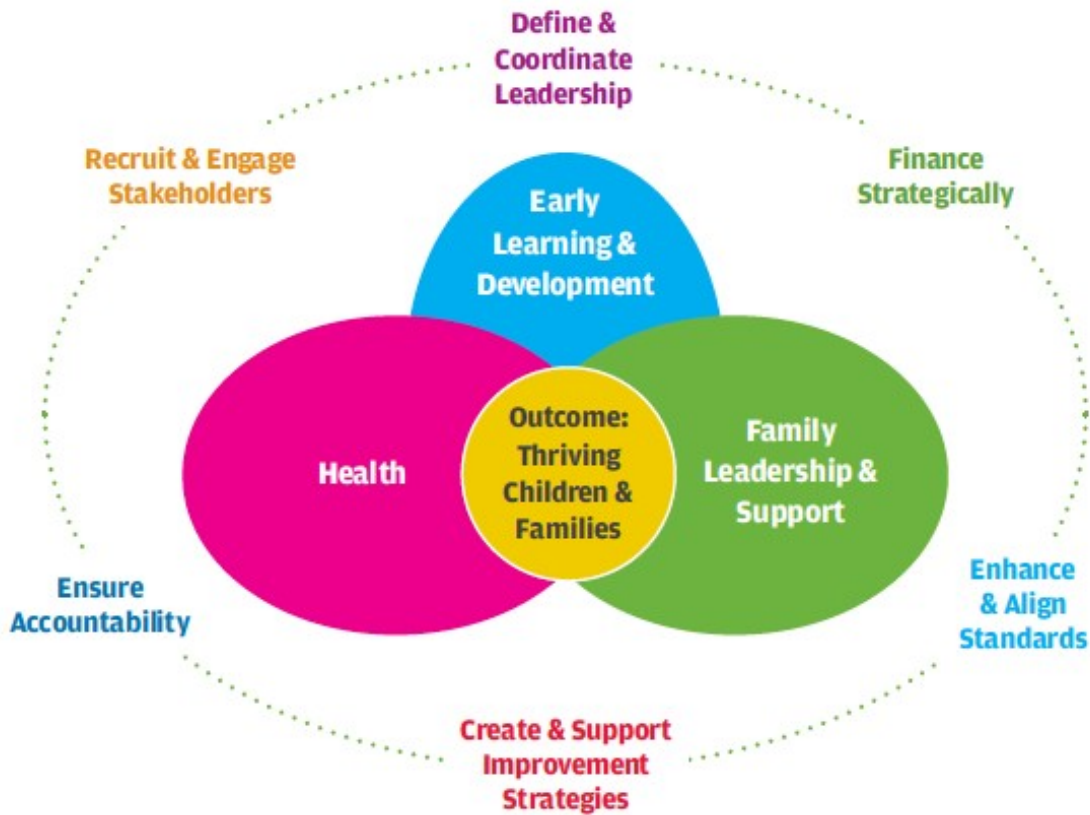
DATA COLLECTION

An integral part of the data collection process involved ongoing dialogue with the state First Steps staff for assistance with accessing and gathering the required information. The team capitalized on the availability of program data maintained by the state in the form of renewal plans, annual reports, an online data reporting system, and financial reports. Additional qualitative information was gathered by reviewing the initial First Steps Legislation, previous evaluation reports, and other relevant background documents; implementing 46 individualized local partnership surveys; and conducting interviews and focus groups with state and local First Steps leaders and stakeholders.

The theory of change underlying First Steps is that state and local partnerships will select and implement strategies to respond to identified needs—these strategies will result in specific outcomes for children and their caregivers that indicate needs are being met or ameliorated. Ultimately, outcome achievement will result in children who are optimizing development and entering formal education healthy and prepared to succeed. The evaluation relied upon available outcome indicators that programs and partnerships are required to collect and report.

Data Analysis and Presentation

Two types of analysis were employed in analyzing the evaluation data: descriptive analyses, such as frequency distributions and estimates of central tendencies (mean, median, etc.) and drill down. Descriptive analyses were used to describe patterns in service patterns and outcomes across the state. Drill down was used with survey and interview data to further explore service patterns and outcomes, to explain how and why some differences occurred, and to determine the value added/systems development occurring at the state and county levels. Finally, the team categorized counties by poverty to present and further explore patterns in service provision and outcomes.

For the purposes of this evaluation, First Steps database data are presented by quartile, where the quartile <20% reflects counties with fewer than 20% of children under 5 in poverty and the quartile >35% represents counties with greater than 35% of children in poverty. The populations in each county living in poverty were determined using the 2012 American Community Survey 5-year estimates. The data are presented in this format to assess and draw attention to patterns that may exist when counties are grouped according to need (with poverty of children under 5 as a proxy for need).

Nature and Diversity of Investments

For the time period included in this evaluation, total state expenditures were $21 to $23 million each year, from $23.8 million in 2010-11 to $23.2 million in 2013-14. These expenses represent the state board "per-partnership" allocation as well as matching funds, in kind donations, federal grants, etc. that were raised by or for the local partnerships. There is variation in expenditures by county and quartile—this variation is apparent in the state board's "per partnership" allocations (in keeping with the state's funding formula) and in the matching, in kind resources, and federal resources expended each year. With the exception of CDEPP resources in some years, the greatest expenditures are found in the middle two quartiles, or counties in which 20 to 35 percent of children are in   poverty. The evaluation team found that, overall, counties were in compliance for generating matching, non-state funds and for keeping administrative expenses at or under the administrative cap.

Serving Children Most At-Risk for Readiness and Later Academic Success

Since 2007, the state First Steps Board has required local partnerships to invest First Steps resources in children and families at-risk of early school failure—this requirement was made to ensure children most at-risk for later academic challenges were identified and given access to services that promote school readiness. To assist and further guide this process of targeting to those most at risk, First Steps defined risk for Fiscal Year 2014 as the presence   of one or more school readiness risk factors, which are linked to later academic success.

At the time of this report and for fiscal years 2011 through 2014, several programs (primarily, Family Strengthening and Scholarship programs) identify and report on the number of cases that are enrolled that also have one or more of the identified risk factors. These data can be aggregated by county to calculate the percent of enrolled cases that have at least one risk factor, at least two risk factors, or three or more risk factors. While the required standard of the Board of Trustees is that enrolled cases have at least one risk factor, available data suggest that a high percentage of families served by First Steps have multiple risk factors. Poverty appears to be the largest risk factor (as measured using Free Lunch, TANF, or SNAP eligibility), followed by maternal education.

First Steps groups its funded strategies into two broad categories: prevalent and non-prevalent programs. Prevalent programs are evidence-based strategies for which the State Board has established detailed program standards and common evaluation measures—prevalent programs account for more than 90 percent of program expenditures across the state. In comparison, non-prevalent strategies comprise less than 10% of the First Steps total program expenditures and also may include evidence-based programs (e.g., Incredible Years, Motheread). Prevalent programs must participate in the First Steps state-wide database system; non-prevalent programs do not participate in this system but do maintain and submit data during the annual program review and approval process.

Implementation

Implementation is an important component of the current evaluation, as implementation often is the key to understanding why a program did or did not achieve its desired outcomes or the outcomes that should be possible, given a program's supporting evidence. The state First Steps Board of Trustees recognized the importance of fidelity of program implementation and, as of 2007, created program standards that meet or exceed the requirements of the national models involved. At least one of these national programs, Parents as Teachers, recognizes SC First Steps and South Carolina's PAT programs as having the strongest standards, fidelity and accountability in the nation.

In the evaluation, local partnerships were given the opportunity to explain how they ensured a high quality implementation of services, for each of the programs currently funded (2013-14). Many partnerships reported the use of relevant and meaningful strategies for ensuring program implementation, such as evaluation and accountability activities and the collection and use of program and budget data. Partnerships also frequently reported using First Steps' program standards to guide their implementation practices, as well as curriculum, implementation guidelines, and/or published best practices.

First Steps has established program standards for prevalent programs. In some cases, the standards are aligned with established model criteria, as is the case with Parents as Teachers. In other cases, First Steps has

established the criteria that define high quality services. These standards are relatively rigorous, address multiple implementation elements, and easily conveyed to local partnerships. The standards represent a commendable and prudent investment by First Steps in an effort to standardize and ensure the fidelity of implementation of prevalent programs. A program's adherence to standards can be assessed by state and local program officers in at least two ways: (a) through data compiled in the First Steps web-based data system and (b) through the annual grant review and renewal process.

The last two fiscal years have shown gains in the fidelity of implementation among partnerships' prevalent programs. This suggests that both state and local partnerships are devoting more energy and resources to ensuring program requirements are met. This said, there still are requirements within the program standards that require attention and continued investment. We recommend this as an area where local partnerships might benefit from increased First Steps technical assistance and oversight.

FAMILY STRENGTHENING PROGRAMS

Most local partnerships invest in some form of family strengthening (in addition to services facilitated through state-investments in Nurse Family Partnership). The state-wide pattern of local investments is illustrated in Exhibit 2.

Exhibit 2. Distribution of Locally Supported Family Strengthening Program 2013-14
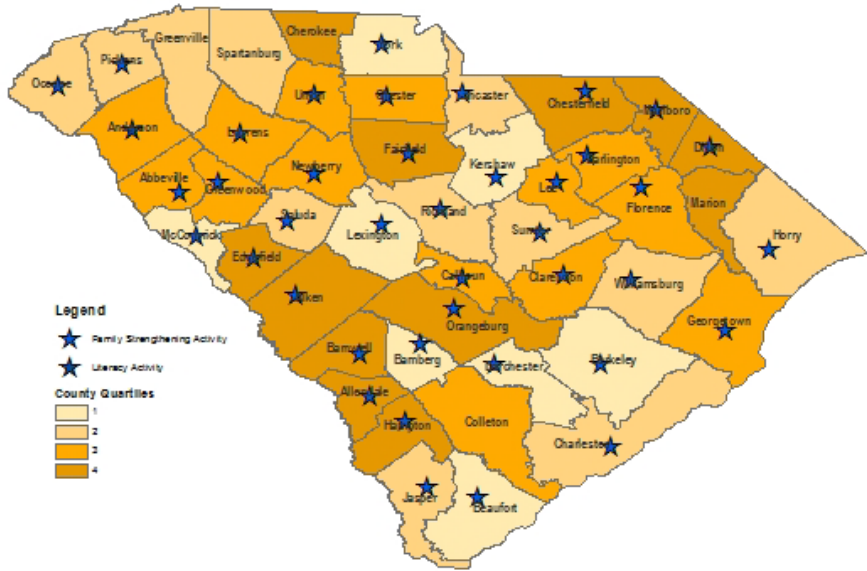
Home Visitation Programs

Parents as Teachers, a nationally recognized model for providing family and parenting support, is the most prevalent Family Strengthening program directly supported by local partnerships. Partnerships also support Parent Child Home, a variety of literacy programs, and Nurse-Family Partnerships (the latter is funded primarily through philanthropic funding). Family Strengthening programs are important for facilitating long-term sustainable changes in family functioning—benefits that can continue to generate value into the future and over the course of a child's educational career. Further, Family Strengthening programs commonly generate benefits for young children as well as for their siblings and other family members.

Local partnerships were asked to explain why they chose to fund or support parenting support programs. Many partnerships referenced a strong need for parenting support and coaching in their communities   and indicated that recent needs assessments placed parenting support among the top needs for young children   and their families. Further, partnerships referenced the availability of evidence-based programs, with data supporting the contributions of services for positive child and family outcomes. Home visitation programs, in particular, were considered beneficial for their ability to address multiple family needs over an extended period of time.

Parenting programs are a means of providing support to families with multiple risk factors, especially families that do not choose to use child care. Several partnerships noted that parents are a child's first and best teachers—the support provided through parenting programs has the potential for lasting impact, extending to not only young children but their older siblings as well, when present.

Exhibit 3 presents the distribution of Parents as Teachers programs within the state in 2013-14 along with county quartile designations. Exhibit 4 presents the distribution of other parenting programs in the state during fiscal year 2013-14.

Exhibit 3. Distribution of Parents as Teachers Programs 2013-14
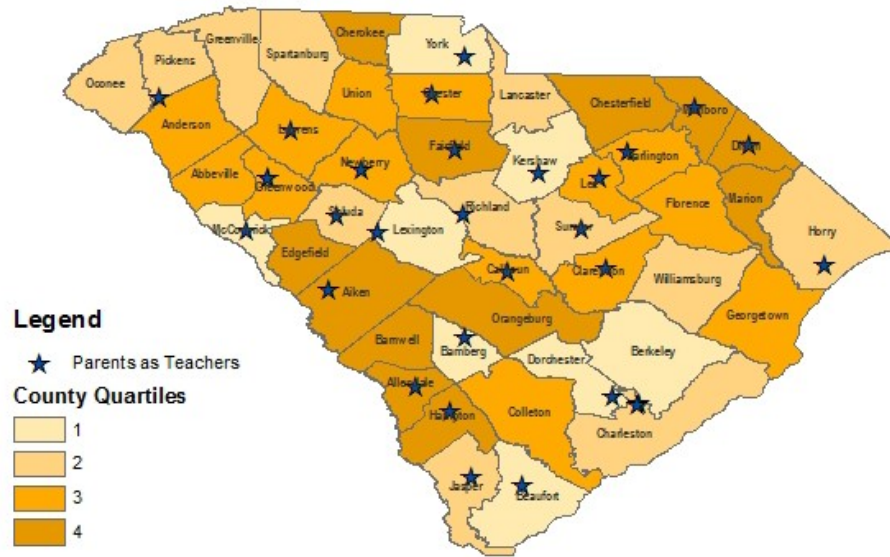
Exhibit 4. Distribution of Other Parenting Programs 2013-14
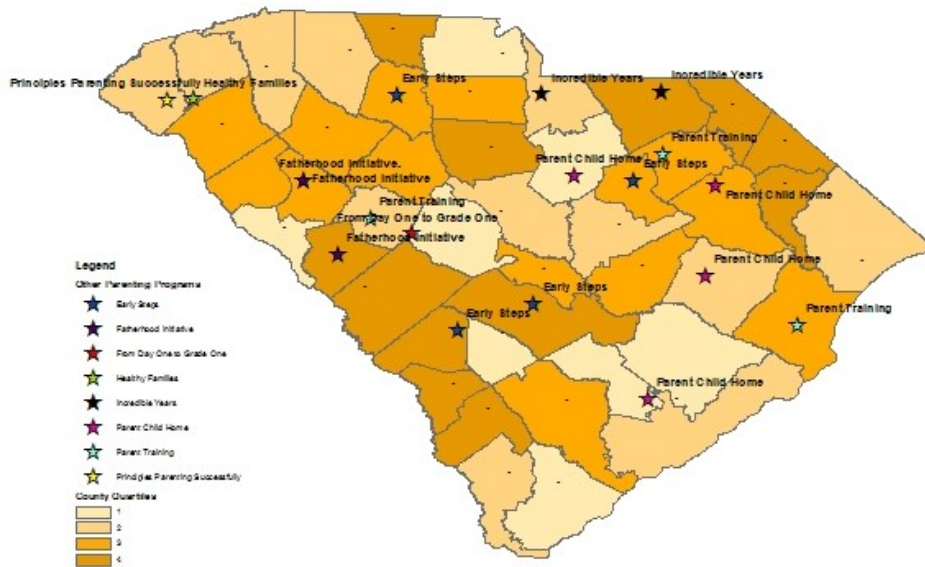
LITERACY PROGRAMS

Literacy programs are funded for a variety of reasons, the primary of which is the importance of literacy for development and academic success. Literacy programs often provide children with developmentally appropriate books and teach parents how to engage with their children in reading or literacy-supporting

activities—which has the added benefit of promoting constructive parent-child interactions. For some partnerships, literacy is one component of a more comprehensive parenting program and provides ancillary or supportive services. Exhibit 5 and Exhibit 6 illustrate the distribution of literacy programs in 2013-14.

Exhibit 5. Distribution of Literacy Programs 2013-14
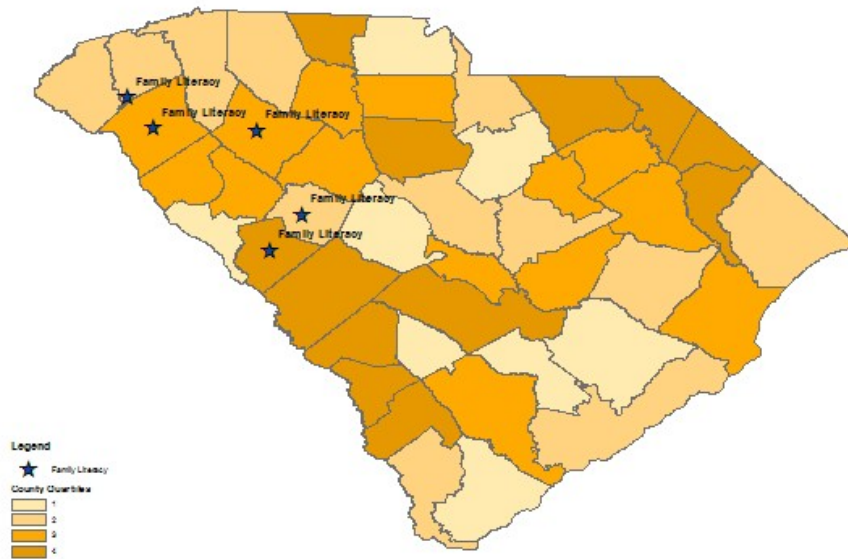
Exhibit 6. Distribution of Dolly Parton Imagination Library 2013-14
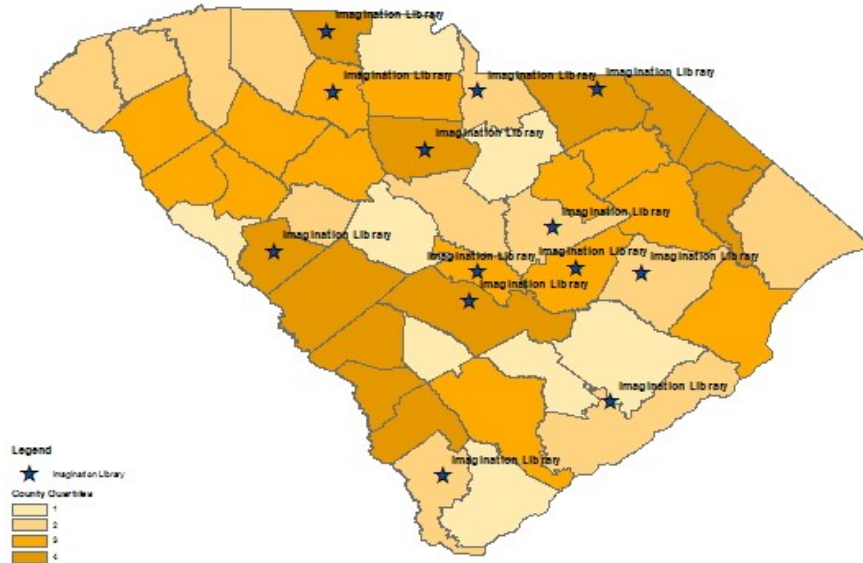
NURSE FAMILY PARTNERSHIP

The Nurse Family Partnership (NFP) program, an evidence-based initiative, was established in South Carolina in 2007 as a partnership between First Steps and The Duke Endowment. Now entering its eighth year of implementation, NFP is a collaborative effort of multiple state and local partners including First Steps (the state sponsor agency), The Duke Endowment, the BlueCross/BlueShield Foundation of South Carolina, The Children's Trust and the Department of Health and Environmental Control (DHEC). As of 2014, the program operates in more than 20 South Carolina counties and is supported by the Office of First Steps at the state-level, and where so approved by local partnership boards, at the county-level. The program model requires frequent home visits to first time mothers, starting during pregnancy and continuing through the first two years of the child's life. Home visits are provided by nurses and provide an opportunity for vulnerable mothers to receive in-home support.

NFP is supported by multiple research studies and is a nationally recognized program. Exhibit 7 illustrates the distribution of NFP programs in 2013-14.

Exhibit 7. Distribution of Nurse Family Partnership Programs
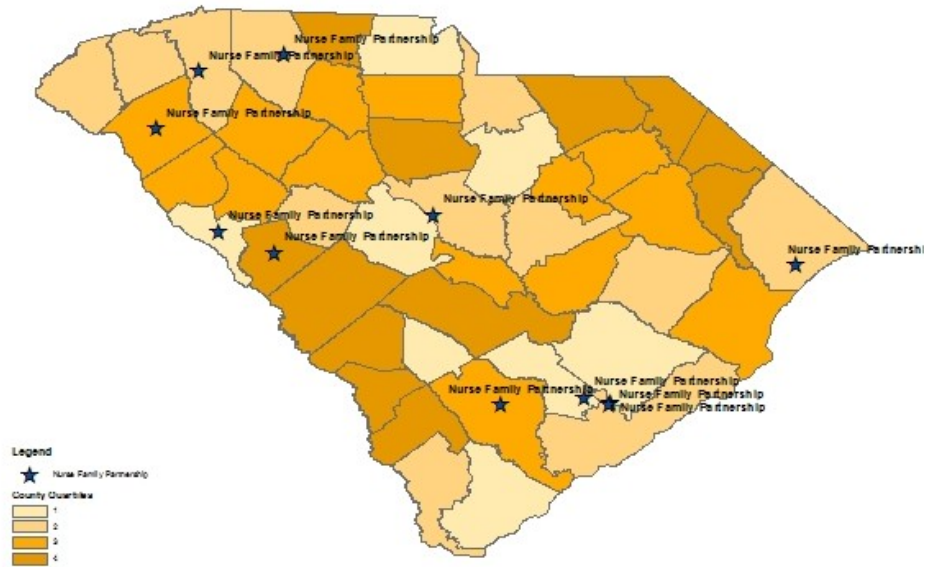
SCHOOL TRANSITION

Countdown to Kindergarten

Countdown to Kindergarten is South Carolina's primary school transition program, designed to facilitate the transition into formal education (kindergarten) in the months directly preceding the start of the school year. The program was developed by SC First Steps in2004 and was recognized by the National Governor's association as a promising state practice in 2005. Countdown to Kindergarten home visits are conducted with families by teachers and are used to provide information to families, including information about the course of study and expectations for kindergarten students. Further, the home visits help teachers, children, and families get to know each other—another aid in the kindergarten transition process.

Exhibit 8 illustrates the distribution of Countdown to Kindergarten programs in 2013-14.

Exhibit 8. Distribution of Countdown to Kindergarten 2013-14
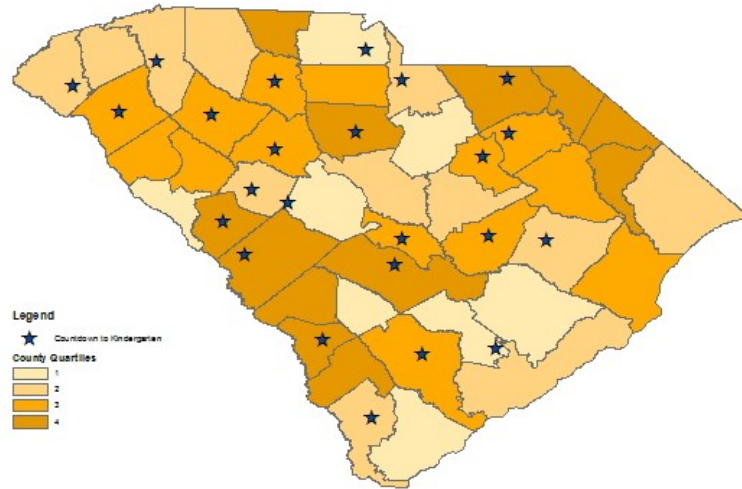
Partnerships fund Countdown to Kindergarten to fill the need for transition services in their communities. Partnerships, in particular, cited the program's success in (a) building relationships between families and the school community, (b) helping children during the summer months, and (c) enhancing services received through programs such as 4K as relevant for ongoing support and funding. Partnerships noted the program is supported by local communities, Boards, and school systems and is successful in facilitating smooth transitions and generating excitement for the kindergarten year. In addition, the program helps teachers learn about their incoming students, which helps teachers get ready to start their year as well.

Promote High Quality Preschool Programs that Provide a Healthy Environment and Promote Typical Growth and Development

High quality early learning environments are important for every young child. Many families either choose or need to supplement the home learning environment with out of home early education, drawing on the private and publicly supported network of early childhood professionals (i.e., child care). First Steps is investing in the availability and accessibility of high quality early education by (a) promoting and support high quality environments through programs such as quality enhancements and child care trainings and (b) ensuring the affordability of quality through the use of Scholarships. South Carolina also invests in high quality prekindergarten programs available to eligible students, known as 4K classrooms.

QUALITY ENHANCEMENT PROGRAMS

Quality enhancement programs typically work with local child care practices to ensure high quality, developmentally appropriate early learning environments are available and maintained for any family choosing to use child care as an educational and/or economic strut. The State Board of Trustees require that participating facilities be centers that meet at least one of the following criteria:

- Participate in the USDA Child and Adult Care Food Program and document that at least 30% of enrolled students qualify for free meals/snacks (130% of federal poverty), or
- Be 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
- Ensure that 10% or more of enrolled students are ABC voucher recipients

When asked about their choices to invest in quality enhancement activities, many partnerships noted the need to work with the child care community, especially counties with a relatively high proportion of young children enrolled in out-of-home care. Partnerships recognize the contributions of high quality early learning to later academic success and work with local child care practices to model, coach, and enhance the quality of daily activities. Exhibit 9 illustrates the distribution of Quality Enhancement programs in 2013-14.

Exhibit 9. Distribution of Quality Enhancement Programs in 2013-14
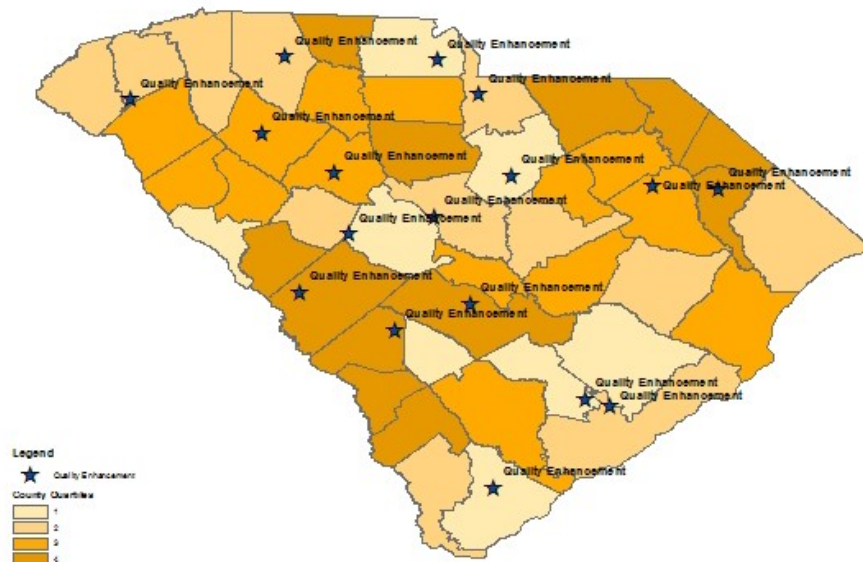
CHILD CARE TRAINING

Child care training services are an important aspect of ensuring child care professionals have expected and required skills as well as achieving and maintaining higher quality environments. In keeping with First Steps requirements, local partnerships assess available training options—if available trainings do not meet local needs, the local partnership may develop training plans to be funded with First Steps resources. Further, based on the assessed level of need, trainings may be available to providers across a county or region—an indicator that local partnerships are leveraging services across counties. Providing local trainings for child care professionals helps professionals access required trainings, often at minimal cost and distance, and reinforces the networking and relationship building many partnerships desire to have with local facilities and professionals. Exhibit 10 illustrates the distribution of child care training programs in 2013-14.

Exhibit 10. Distribution of Child Care Training Programs in 2013-14
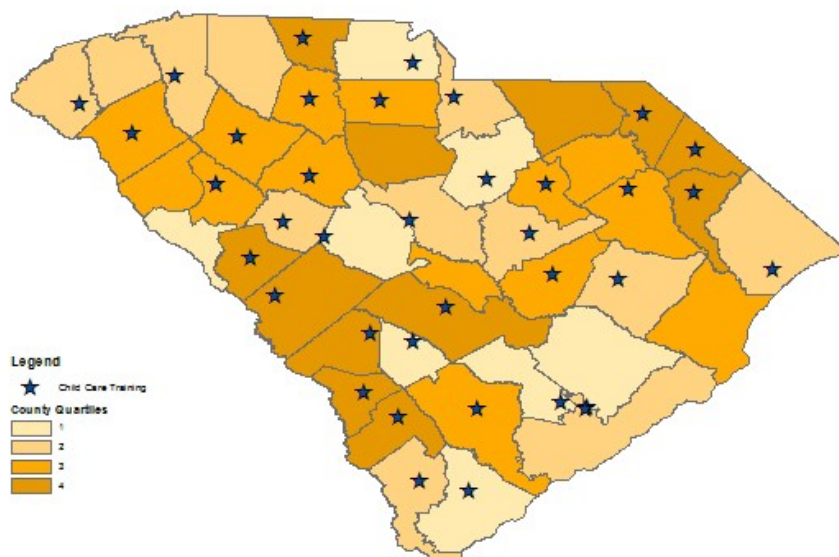
SCHOLARSHIPS

Scholarships are a means of helping interested and eligible families afford early education opportunities. When local partnerships invest in scholarships, First Steps requires the scholarships support and promote school readiness--scholarships must be used in centers exceeding the state's basic licensing requirements. (Note, South Carolina's ABC voucher program does not include such requirements.)

Scholarships often are linked to other programs and resources, contributing to comprehensive services to eligible children and families. Examples include parent supporting (including support for teen parents) and home visitation programs as well as early identification and referral programs. In some cases, partnerships

require participation in a parent support program as a condition of scholarship receipt.

Scholarships also support local child care professionals by providing a stable and consistent source of income, on behalf of eligible children and families. Exhibit 11 illustrates the distribution of Scholarship programs in 2013-14.

Exhibit 11. Distribution of Scholarship Programs in 2013-14
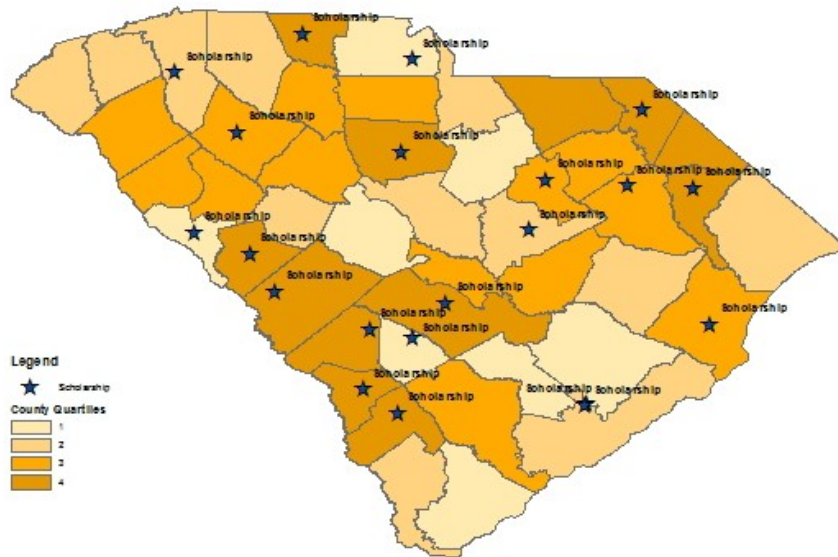
EARLY EDUCATION

Early education is a prominent need in many communities and, historically, First Steps partnerships have funded preschool expansions to meet local needs. Further, as of 2006, SC First Steps co-administers (along with the state's Department of Education) the state's public-private prekindergarten program. The aspect of the 4K program administered by First Steps is the Child Development Education Pilot Program, or CDEPP. First Steps manages its administrative responsibilities through its state office to a network of approximately 150 private preschool facilities across the state.

CDEPP accounts for First Steps' largest investment in classroom-based early education. As noted above, some local partnerships report augmenting state funding with additional, local, allocations and alternate funding sources—which allows the expansion of the program state-wide. Further, local partnerships frequently partner with local 4K and CDEPP-4K providers to expand part-time programs and to link parents and children to additional supports and services. Partnerships cited the local benefit of comprehensive programs that not only provide a high quality educational experience for the child but also outreach and engagement with families.

Exhibit 12 illustrates the cumulative four-year enrollment in 4K/CDEPP programs, per county.

Exhibit 12. Cumulative 4K/CDEPP Enrollment
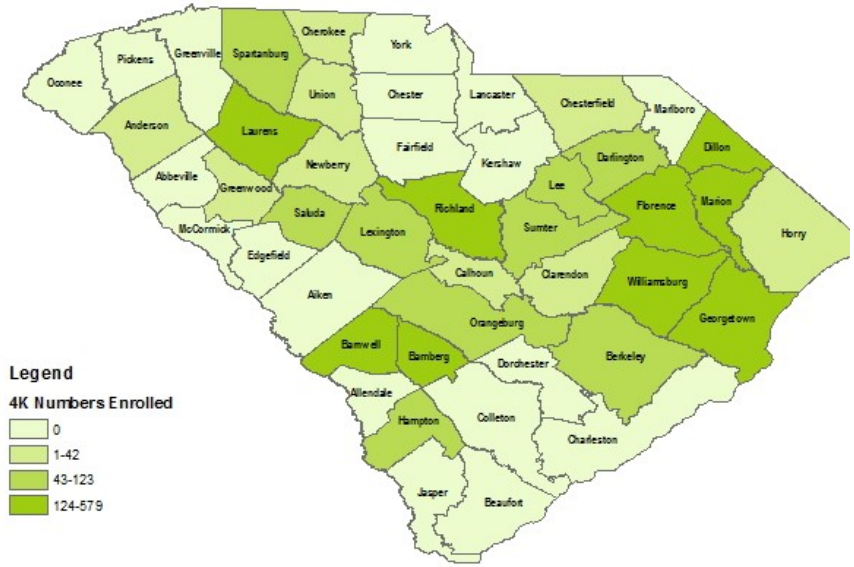
Provide Services for Protection, Nutrition, and Health and to Reduce Risk for Major Physical, Developmental, and Learning Problems

While it is permissible for local partnerships to fund health and health-related services in response to locally assessed needs, these services are not a primary investment for most First Steps partnerships. This is understandable given the existence of other funding and services designed to meet health and health- related needs, as well as First Steps' non-supplantation requirements. Some of the health programs funded by partnerships include Non-Home Based Services, Public Health Based Services, and Nutrition as well as Early Identification and Referral. These programs are funded to serve unmet needs in the community that were identified through needs assessment and strategic planning processes. Exhibit 13 illustrates the distribution of health programs in 2013-14.

Exhibit 13. Distribution of Health Programs 2013-14
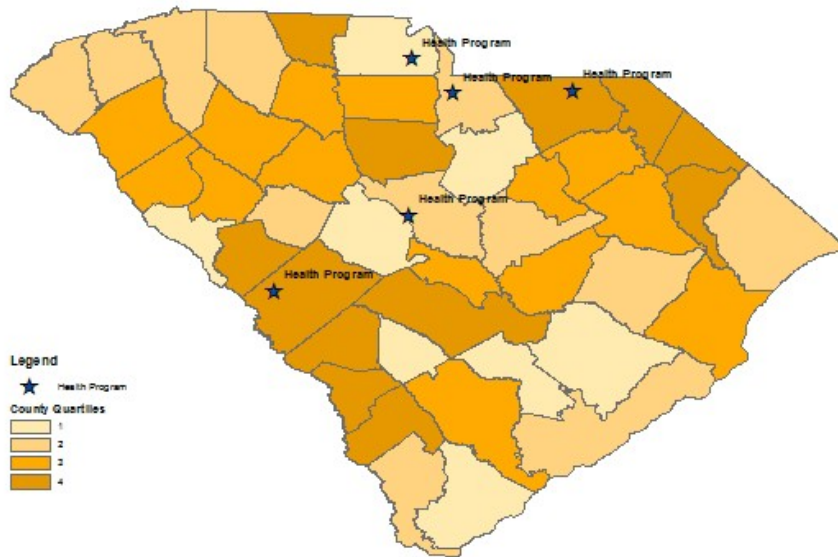
EARLY IDENTIFICATION AND REFERRAL

As of 2009, First Steps is the state's lead agency for the federal Individuals with Disabilities in Education Act (IDEA) Part C early intervention program. First Steps configuration as a public-private partnership, the contributions and participation of state and local leaders and partner agencies, and the presence of complementary local programming facilitate the identification and enrollment of eligible infants and toddlers as well as the cross-referral of families to additional services and resources. Further, local partnerships often elect to fund Early Identification and Referral (EIR) strategies (a First Steps prevalent program) to increase the number of young children identified with developmental delays or special learning needs. As such, in many counties, the EIR program complements and supports BabyNet services, ensuring that counties can maximize the resources available to them from federal sources. In addition, the collaboration with BabyNet and complementary funding for EIR strategies helps ensure that children who are not found eligible for Part C services can be connected to other programs that may respond to the child's (and family's) needs.

BabyNet Participation

More than 10,000 young children are referred to BabyNet each year and between 3,700 and 4,700 are found eligible and receive services. First Steps-funded programs often serve as an important source of referrals for BabyNet services. Exhibit 14 illustrates the total number of children served in the most recent fiscal year, 2013-14, by county.

Exhibit 14. Children Served by BabyNet Services, 2013-14
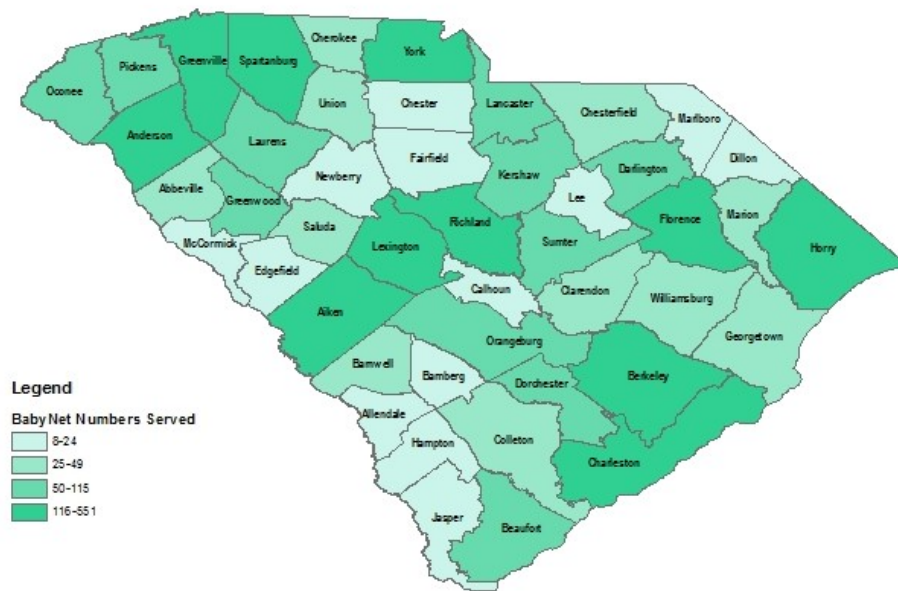
MOBILIZING COMMUNITIES

The fifth legislative goal requires First Steps to "mobilize communities to focus efforts on providing enhanced services to support families and their young children so as to enable every child to reach school healthy and ready to learn". Community mobilization may take many forms—including the collaborations fostered and nurtured by local partnerships and partnership efforts to develop and maintain a local system of early childhood investments.

Local Partnership Collaborations with State Programs

There are several state-operated programs that may be active in a county, including BabyNet, Nurse Family Partnership, and 4K. One aspect of community mobilization is local partnerships' collaboration with and support of these state programs to ensure (a) available services can be fully utilized by families and (b) resources can be maximized within a community. This integration of state and local programs is an efficient means of allocating and targeting resources—and an example of the value-added generated under the First Steps model.

Local support to state programs occurs in multiple forms. Referrals to the programs and providing information about the programs to local clients (for example, through participation in the Local Interagency Council or community events and forums) are two examples of such support. In some cases partnerships also provide in-kind services such as office space to state-level staff who are working in the county or region. Ancillary or support services that can support the state programs include Early Identification and Referral and

local contacts and resource support for 4K providers and parents. Further, local partnerships may try to provide services and support for clients that do not qualify for state programs such as BabyNet or 4K. Finally, some local partnerships support state programs by (a) providing feedback, advice, and guidance and (b) seeking out funding, goodwill, and resources to bring the programs into their county—and then collaborating with the program as the coordinating or fiscal agency.

Local Systems Development

The evaluation implemented a partnership survey of local systems development, using the Early Childhood Collaborative Work Group systems model. Findings from the survey are presented below.

DEFINE AND COORDINATE LEADERSHIP

Survey participants were asked to describe how they or their partnerships worked with local partners and collaborators to lead and guide programs and services for young children and their families. Respondents reported a number of strategies and activities that included (a) providing assistance, support, referrals, and promotion of services; (b) networking and collaborating on fund or resource development; (c) collaborating to provide comprehensive services; (d) providing administrative, professional, or financial services; (e) providing feedback and ongoing communications regarding community needs and quality of services; (f) reducing duplications in services; (g) conducting community joint strategic planning and determining joint values and priorities; and (h) communicating with local representatives and civic organizations.

Collaboration and partnership was a theme for most partnerships with respondents noting the need to work as a team of community partners and ensure the alignment of existing and emerging services. Several partnerships idealized their organization as a "hub" or central location providing leadership and expertise for early childhood services in the community.

The majority of respondents reported believing their community partners shared their vision-- thus, a majority of partnerships have fertile ground for ongoing collaboration and system development. Partnerships that experience less community sharing of vision may experience challenges with future systems   development.

STRUCTURING LEADERSHIP AROUND EARLY CHILDHOOD ISSUES

An important aspect of systems development is the leadership structure established for promoting and advancing early childhood issues. Each local First Steps partnership is, by definition, a community leadership collaborative, with key stakeholders from across the public-private spectrum seated by law. This structure may be supported by formalized elements such as joint plans, memoranda of understanding, or contracts for shared services. Forty-two percent of survey respondents reported having such formalized elements, while 15 percent

reported that such elements were in development (or existing for some agencies but not others).

Another means of structuring leadership and promoting system development may be agreements to engage in joint decision-making. While 47% of respondents reported the absence of such agreements, more than one-third of respondents indicated joint decision-making existed while the remaining respondents indicated agreements regarding joint decision-making were in development. Other respondents indicated that such agreements existed but not in formal or written form.

FINANCE STRATEGICALLY

Financing is a second component in the ECSWG model for early childhood systems building. Many partnerships seek additional sources of funding to augment state allocations. Further, partnerships allocate their available resources effectively and strategically. Partnerships documented a number of strategies to best determine local investments; the primary strategy was the regular identification and prioritization of needs.

Several partnerships noted the importance of allocating resources according to the available funding and then participating in grant-writing or fund development to generate additional resources to serve unmet needs.

DEVELOPING PRIORITIES AND RESOURCES FOR PROGRAMS

Partnerships often work with local partners to develop funds and resources for programs. Common strategies include joint grant writing, joint planning, and joint applications for business or private investments. Other strategies are local fund-raisers and signature events, working collaboratively to identify cost-reducing measures, pool resources, and ensure the effective use of pooled resources (e.g., non-duplication of services), soliciting and receiving donations, and generating a minimum of fifteen percent in-kind. Strategies appear to share the need for frequent communication among partners.

ENHANCE AND ALIGN STANDARDS

The third component in the ECSWG model is "enhancing and aligning standards," which may have different interpretations and applications, depending on whether we are examining standards across agencies, standards for program operations, standards for program implementation, etc. Of interest, local partnerships were asked to describe how they worked with local partners and collaborators to ensure programs have access to training and technical assistance in support of program-relevant standards and best practices. Multiple respondents noted the collection of needs data, for example through a training needs assessment or survey, to determine the type of training necessary. Others reported providing training events, training plans, professional development opportunities, and technical assistance. When possible, partnerships collaborate with community

partners to ensure training needs are met and to share costs of trainers or events. Other respondents noted regular meetings and information sharing among Board members and community partners and the use of program standards, model fidelity requirements, and best practices.

CREATE AND SUPPORT IMPROVEMENT STRATEGIES

The fourth component of the ECSWG model is improvement strategies. Several activities may be important for system or program improvements. For example, 35% of respondents reported working with local partners to identify the programs and services the system should maintain. Forty-three percent of respondents reported working with local partners to establish expectations for how programs and services will work together. Further, 38% of respondents reported working together with local partners to establish goals or benchmarks for their local system/system development. In those instances in which respondents reported working with local partners to establish system goals or benchmarks, 70% reported frequently monitoring progress towards these goals or benchmarks, while 24% reported periodically monitoring progress. Finally, 37% of respondents reported working with local partners (beyond the interagency collaboration and planning that is required for annual program review and approval to develop a joint strategic plans for the local early childhood system.

ENSURE ACCOUNTABILITY

Ensuring accountability is the fifth component of the ECSWG model. There are both state and local structures for ensuring fiscal accountability, including a state-operated finance system that all local partnerships must utilize. In addition, the state Board of Trustees monitors all local expenditures (including expenditures from non-First Steps funding sources) through the services of contracted accounting firms.

On the local level, partnerships reported using state First Steps resources such as the operations manual and e-thority reporting system as tools in their fiscal monitoring. Partnerships also reported relying on approved budgets, cash balance reports, and comparisons of expenditures to approved budgets (using tools such as Excel or other spreadsheet programs for internal recordkeeping and fiscal management and checklists to ensure all aspects of required fiscal monitoring are completed).

Program implementation is monitored through the use of approved contract and program standards and guidelines for model fidelity, as appropriate. Some partnerships contract with a third-party, external, evaluator to perform monitoring and/or evaluation services. One partnership noted the use of First Steps Policies and Procedures to guide program monitoring while another noted the use of checklists to ensure all program elements were captured. Reports may be provided at Board meetings.

RECRUIT AND ENGAGE STAKEHOLDERS

The sixth and final component of the ECSWG model is recruiting and engaging stakeholders.

Partnerships described working collaboratively in their communities to develop program and community leaders. Strategies included:

- Use of database or software to track stakeholders, including businesses and potential Board members.
- Identification and nomination of community leaders by Board members, Policy Councils, or other Board committees
- Participation in the local Interagency Council, community advocacy group or coalition, or leadership development program.
- Communication with and input from program managers and leaders
- Local civic, community, and program events; networking opportunities; outreach and awareness activities; and trainings
- Collaborative fund-raising efforts
- Media opportunities and speaking engagements/community events
- Use of job descriptions and qualifications for program leaders

Seventy-four percent of respondents reported working with local partners to identify important community stakeholders while 15% of respondents indicated that this work was in development. When partnerships work with local partners, 100% reported that parents are included as stakeholders while 98% reported that stakeholders are at least somewhat representative of the diversity in their community.

LEADERSHIP OPPORTUNITIES

Some partnerships reported working with local partners to develop leadership opportunities for clients served by programs. One aid to this process may be the presence of a local leadership development initiative; 58% of respondents reported the presence of such an initiative in their county while some other respondents reported that this work is in development.

When a supplemental local leadership initiative is present, 23 respondents reported using the initiative in some form, either through personal attendance (21 responses), attendance by staff (17 responses), attendance by one or more Board members (15 responses), or attendance by one or more parents served in the county (seven responses). Similarly, when survey participants were asked if they hosted, supported, or sent staff or other stakeholders to leadership development specific to First Steps or early childhood education, 91.3%

(n=42) respondents reported using such an initiative. More specifically, 80.4% (n=37) respondents reported that they personally attended such initiatives, while 69.5% (n=32) respondents indicated that staff attended, 50% (n=23) reported that one or more Board members attended, and 23.9% (n=11) respondents reported that one or more parents served in their county attended.

SHARED INVESTMENTS

Local partners do not just provide time and energy to joint visioning, planning, and implementation—often, partners also provide tangible resources such as matching funds or materials. The majority of survey respondents (93%) reported believing that local partners are investing in the partnership's vision for the county. This investment takes varied forms, including:

- Investment of time from Board or committee members and volunteers
- Complete or matching funds for one or more programs, allowing for the expansion of programs or services in the community
- Full or discounted office or training space, utilities, or other overhead expenses as well as staffing, tangible resources, and other donations
- Transportation services
- Health or dental services
- Shared events or activities or space and venues for distributing information about programs
- Participation or hosting of fundraising campaigns, events, or meetings
- Ancillary or support programs or services, including recruitment or referrals for services
- Opportunities for speaking engagements and outreach activities and support and positive feedback within the community

Data from annual renewal plans also were helpful in understanding the nature and scope of contributions to local partnerships. The most common form of contribution was program support: between 101 and 168 separate instances of program support were reported between fiscal years 2011 and 2013. Other frequent forms of support included:

- Monetary incentives and gifts;
- Non-cash contributions;
- Funding in support of programs; and
- Leased office space or rent

Partnership renewal plans from 2011 through 2013 documented that contributions were made in support of specific programs and initiatives. Many contributions were generated in support of Child Care

Trainings and Parents as Teachers (PAT), for example. Few or no contributions were generated for Motheread/Fatheread or Healthy Families initiatives. Contributions also varied by the type of support generated. The greatest instances of support, cumulatively, over the three-year period were generated in planning or strategic planning activities. This was followed by training and consultation.

Finally, data were available for fiscal years 2011 through 2013 on total number of Board members or volunteers as well as total hours generated in support of different programs or organizational activities. The greatest number of hours was generated in support of partnership operations, followed by hours generated in support of Parenting or Family Strengthening activities.

EFFECTIVE AND EFFICIENT SUPPORT SERVICES

At times, programs require ancillary or support services to fully serve clients or meet client needs. A few services were consistent across program categories:

- Transportation support, to ensure clients could access available services
- Translation assistance, to provide support for families for whom English is a Second Language
- Connections to or integration with other community services
- Tangible resources or donations for use in programming or to give to clients

The need for supplemental resources is pervasive across partnerships and program type—suggesting that all programs require some form of additional support.

VALUE-ADDED

Partnerships were asked to explain how they conceptualized value-added. Responses can be grouped into three categories: (1) value to individuals or stakeholders that is generated beyond what is expected or directly related to programming; (2) strengthening and integration of comprehensive community services; and (3) contributions to longer-term community stability and vitality.

Partnerships were able to document multiple unplanned benefits that resulted from their programming, with benefits occurring across program types. Thus, there appears to be value generated above and beyond the direct results of programming, from most if not all partnership investments. These benefits merit additional discussion, especially within the context of a systems framework.

SUMMARY

Methodological Limitations

Every evaluation or research project experiences methodological limitations of some form, often related

to data collection or aggregation activities. Limitations must be noted as they affect interpretation of available data and identified findings and summary statements. Noting that the current evaluation was not intended or designed as an experimental or quasi-experimental study, but rather a descriptive accounting of state and local programming and value-added, the specific limitations attached to the current evaluation include:

1. The evaluation did not randomly assign clients to treatment or control groups, important elements of experimental studies. Thus, the evaluation cannot establish causal links between specific programming and outcomes.

2. Without additional data on clients served it is impossible to know what confounding factors also might account for program outcomes. Some clients, for example, may have been involved in other initiatives or services that also may have contributed to an outcome. The nature of First Steps as a collaborative and integrated system of agencies and services confounds the isolation of specific program effects.

3. The evaluation team engaged in a data verification process that involved dialogue and data checking with both the state First Steps office and local partnership staff. In some cases, however, some data could not be fully verified by the evaluation team at the time data were aggregated and analyzed. Further, the use of available data means there were no opportunities for reliability checks and a limited ability to examine data quality.

4. The evaluation's design incorporated a comprehensive and individualized local partnership survey, which captured many of the contextual and systems values of interest. However, the team was limited to available data on implementation, output, and outcome metrics.

5. The evaluation team relied most heavily on the First Steps database. However, there were instances and evaluation questions for which the team used data generated from annual renewal plans—these data are used by First Steps to annually review local partnership progress. However, renewal plan data are submitted prior to the close of each fiscal year and, as such, do not contain a full year's data. The team supplemented renewal plan data with available annual plan data. However, there were instances in which renewal plan and annual plan data did not agree (which can be expected, given the timing of renewal and annual plans). Thus, findings based in renewal plan data are limited, as the data are considered estimates.

PRIMARY FINDINGS

In brief, the evaluation team finds that:

1. First Steps' public-private structure and model of shared governance generate a high degree of

value-added at both the state and local levels.

2. First Steps is finding and serving the state's most high-need clients.

3. First Steps is meeting legislated goals.

4. First Steps has a statewide fiscal and programmatic accountability structure in place to guide and provide oversight to local partnerships. This structure supports the translation of state-level priorities into practice.

5. At the state and local levels, First Steps serves as the "battery" powering many of the state's key early childhood conversations and practices.

Findings are discussed in more detail, below.

1. First Steps' public-private structure and model of shared governance generate a high degree of value-added at both the state and local levels.

The First Steps model leverages available talents and resources, including that of the Board of Trustees, across the state to discuss, inform, and decide on prudent investments that focus on and promote school readiness. The First Steps model combines the structure of a state-operated system with local flexibility and autonomy in responding to needs. Elements such as the non-supplantation of existing funds and the required collaboration and contributions of county and state partners helps ensure the model is both an effective and efficient means of (a) ensuring resources are aligned with the state's most at-risk children, (b) ensuring high quality, evidence-based programming is devoted to serving local needs, while (c) ensuring fiscal and programmatic accountability to high standards of performance.

There were multiple examples of value-added identified throughout the evaluation, ranging from systems efficiencies that result from non-duplication of services and the leveraging of available resources to support community needs to the benefits that accrue to multiple family members (including siblings, for families receiving family strengthening services) and the enhancement of professional capacities within the community as a result of partnership collaborations. These phenomena exist within a system that is carefully monitored; the guidance and oversight of bodies such as the Board of Trustees ensures a state-identity and -focus to First Steps investments, while respecting the individual needs of local counties.

2. First Steps is finding and serving the state's most high-need clients.

As has been noted by several previous evaluations, First Steps enjoys considerable success in finding and serving the state's most high-risk children and families, with evidence suggesting a large percentage of current clients possess two or more readiness risk factors. In keeping with state requirements and protocols such as the use of research-driven risk factors, First Steps continues to find and serve "the poorest of the poor and the neediest of the needy". It is difficult to over-state the importance of early identification and services for at-risk

children and their families. We encourage First Steps to continue its current practices for targeting and serving clients.

3. First Steps is meeting legislated goals.

Evidence suggests that First Steps is meeting its legislative goals to:

- Provide parents with access to the support they might seek and want to strengthen their families and to promote the optimal development of their preschool children;
- Increase comprehensive services so children have reduced risk for major physical, developmental, and learning problems;
- Promote high quality preschool programs that provide a healthy environment that will promote normal growth and development;
- Provide services so all children receive the protection, nutrition, and health care needed to thrive in the early years of life so they arrive at school ready to learn; and
- Mobilize communities to focus efforts on providing enhanced services to support families and their young children so as to enable every child to reach school.

As regards Parenting and Family Strengthening, First Steps is investing a meaningful proportion of funds into family strengthening programs, noting the diversity across partnerships in the choice of strategies that best meet local needs. Available data suggest programs are successful in improving parenting and literacy outcomes.

It is less clear, from available data, the role of programs in increasing parent education levels, parental employability and employment, or involvement in primary and secondary educational settings. While these latter outcomes were included in First Steps authorization, they may exist as examples of value-added more so than outcomes directly attributable to programs funded through First Steps.

As regards increasing comprehensive services, First Steps invests in multiple efficient and evidence-based strategies for ensuring children have reduced risk for major physical, developmental, and learning problems and can enter school healthy and ready to succeed. For example, children's pre-literacy skills are being addressed through family strengthening programs and available data suggest progress in child and family outcomes. The evaluation team also finds that Countdown to Kindergarten is producing positive results, as self-reported by teachers and parents. We encourage First Steps partnerships to continue to work to ensure all programs are implemented as designed.

Another important aspect of comprehensive services is the support or ancillary services necessary to ensure clients can fully participate in and realize the benefits of programming (e.g., transportation and translation assistance). The development and provision of these services is one outcome that can be associated

with the community mobilization and networking created at the local levels. Local partnerships are operating not only to fund specific programs but to ensure programs are networked and providing cross-referrals and enrollments, as appropriate and possible. Community networks and systems development are a critical aspect of the First Steps model, as families presents multiple and varied needs. Local programs must have the ability to work with children and families to identify their needs and then have the local networks and access to supplemental services to link with families.

As regards high quality preschool programs, First Steps is working to improve child care quality through direct interactions with and training of local and regional child care providers. Further, First Steps is collaborating with state and community partners to ensure high quality, and when necessary certified, services are available and incorporated into program designs. These efforts are resulting in quality improvements, as documented using tools such as the Environment Rating Scales, which have been linked to issues and practices that promote school readiness. We encourage First Steps to consider a definition for school readiness that might be applied across all programs and initiatives.

It is less clear how First Steps efforts are integrating with South Carolina's voluntary ABC quality rating system. Indeed, a review of ABC data suggests there is much ground to cover in encouraging participation in the ABC system and assisting providers in achieving A or A+ ratings, which can be a very costly endeavor for many if not all child care facilities.

First Steps also is assisting families with the affordability of high quality child care through its use of Scholarship programs and its administration and investments in 4K and CDEPP, examples of how First Steps is drawing upon available resources to expand the number of children served in quality early education classrooms. Further, the profession, an important collaboration and support for the profession. We encourage First Steps to consider any additional ways to further link Scholarship and subsidized 4K/CDEPP placements to high quality ratings and assessments systems.

As regards the provision of the protection, nutrition, and health care needed to ensure children arrive at school prepared to succeed, the evaluation team finds that these aspects of programming commonly are incorporated into family strengthening programs; complete implementation of these programs should ensure children served in these programs are receiving health services and benefits. Further, the use of Child Find activities such as Early Identification and Referral helps ensure children who may be in need of and qualify for early intervention services (such as are provided for under IDEA—Part C) are linked to the appropriate resources.

The provision of health and health-related services is particularly impacted by First Steps' prohibition against supplantation of alternative funding streams. State and local offices are charged with maximizing

existing or available resources before allocating First Steps resources to meet community needs. At both the state and local levels, this requires knowledge and understanding of existing resources as well as the development or introduction of new partners, such as occurred with the state-philanthropic partnership to provide Nurse-Family Partnership in South Carolina. Another example is the merging of BabyNet services into First Steps administrative structure. There is a natural alignment of BabyNet/Part C objectives with First Steps goals and programs. This alignment of purpose and scope translates into the comprehensive and complementary provision of local services, such that federal, state, and local resources are maximized.

Finally, as regards its charge to mobilize communities and stakeholders, First Steps often serves as the spark or energy source driving local collaboration, knowledge-generation and dissemination, and maximization of local services and resources. In some cases, First Steps serves as a lead agency in the development of local capacity for finding and identifying children and families in need and the linking of at risk children to services, providing value-added to partnering agencies and professional staff. Such collaborations also ensure there is non-duplication of services and a system for supporting all young children and their primary caregivers, such that all children enter school healthy and ready to succeed.

The collaboration and partnership that exist at local levels also are found at the state level, for example in the contributions and investments generated by the Board of Trustees. This Board is comprised of state-leaders and experts in issues and services devoted to child development, health, and welfare. The Board functions not only to guide the development and funding of efficient and effective services but to monitor progress towards readiness goals and to shape discourse on the alignment and management of services in support of readiness.

4.   First Steps has a statewide fiscal and programmatic accountability structure in place to guide and provide oversight to local partnerships. This structure supports the translation of state-level priorities into practice.

First Steps has developed and implements processes to track expenditures and to regularly communicate with local partnerships regarding their expenditures, to ensure fiscal accountability, full expenditure of funds, and important internal control measures. Further, the evaluation team finds that First Steps, in general, is meeting requirements for matching funds and for annual allocation of funds including administrative expenses.

We commend First Steps on its ability to leverage funds and resources from multiple and diverse sources. This is a key accomplishment for both the state and local partnerships. It is important to note that an increased diversity of programs and resource streams requires sufficient staffing, especially if First Steps also is engaging in a comprehensive system of evaluation, oversight, and technical assistance. We encourage First Steps

at both state and local levels to identify necessary staff positions and qualifications and ensure staffing meets operational needs and goals.

As regards the quality of program implementation, the team commends First Steps on the development and use of Program Accountability Standards with its prevalent programs. The standards are comprehensive and aligned with best practices—programs adhering to the standards have every likelihood of generating desired outcomes, such as those demonstrated in the evaluation and generated by data from the First Steps web-based data system. The team encourages First Steps to consider ways to incorporate or use standards associated with non-prevalent programs, especially those for which an existing implementation model exists. The team also encourages both state and local partnerships to review and further standardize processes for monitoring program implementation, noting that the state office uses a standard renewal plan protocol for soliciting and reviewing annual implementation data. We encourage additional or more frequent monitoring of program implementation throughout the fiscal year.

5. At the state and local levels, First Steps serves as the "battery" powering many of the state's key early childhood conversations and practices.

One of the greatest benefits generated by First Steps is the development of a state-local structure for thinking about, planning for, collaborating upon, and maximizing resources in services of early childhood development. First Steps requires inter-agency communication and collaboration but often goes beyond this requirement in fostering an interest in and knowledge about the importance of early childhood development. First Steps often and in many ways reaches beyond a circle of agencies and administrators to engage local community stakeholders such as parents, educators, and the Community of Faith in investing in early childhood, with investments occurring on the family, caregiver, and neighborhood level. It is these investments that often make the difference for at-risk and high-need children, as these children often require attention and support from multiple sources.

We encourage First Steps to continue its discussion regarding value-added, as there were multiple examples of value-add presented by local   partnerships and across programs. We recognize that not every aspect of   value-added can be captured, quantified, or described. We encourage First Steps to consider which, if any,   aspects of value-added merit additional efforts in standardized measurement and reporting.

RECOMMENDATIONS

The evaluation team respectfully submits the following recommendations for consideration:

Review and refine the First Steps evaluation design to align with new evaluative and accountability requirements. Ideally, this process would begin with a review or revision of a logic model or theory of change that

links program investments to strategies and processes and then to products such as outputs, short-term outcomes, and longer-term outcomes. A sample logic model is provided within the report. This model can serve as a guideline for the data necessary to comprehensively evaluate the initiative. For example, evaluation and accountability measures can exist for each of the items listed in the processes, outputs, and outcomes columns and, in fact, First Steps already has many of these metrics in place. Some metrics may require further review, revision, definition, measurement approaches, etc. Again, we recognize and commend First Steps for the multiple evaluative and accountability metrics that exist and the processes that exist to annually review and communicate with partnerships regarding their successes and challenges. Particularly in light of updated statutory requirements, the nature of this recommendation is to ensure a comprehensive system of evaluation exists, with associated opportunities for technical assistance, training, and data quality reviews. These opportunities also can be used to expand or enhance existing monitoring efforts, to ensure high quality and verified data are available for evaluation and accountability purposes.

Consider discussions and strategies for ongoing systems development. The data collected in this evaluation might allow state and local partnerships to engage in deeper conversation regarding what it means to have an early childhood system, how such a system might be conceptualized, and the different benefits that may result from continuing strengthening and development of the system However, this evaluation did not set out to establish a systems framework for South Carolina—we encourage First Steps to use these preliminary systems data to continue the conversation.

About Compass Evaluation and Research, Inc.

Compass Evaluation and Research is small woman-owned and operated enterprise located in Durham, NC. Founded in 2001 as Compass Consulting Group LLC and reformed in 2009 as Compass Evaluation and Research Inc., we are dedicated to partnering with early childhood, K-12 education, community, and service organizations to meet the challenges of developing and sustaining successful and effective programs through monitoring and evaluation for continuous improvement and decision-making. Our evaluation practices are client-centered and utilization-focused, using a highly collaborative approach for every project.

At Compass Evaluation and Research, we firmly believe that our work is not just about the quantity and quality of services that we provide, but it is also about the way we serve our clients and engage them in the evaluation process. Our credibility and the utility of our findings depend on our ability to collaborate with and involve clients in all phases of evaluation: from planning, to data collection and analysis, to reporting and using results for making decisions about program improvements. While maintaining integrity and objectivity in reporting evaluation findings, Compass works closely with clients to ensure that the focus, design, coordination, and implementation of evaluation of their projects are responsive to their needs and goals. Actively involving program stakeholders helps ensure the evaluation produces information that is useful for improving programs, informing decisions about future programming, and demonstrating program outcomes and impacts.

Acknowledgements

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REPORT ON THE EVALUATION OF SOUTH CAROLINA FIRST STEPS

Continuing Steps to School Readiness

Fiscal Years 2011-2014

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Chapter 1. Introduction

OVERVIEW

Most states support early childhood initiatives of some form—from state-funded prekindergarten to more comprehensive initiatives supporting prenatal and developmental needs in the years before a child begins formal education, typically kindergarten. A number of states support these initiatives through "Public-Private Partnerships", or collaborations that unite public and private resources and support. The Ounce (2012) detailed how several states have used these partnerships to advance early childhood initiatives, reporting that there are four major objectives served by such collaborations:

- Leverage public funds;
- Enhance public funds;
- Fund partnerships that pilot programs and lead to public sector investment at greater scale; and
- Support organizations to do policy analysis, advocacy, and systems development that impact public investment and coordination.

As noted by the Ounce, South Carolina First Steps to School Readiness exists as a 501(c)3 and leverages *"local private and public funds, federal grants, planned gifts, in-kind contributions, and volunteer time to fill service gaps or extend services previously unavailable to young children and their families."* This type of leveraging not only raises resources in direct support of programming but also has the potential to raise goodwill and overall awareness of the importance of issues such as early childhood. This report contains details regarding how local First Steps has capitalized on this public-private partnership model at both the state and local levels to generate awareness   of, interest in, and enrollment in services, increase the nature and scope of services for children and families, and serve as "the hub" for early childhood issues, focusing on and energizing communities to leverage   resources to ensure all children receive a healthy start in life. This report also details First Steps' contributions to state and local systems building, as well as potential paths forward in both enhancing services to children   and families and strengthening networks in support of children and families.

BACKGROUND

South Carolina's First Steps to School Readiness is the state's comprehensive, public-private early childhood initiative. First Steps was the nation's third statewide early childhood initiative, following North Carolina and California, originally passed into SC law in 1999, and is currently the only program of its type to integrate a grassroots early childhood infrastructure with publicly-funded prekindergarten, the IDEA Part C early

intervention program (BabyNet), and the state's Early Childhood Advisory Council[18]. The purpose of the initiative, as stated in §59-152-20 of the S.C. Code of Laws, is to *"… develop, promote, and assist efforts of agencies, private providers, and public and private organizations and entities, at the state level and the community level, to collaborate and cooperate in order to focus and intensify services, assure the most efficient use of all available resources, and eliminate duplication of efforts to serve the needs of young children and their families…"* with the goals being to[19]

- Provide parents with access to the support they might seek and want to strengthen their families and to promote the optimal development of their preschool children;

- Increase comprehensive services so children have reduced risk for major physical, developmental, and learning problems;

- Promote high quality preschool programs that provide a healthy environment that will promote normal growth and development;

- Provide services so all children receive the protection, nutrition, and health care needed to thrive in the early years of life so they arrive at school ready to learn; and

- Mobilize communities to focus efforts on providing enhanced services to support families and their young children so as to enable every child to reach school.

- In July 2014, First Steps' enabling legislation was reauthorized and revised, removing obsolete references; amending information related to the processes and responsibilities of the state and local partnerships and their boards; defining "school readiness" and other key terms; re-stating certain objectives in terms of school readiness and establishing recommendations for a new statewide measure of readiness; and updating evaluation and financial information. The new legislation is attached in Appendix A as a reference; however, the current evaluation and the remainder of this report reflect the requirements of the original legislation passed in 1999.

To meet the legislated goals for the initiative, the law stipulated specific organizational procedures that involved the formation of a State Board of Trustees to govern the First Steps Initiative[20] and the establishment of the South Carolina First Steps office, a private nonprofit organization that operates concurrently as a state entity, to ensure programmatic success and technical assistance, oversee state funding, and provide a standardized fiscal accountability[21].

During the first year subsequent to passing the First Steps legislation, a state Board of Trustees and the

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[18] South Carolina Education and Economic Development Act, SC Code §59-152-10
[19] SC Code §59-152-30
[20] SC Codes §59-152-40, §59-152-150, and §63-11-1720
[21] SC Code §59-152-50

Office of South Carolina First Steps were established, 46 County Partnership Boards[22] were developed, and South Carolina First Steps distributed grant funds to County Partnerships for conducting their first annual local needs and resource assessments, engaging in strategic planning, and identifying evidence-based programs for addressing the local needs.[23]

The Board of Trustees is comprised of diverse stakeholders representing government agencies, private business, early childhood service providers, and parents. Their responsibilities include, but are not limited to[24]:

- establishing internal evaluation policies and procedures for annual reviews of county partnerships' functioning, strategy implementation, and progress toward interim goals and benchmarks; and

- contracting with an external evaluator for an in-depth state- and county-level program evaluation every three years to ensure that First Steps is meeting their legislative goals and requirements. The evaluations are to be overseen by a three-member committee appointed by the First Steps Board, Pro Tempore of the Senate, and Speaker of the House.

The State Office of First Steps is run by a director, employed by the Board of Trustees, and support staff, who are hired by the director [26]. The First Steps office is tasked by law with, but not limited to[25]:

- providing guidance and information to the Board of Trustees on best practices, effective strategies, and model programs, and making recommendations for awarding county grants;

- reviewing county partnership plans and budgets and providing technical assistance, support, and consultation to facilitate their success;

- submitting annual reports of progress, budget information, and recommendations for initiative implementation to the Board of Trustees;

- ongoing data collection and contracting for an in-depth performance audit every three years; and

- coordinating South Carolina First Steps with other early childhood health and school readiness efforts by state, federal, and local public and private entities.

Since 2006, the State Office has been charged by the SC General Assembly and by the Governor with additional, specific, state-level program responsibilities:

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[22] SC Code §59-152-60
[23] SC Codes §59-152-80(B) and §59-152-90(B)
[24] SC Codes §59-152-160 and §63-11-1730. In addition to governing First Steps' funds, the SC First Steps to School Readiness Board of Trustees is charged by law (63-11-1730) to "*assess and develop recommendations: for ensuring coordination and collaboration among service providers at both the state and county level, for increasing the efficiency and effectiveness of state programs and funding and other programs and funding sources, as allowable, as necessary to carry out the First Steps to School Readiness initiative, including additional fiscal strategies, redeployment of state resources, and development of new programs.*" By Executive Order 2010-06, the First Steps board serves as the SC Early Childhood Advisory Council under the federal Head Start reauthorization of 2007. 42 U.S.C. § 9837b(b)(1).
[25] SC Codes §59-152-50 and §59-152-150

- co-administer the state's public-private four-year-old kindergarten program; and
- serve as lead agency for BabyNet, the South Carolina PART C early intervention program under the Individuals with Disabilities Education Act (IDEA).

These state-level responsibilities were codified in the June 2014 First Steps reauthorization. Additionally, SC First Steps serves as the state's sponsor agency for two home-visitation models: Nurse-Family Partnership and Parents as Teachers.

At the county, or local, level, independent First Steps Partnerships and Boards were established by the enabling legislation to oversee and coordinate local implementation of the initiative. Like the State Board, and as required, local partnership boards include diverse stakeholders involved in early childhood development and education, including parents and service providers.[26] The Partnership Boards' duties and powers include, but are not limited to[27]:

> **Of note:**
>
> The 2014 reauthorization of First Steps requires local partnerships to add three common duties, effective July 1, 2016. As enabled by Section 59-152-70, these are:
>
> - Serve as a local portal connecting families of preschool children to community-based services they may need or desire to ensure the school readiness of their children;
>
> - Serve as a community convener around the needs of preschool children and their families; and
>
> - Support of state-level school readiness priorities as determined by the State Board.

- ensuring fiscal accountability and keeping accurate records;
- coordinating county or multi-county collaboration efforts with the community to identify local needs, strategic planning, development of initiatives to implement the plan, directing and contracting for service provision, and integrating service delivery where possible;
- implementing an annual county needs assessment;
- assessing the level and effectiveness of services and client satisfaction;
- monitoring progress toward strategic plan goals;
- collecting data and submitting annual reports of implementation and progress toward strategic goals to the First Steps Board of Trustees; and
- participating in annual reviews and the three-year evaluations of the state initiative.

Between 2000 and early 2002, local partnerships hired executive directors, used additional funds dispersed by South Carolina First Steps to select and contract with program providers, and began implementing

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[26] SC Code §59-152-60
[27] SC Code §59-152-70

and delivering services for children aged 5 years and younger and their families.[28] Thus, the first two years of the initiative focused primarily on planning and building the infrastructures and systems required by legislation, with the third year concentrating more on program implementation (Child Trends, 2003). In 2009, First Steps was named as the state's lead agency for BabyNet (Individuals with Disabilities Education Act, Part C) by Executive Order 2009-12.[29] In addition, the First Steps Office is responsible for administering non-school district programs in private settings for the Child Development Education Pilot Program (CDEPP), a pre-kindergarten program created in 2006 and offered through both public and private schools.[30]

Funding for First Steps is provided by the state and through the federal government, private grants, and donations.[31] To receive state grants, county partnerships are required to submit annual applications to the state Board of Trustees, which allocates funds to *"expand, extend, improve, or increase access to services or to enable a community to begin to offer new or previously unavailable services in their community."*[32] The dollar amounts of state grants are governed using legislatively determined allocation criteria[33] and may not be used to supplant other funding.[34] The legislation mandates that no more than 8% of the local budgets can be used for administration[35] and requires a 15% local match, which includes both cash and in-kind contributions.[36] Local partnerships may, as private nonprofit corporations under Section 501(c)3 of the Internal Revenue Code,[37] apply for additional funds from federal, state, and local governments, foundations, and private businesses.[38]

Based on legislation, South Carolina First Steps funds multiple school readiness strategies across six broad strategy areas.[39] These strategy areas are: Healthy Start, Family Strengthening, Early Education, Child Care Quality, and School Transition. The six strategy areas in combination address Legislative Goal 2, while individually the objectives of each strategy area focus on (SC First Steps website, 2014):

1. Healthy Start (Legislative Goals 2 and 4) -

   - Improve the health, growth, and development of young children so they enter school physically and mentally prepared to succeed;

   - Integrate medical provider, school readiness, and early literacy services; and

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[28] SC Codes §59-152-80(C) and §59-152-90(C)
[29] SC Executive Order 2009-12
[30] Proviso 1.62 of the 2009-10 General Appropriations Act
[31] SC Code §63-11-1750
[32] SC Code §59-152-110
[33] SC Code §59-152-90
[34] SC Code §59-152-110
[35] SC Code §59-152-70(B)
[36] SC Code §59-152-130(A)
[37] SC Code §59-152-70(E)
[38] SC Code §59-152-70(C)
[39] SC Code §59-152-100

- Leverage federal resources for targeted families with young children at greatest risk for school failure, expanding medical anticipatory guidance to parents with special needs and other at-risk children.

2. Family Strengthening (Legislative Goal 1) -

   - Increase family literacy and parent education levels;

   - Improve parental employability and employment;

   - Increase effectiveness of parenting related to child nurturance, learning and interaction, language, health and safety;

   - Increase successful parenting/family literacy program targeting, service integration, and results documentation; and

   - Increase early parent involvement in 4K-12 education settings.

3. Early Intervention (Legislative Goals 1, 2, 3, and 4)-

   - Improve the health, growth, and development of young children so they enter school physically and mentally prepared to succeed; and

   - Improve the developmental and academic trajectories of young children identified for BabyNet services due to the presence of a diagnosed disability or developmental delay.

4. Child Care Quality (Legislative Goal 3) -

   - Increase availability of quality child care choices for parents, as measured by increasing numbers of child care providers operating at higher levels of quality;

   - Increase the number of child care vouchers available to S.C. families for quality child care;

   - Increase school readiness focus in child care settings;

   - Increase the leverage of federal and private resources to serve the state's most at-risk children;

   - Increase the number of child care workers achieving progress toward early education certification and continued professional development;

   - Improve the quality of the physical and learning environments in child care settings of all types; and

   - Expand public and private partnerships in 4K.

5. Early Education (Legislative Goal 3) -

   - Increase first grade readiness and pre-literacy skills of children through quality early education intervention

- Increase ongoing 4K documentation, reporting, and evaluation of results;

- Increase the number of at-risk children served in quality 4K environments, public and private;

- Increase the qualifications, professional development, and access to training for personnel teaching public and private 4K programs;

- Reduce the number of at-risk 4-year-olds on waiting lists for the public school Child Development program;

- Increase the evaluation and impact analysis of federal early education spending (Head Start, Early Head Start, Title I monies) in quality early education strategies at district levels;

- Increase parent involvement strategies in 4K and 5K to impact involvement in K-12; and

- Increase documentation and analysis of the state's school readiness progress.

6. School Transition (Legislative Goal 3) -

- Maximize parents' understandings of state and local expectations and ensure a smooth and beneficial school transition for each child;

- Introduce children and families to materials and standards to be found in kindergarten or first grade classrooms; and

- Increase parents' positive relationship with the school and faculty.

SYSTEMS BUILDING

In 2006, the Early Childhood Systems Working Group (ECSWG), consisting of volunteers from various national organizations, commenced engaging, as needed, in a peer learning community to help states implement their own comprehensive early childhood systems and to develop resources for the early childhood field. As their first project, the ECSWG created a graphic model to convey the intersection of the critical supporting systems required for building a comprehensive, coordinated, and integrated early childhood systems (Bruner, 2006). The purpose for developing the graphic model was to help guide states in developing high quality early childhood comprehensive systems that identify the programs and operational functions for effective and efficient systems, which provide support services that result in improved outcomes for children from zero to age five and their families.

In 2011, Rachel Schumacher prepared a paper describing modifications to the initial model based upon the ECSWG's experiences in working with states. The current model is intended to emphasize the active role of families as leaders as well as service recipients and to integrate all children with special development needs throughout the entire early childhood system. The working group also more explicitly outlined the values and principles that they believe are essential to meet the needs of all children and families and drive the

development of a comprehensive early childhood system. They include:

- Reach all children and families and as early as possible with needed services and support, especially children at-risk of poor outcomes.
- Genuinely include and effectively accommodate children with special needs throughout all systems of the system.
- Reflect and respect the diverse strengths, needs, values, languages, cultures and communities of children and families.
- Ensure stability and continuity of services along a continuum from prenatal to school entry and beyond.
- Ease access for families and transitions for children, striving to make it easy for families to access and maintain services for themselves and their children within and across systems as children age.
- Value parents as decision makers and leaders.
- Catalyze and maximize investment, and foster innovation to encourage cross-system efficiencies and creative solutions to problems.

The model of a comprehensive system, shown in Figure 1-1, is comprised of an outer boundary depicting the six key functions of an overarching comprehensive early childhood system, with three service systems contained in overlapping ovals: (a) early learning and development, defined as nurturing relationships, safe environments, and enriching experiences that foster learning and development; (b) family leadership and support, defined as resources, experiences, and relationships that strengthen families, engage them as leaders, and enhance their capacity for children's wellbeing; and (c) health, encompassing comprehensive services that promote children's physical, developmental, and mental health. The ultimate outcome, at the center of the model where all three ovals overlap, is thriving children and families (Schumacher, 2011).

The outer boundary of the model contains the functions required for operating a comprehensive system. These functions include:

- recruiting and engaging stakeholders,
- defining and coordinating leadership,
- financing strategically,
- enhancing and aligning standards,
- creating and supporting improvement, and
- ensuring accountability.

Figure 1-1. Functions and Results of a Comprehensive Early Childhood System
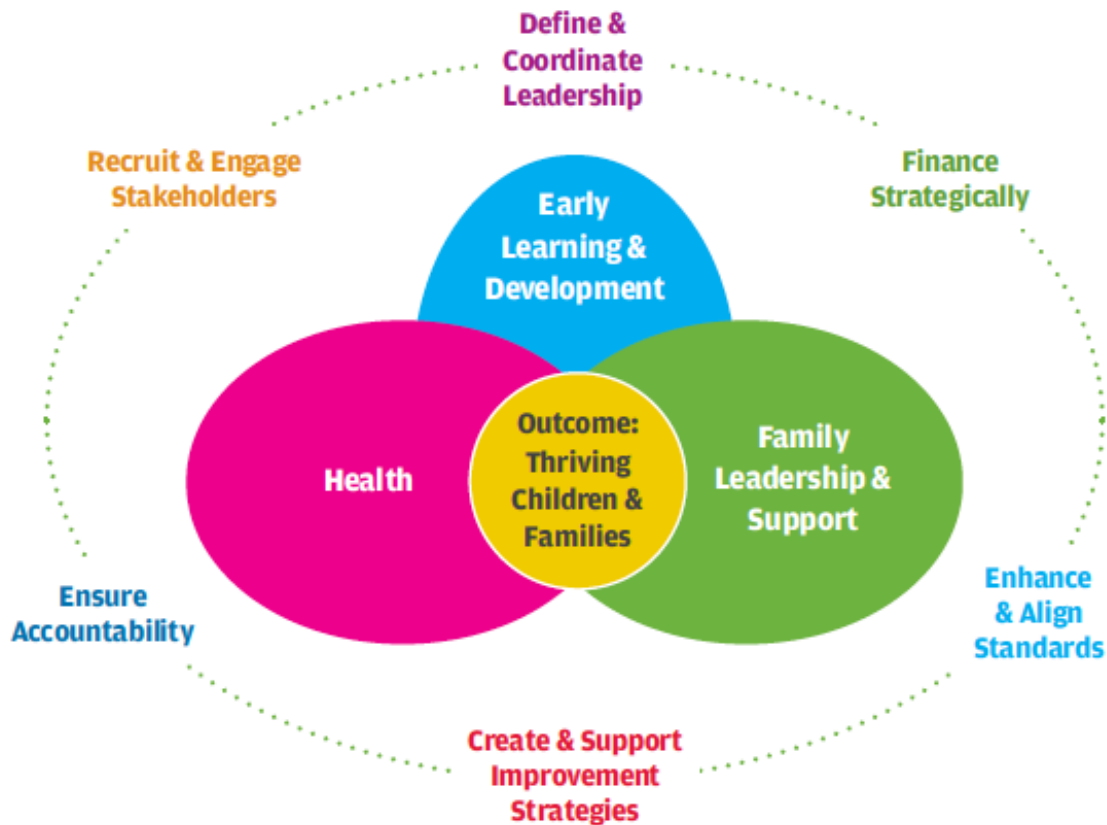
PAST EVALUATIONS: PRIMARY FINDINGS

The current evaluation is the fourth state-level study, as required by First Steps legislation.[40] The first evaluation was completed in 2002 and covered fiscal years 1999-2002. The evaluation found that First Steps had successfully launched both state and county administrative structures, was working collaboratively through units such as the State Board of Trustees, local partnership Boards of Directors, and the First Steps state office, and had established guiding principles that conceptualized school readiness as well as the role of First Steps as state and county "mobilizers" focused on meeting state and county needs with regard to the health, welfare, and academic readiness of young children.

First Steps also created systems for financial accountability and oversight, including assurances that local partnerships generated at least 15 percent in matching contributions and resources. The evaluation noted that First Steps had successfully launched local programming in (a) early education; (b) child care; (c) parenting and family strengthening; and (d) health.

The 2002 evaluation identified several recommendations for strengthening and advancing First Steps'

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[40] Section 59-152-160(A)

work, including:

    (a) focusing on the quality of programming;
    (b) strengthening data collection and management across programs and partnerships;
    (c) strengthening administrative procedures and structures; and
    (d) reviewing spending per child.

The latter recommendation referenced per capita spending in other states with early childhood initiatives. At the time of the 2002 evaluation, South Carolina's First Steps initiative was spending approximately $130 per child younger than age six, or approximately $660 per poor child younger than age six.[41]

The next state-level, external evaluation was conducted in 2006. The goal of the second evaluation was to determine whether or not positive outcomes for children and families were achieved. The evaluation was organized around the questions *"Who is Being Served?" "What is the Range of Services Being Provided?" "What is the Quality of the Services Being Provided?"* and *"Do the Services Impact the Outcomes of Participants?"*

The 2006 evaluation documented challenges related to the collection and management of data. These challenges significantly affected the evaluation team's ability to fully respond to the evaluation questions. Nevertheless, findings showed that First Steps was: (a) finding and serving at risk families and children and (b) generating evidence of a positive impact on children.

The evaluation team also investigated and reported on the "value-added" of the First Steps funding approach and model. They found that First Steps was positively received. While the initiative had not necessarily avoided a "government" structure, it did facilitate innovation among First Steps and its partners. The 2006 evaluation team recommended:

    (a) focusing on the quality of programming;
    (b) providing training and support for local partnership staff and Boards of Directors;
    (c) continuing to strengthen administrative procedures and protocols;
    (d) strengthening the evaluation approach, including consistency and scope of data collection and management; and
    (e) allocating sufficient operational resources, such that these recommendations could be actualized.

A third evaluation completed in 2010 again focused on the questions: "Who was being served? (Was First Steps serving the right people?)" "What was the range of the services being provided? (Was First Steps providing the right services?)" "What was the quality of the services being provided? (Were First Steps services implemented in the right way?)" and "Did the services impact the outcomes of participants? (Were First Steps services getting the right results?)." The evaluation found that First Steps had made significant upgrades to its data and assessment protocols and the changes were beginning to generate the type, quality, and quantity of data needed to respond to evaluation questions. In short, First Steps had enhanced its "ability to match

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[41] These figures include state and local expenditures.

outcomes to detailed, specific intervention data is extraordinary and non-existent in most state data *systems."*

The evaluation showed that First Steps was identifying, recruiting, and serving the most at-risk children and families, using risk criteria developed in collaboration with Dr. Baron Holmes. The local partnerships also were acknowledging the implementation guidelines of programs such as Parents as Teachers. The evaluation team noted the quality of implementation was reflected in participant outcomes, but that program quality in 4K programs was less documented.

As regards specific program strategies and investments, the evaluation found:

- Home visitation strategies produced positive outcomes in parenting quality, as measured using the Keys to Interactive Parenting Scale and the Adult Child Interactive Reading Inventory.
- Child care centers and providers that participated in quality improvement initatives demonstrated significant increases in child care quality, as assessed with the Environment Rating Scales.
- Countdown to Kindergarten received positive feedback from participating teachers and parents.
- Early education strategies such as 4K and CDEPP were measured using the South Carolina Readiness Assessment and the Palmetto Achievement Challenge Tests, among other data. The team found that CDEPP was a potentially cost-effective means of providing meaningful early education experiences.

Finally the 2010 evaluation made several recommendations:

- Continue to make improvements in data collection and management.
- Incorporate Countdown to Kindergarten into the First Steps data system and document its efficacy with rigorous evaluation measures.
- Improve the percent of clients with matched pre- and post-test data, necessary for calculating changes over time.
- Create an evaluation approach that allows for the standardized collection of data such as dosage as well as participating family, individual, or site characteristics.
- Continue to foster the exposure of at-risk children to multiple interventions; a comprehensive approach to serving a child's needs may result in better child outcomes.

In summer 2013, the South Carolina Legislative Audit Council (LAC) reviewed First Steps and found:

> *Children and families in S.C. have risk factors that indicate a continuing need for early childhood education services. Although First Steps has made a significant improvement in its collection and analysis of data, continued improvement is needed in program selection, measuring school readiness, and program effectiveness. Improvement is also need in the transparency of the state Board's decision-making process, the method of funding county partnerships, and monitoring of county overhead costs.*

Of note, the LAC's major findings included recognition of the improvements in South Carolina First Steps' data collection structure but that the efficacy of all First Steps programs had yet to be established. The report also generated questions regarding First Step's goals, noting that South Carolina does not have a statewide definition of school readiness, which limits the ability to assess whether or not programs are effective. The LAC report resulted in 42 recommendations, which may be found in Appendix B.

The current 2014 evaluation did not set out to replicate these studies. Rather, the evaluation team sought to explore and assess the extent to which the initiative is meeting legislative goals and the relative "value-added" of a statewide early childhood structure. These questions were not directly addressed in past evaluations. The report explored a four year time period from fiscal year 2010-2011 through fiscal year 2013-2014.

This evaluation is supported primarily by internal, South Carolina First Steps, documentation such as data from the First Steps database, local partnership renewal plans, and First Steps financial reports. The evaluation team collected unique data in the form of an individualized local partnership surveys as well as interviews of selected, local Executive Directors and Board Chairpersons nominated by South Carolina First Steps. Additional details regarding questions for the current evaluation, approach, and methodology are presented in Chapter 2.

Chapter 3 presents an overview of the nature and diversity of funding and programming across the state, while Chapter 4 examines the extent to which South Carolina's highest need children and families are targeted and served. Chapter 5 addresses the quality of program implementation, through the lens of First Steps Program Accountability Standards. Chapters 6 through 10 respond to the five legislated goals for First Steps, Chapter 11 responds to evaluation questions regarding the presence of necessary support services, and Chapter 12 addresses the value-added of First Steps. Finally, conclusions and recommendations are presented in Chapter 13.

Chapter 2. Overview of the 2014 Evaluation

EVALUATION PURPOSE

The purpose of the current evaluation was *"to assess the extent to which First Steps has been successful in meeting its five legislative goals (stated above) and articulate the relative "value-add" (or lack thereof) of SC's maintenance of a statewide early childhood coordination and service delivery structure"* (Request for Proposals # 5400006889). This evaluation is one component of a comprehensive approach to assessing First Steps impact: as recommended by the Legislative Audit Council in 2013 and codified within the First Steps reauthorization of 2014, First Steps will conduct: (1) an outcome analyses of individual program investments on a five year cycle and (2) an overall review of First Steps' progress toward meeting legislative goals every five years.

The evaluation examined four fiscal years, 2011 through 2014, and targeted six questions:

1. What is the nature and diversity of programming provided statewide? To what extent and how do investments vary statewide?

2. To what extent do programs target and enroll children and families most in need of services? To what extent does enrollment vary statewide, if at all?

3. To what extent are programs implemented with a high degree of fidelity to program models or guidelines (such as evidence-based practices)?

4. To what extent have program investments satisfied legislative requirements to:

    i. Provide parents with access to the support they might seek to strengthen their families and to promote the optimal development of their preschool children?

    ii. Increase comprehensive services so children have reduced risk for major physical, developmental, and learning problems?

    iii. Promote high quality preschool programs that provide a healthy environment that will promote normal growth and development?

    iv. Provide services so all children receive the protection, nutrition, and health care needed to thrive in the early years of life so they arrive at school ready to learn? and

    v. Mobilize communities to focus efforts on providing enhanced services to support families and their young children so as to enable every child to reach school healthy and ready to learn?

5. To what extent are local counties providing effective and efficient support services, such as

transportation, connections to available health services, etc.?

6. What, if any, value-added has resulted from First Steps investments?

As noted above, the goal of the current evaluation was not to replicate previous evaluation studies, but to examine the theme of local variation. The 2006 and 2010 evaluations provided data and information regarding the efficacy of First Steps program strategies, with data aggregated to the state level. In contrast, this evaluation explored local variation in investments, programming, processes, and products.

EVALUATION METHODOLOGY

CIPP Model

First Steps is South Carolina's comprehensive school readiness initiative, developed to provide and expand programs that prepare children for school. In 2010, the First Steps Board of Trustees was named the state's Early Childhood Advisory Council (ECAC), which serves to strengthen the linkages between early childhood programs statewide. First Steps provides oversight for the state's 4K and BabyNet programs and collaborates with other state agencies to increase the effectiveness and efficiency of early childhood programs in South Carolina. Examples of these collaborations include the Child Care Services Division of the South Carolina Department of Social Services' ABC Child Care Quality Rating Improvement System (QRIS); the Department of Health and Environmental Control's (DHEC) Early Childhood Comprehensive Systems (ECCS) grant from the U.S. Department of Health and Human Services; and The Children's Trust of South Carolina's Maternal, Infant, and Early Childhood Home Visiting (MIEC HV) program.

First Steps is a system of early childhood partners, programs, and services. System elements include a state Board of Trustees, state-level staff, and county-level, local partnership, boards and staff. These elements are dynamic and inter-dependent; the partnering of these agencies and individuals facilitates the aggregation and distribution of both public and private funds in support of readiness. As a public-private partnership, First Steps' success can be attributed both to (a) provision of programs and services at state and local levels and (b) the convening of state and local leaders, partners, and stakeholders to identify needs, cross-refer and –populate clients across programs, and provide guidance for program development and delivery.

In general, the First Steps initiative can be thought of as a "nested system," wherein individual services are embedded in programmatic systems that occur in a community, which is part of a county, which is part of the state, which operates within the state's governmental system, and so forth. Thus, the evaluation team determined that a systems approach to evaluation was most appropriate for the First Steps initiative and selected the CIPP model as the framework for the approach.

In the 1960s, Daniel Stufflebeam and his colleagues introduced the core concepts of the Context, Input,

Process, Product (CIPP) evaluation model, during a time in evaluation history when experimental and quasi-experimental research were the most commonly used method for program evaluation. Experimental and quasi-experimental research designs, however, require randomization of program participants to groups and the assumption of linear causal relationships. Because education environments rarely lend themselves to the requirements of an experimental design, CIPP was developed to provide a more authentic and logical structure for evaluating federally funded education projects (Payne, 1994; Stufflebeam, 1983, ; Stuffleb Shinkfield 2007). Since then, the model has been further developed, adapted, and widely applied to various types of systems including, but not limited to, education, social, health, business, government, and military (Stufflebeam & Shinkfield 2007) and has been categorized as a systems approach to evaluation (Eseryel, 2002).

The CIPP model offers a four-part framework for guiding the systematic assessments of a broad range of programs, projects, personnel, institutions, and systems (Stufflebeam, 2003, 2007). In general, there are two ways to think about the CIPP model: as four distinct types of evaluation, with each part being of equal importance; or as the stages in a more comprehensive evaluation model, allowing for the exploration of the complex relationships among different program dimensions (Zhang, Zeller, Griffith, Metcalf, Williams, Shea, & Misulis, 2011). Depending on the needs of the particular evaluation project, it may include each element of the CIPP model individually or any two to four elements in combination (Stufflebeam, 2003).

The **context** evaluation component/stage of the CIPP model examines how well the project is primed and equipped for success. This includes reviewing the results of available needs assessment and the designated resources for program implementation; describing the program's background, theory of change, and framework including goals, objectives, and priorities in relation to the needs and assets of the target audience; and identifying barriers that could potentially influence the program's success (Fitzpatrick, Sanders, & Worthen, 2012; Mertens & Wilson, 2012).

The objective of an **input** evaluation is to ensure that program strategies and activities are sufficient for the needs identified and that implementation is high quality, effective, and efficient. This is accomplished by investigating program activities, implementation strategies, staff, funding, and other resources against targeted needs (e.g., are available staff and resources adequate for the program implementation prescribed).

Process evaluation is the stage during which evaluators review what has actually occurred in the program. It involves reviewing program goals, objectives, and priorities of the program in the context of the identified needs, problems, and assets of the target audiences. Evaluation activities may include assessing how well a program is implemented, monitoring how the program performs, auditing the program to make sure that any required legal and ethical guidelines are followed, and identifying weaknesses in the procedural design or in program implementation.

Product evaluation includes identifying and assessing intended and unintended participant outcomes as a result of the program, which typically occur on three levels: short-term, intermediate, and long-term. Outcomes are then compared to the needs identified and targeted, with the results interpreted in light of the context, inputs, and processes.

Evaluation Design

The 2014 evaluation of South Carolina First Steps employed the Context-Input-Process-Product approach for conceptualizing and grounding the evaluation, relying upon both qualitative and quantitative data to respond to the evaluation questions. The evaluation began with a discussion of state and local systems for early childhood work, grounded in the systems model proposed by the Early Childhood Systems Working Group (ECSWG) (Figure 1). This systems model delineates (a) the critical services that should be available for children and their primary caregivers and (b) the operational support that is necessary to ensure effective and efficient delivery of services.

To focus evaluation activities, the evaluation team used the ECSWG model shown in Figure 1 as the basic framework for developing the SC First Steps evaluation logic model and identifying South Carolina's existing system elements. The logic model depicted in Figure 2-1 establishes the theory of change behind the initiative and guides the selection of variables, which in turn guided data collection, compilation, and aggregation.

Figure 2-1. First Steps Evaluation Logic Model

Purpose of SC First Steps Initiative: To develop, promote, and assist efforts of agencies, private providers, and public and private organizations and entities, at the state level and the community level, to collaborate and cooperate in order to focus and intensify services, assure the most efficient use of all available resources, and eliminate duplication of efforts to serve the needs of young children and their families (SC Code §59-152-20).

INPUTS

- State Legislation and Regulations
- Funding (state, federal, local)
- Program standards

LEGISLATED GOALS (SC Code §59-152-30):

1. Provide parents with access to the support they might seek and want to strengthen their families and to promote the optimal development of their preschool children.
2. Increase comprehensive services so children have reduced risk for major physical, developmental, and learning problems.
3. Promote high quality preschool programs that provide a healthy environment that will promote normal growth and development.
4. Provide services so all children receive the protection, nutrition, and health care needed to thrive in the early years of life so they arrive at school ready to learn.
5. Mobilize communities to focus efforts on providing enhanced services to support families and their young children so as to enable every child to reach school.

SUCCESS INFLUENCED BY:
- Available resources and program development
- Existing infrastructure (e.g., transportation; available staff)
- State and local context and needs
- State and local political climates

PROCESSES

STATE FIRST STEPS OFFICE

- Administer and oversee state First Steps
- Distribute state funds to local partnerships

- Technical assistance to county partnerships
- Fiscal & Program monitoring and evaluation of partnerships and state service providers
- Ongoing data collection from local partnerships and state programs/services

- Administer BabyNet & CDEPP in private non-school district settings*

- Coordinate with other early childhood and school readiness efforts in the state*
- State/Local Coalition Building*

LOCAL FIRST STEPS PARTNERSHIPS

- Administer and oversee local First Steps
- Contract with local service providers

- Annual local needs assessment
- Monitor local service providers
- Ongoing data collection from service providers
- Submit evaluation data to State First Steps

- Coordinate with other local agencies providing early childhood services*
- Local Coalition Building*

- Direct services to children and families*
  - Family Strengthening Services
  - Early Education Services
  - School Transition Services
  - Healthy Start Services

- Indirect services: Quality Child Care*

OUTPUTS

- Allocation and distribution of funding

- # monitoring visits and assistance to local partnerships

- Schedule/systems for standardized accounting and data collection and submission

- # children with early intervention services
- # children in private 4K

- Community Events
- Collaborations
- Outreach and Awareness Products

- # monitoring visits to service providers
- Schedule of data collection and submission

- # families served
- # children served
- # services provided

- # sites served
- # services to sites
- # child care trainings
- # child care personnel trained

SHORT-TERM OUTCOMES

- Improved local ability to implement First Steps

- Increased administrative efficiency

- Increased valid and reliable program data

- Increase in children identified and receiving intervention services earlier.

- Increased access to preschool programs.

- Increased knowledge and awareness of the importance of early childhood investments

- Enhanced services to support families and young children

- Increase in quality care:
  - Structural
  - Education
  - Interactions

LONG-TERM OUTCOMES: Legislated Goals

- Increased effectiveness and efficiency of services

- Reduced waste and duplication of services

- Increased state and local investments

- Families better able to support development and early learning

- Decreased physical, developmental, and learning problems

- Improved school readiness

- Children's development optimized

Data Collection

An integral part of the data collection process for the evaluation involved ongoing dialogue with the state First Steps staff for assistance with accessing and gathering the required information. The team capitalized on the availability of program data maintained by the state office in the form of renewal plans, annual reports, an online data reporting system, and financial reports. Qualitative information was gathered by reviewing the initial First Steps Legislation, previous evaluation reports, and other relevant background documents; implementing 46 individualized local partnership surveys; and conducting interviews and focus groups with state and local First Steps leaders and stakeholders.

A database was created using information from the financial and local partnership renewal plans and reports and the state data reporting system; the database was used to create profiles of the 46 local partnerships (see Appendix C). These profiles were distributed to the local partnerships for review and data confirmation or correction.

The theory of change underlying First Steps is that state and local partnerships will select and implement strategies to respond to identified needs—these strategies will result in specific outcomes for children and their caregivers that indicate needs are being met or ameliorated. Ultimately, outcome achievement will result in children who are optimizing development and entering formal education healthy and prepared to succeed. The evaluation relied upon outcome indicators that programs and partnerships are required address. Ideally, all outcome indicators have data that are high quality (e.g., verified or validated, accurate, consistent, precise, and free of logic failures); one limitation of the evaluation relates to the evaluation team's limited ability to validate pre-existing data sets. Attempts were made, however, to confirm the data's accuracy. Thus, the data reported here should be interpreted as best estimates.

The data collection plan presented in Table 2-1 illustrates the alignment of the CIPP phases with evaluation questions, data sources and variables, and data collection activities. The table also contains the six focal questions; the remainder of this report provides the findings for these questions.

Table 2-1. Data Collection Plan

CIPP Phase	Evaluation Question(s)	DATA SOURCES AND VARIABLES						
		Document Review	Interviews/ Focus Groups	Local Partnership Surveys	State Data Reporting System	Local Annual Reports	Local Annual Renewal Plans	Local Financial Reports
Context and Input	1. What is the nature and diversity of programming provided statewide?			· Survey questions 1, 35, 46, 47, 51	· Program data · Program service statistics	· Program data · Program service statistics	· Program data · Program service statistics	· Expenses by program
	a. To what extent and how do investments vary statewide?			· Survey question 1, 25, 26, 32	· Program data · Program service statistics	· Program data · Program service statistics	· Program service statistics	· Expenses by program
	b. To what extent do local counties provide effective and efficient support services, such as transportation, health, family planning, etc.?			· Survey questions 1, 7, 8, 42, 46, 51, 54				
Process	2. To what extent do programs target and enroll children and families most in need of services? To what extent does enrollment vary statewide?	· Risk factor criteria, as developed by Holmes		· Survey questions 3, 4	· Risk factors reported for programs · Program data · Program service statistics			
	3. To what extent are programs implemented with a high degree of fidelity to program models or guidelines (such as evidence-based practices)?	· First Steps program accountability standards		· Survey questions 6, 41, 54, 56	· Program service statistics		· Program service statistics	
	4. To what extent are local counties providing effective and efficient support services, such as transportation, health, family planning, etc.?			· Survey question 7				

CIPP Phase	Evaluation Question(s)	DATA SOURCES AND VARIABLES						
		Document Review	Interviews/ Focus Groups	Local Partnership Surveys	State Data Reporting System	Local Annual Reports	Local Annual Renewal Plans	Local Financial Reports
Product	5. To what extent have program investments satisfied legislative requirements to: a. Provide parents with access to the support they might seek to strengthen their families and to promote the optimal development of their preschool children? b. Increase comprehensive services so children have reduced risk for major physical, developmental, and learning problems? c. Promote high quality preschool programs that provide a healthy environment that will promote normal growth and development? d. Provide services so all children receive the protection, nutrition, and health care needed to thrive in the early years of life so they arrive at school ready to learn? e. Mobilize communities to focus efforts on providing enhanced services to support families and their young children so as to enable every child to reach school healthy and ready to learn?	· Legislated program goals and requirements · State 4K, CTK, and other endorsed school readiness strategies · Nurse Family Partnership reports · Countdown to Kindergarten reports	· Staff and stakeholder interviews	· Survey questions 1, 12, 30, 35, 42, 46, 48, 51, 58	· Program data · Program service statistics · Keys to Interactive Parenting Scale · Adult Child Reading Inventory · Environment Rating Scales	· Program-specific outcomes	· Child Care training data	

CIPP Phase	Evaluation Question(s)	DATA SOURCES AND VARIABLES						
		Document Review	Interviews/ Focus Groups	Local Partnership Surveys	State Data Reporting System	Local Annual Reports	Local Annual Renewal Plans	Local Financial Reports
	6. What, if any, value-added has resulted from First Steps investments? Parent engagement and intentional parenting strategies?		· Staff and stakeholder interviews	· Survey questions 15, 16, 30			· Collaboration metrics	

Data Analysis and Presentation

Two types of analysis were employed in analyzing the evaluation data: descriptive, such as frequency distributions and estimates of central tendencies (mean, median, etc.) and drill down. Descriptive analyses were used to describe patterns in service and outcomes across the state. Drill down was used with survey and interview data to further explore service patterns and outcomes, to explain how and why some differences exist, and to determine value-added/systems development occurring at the state and county levels. Finally, the team categorized counties by need (with poverty of children under 5 as a proxy for need) to present and further explore patterns in service provision and outcomes.

First Steps' database data are presented throughout the report by quartile, where the quartile <20% reflects counties with fewer than 20% of children under 5 in poverty and the quartile >35% represents counties with greater than 35% of children in poverty. The populations in each county living in poverty were determined using the 2012 American Community Survey 5-year estimates. The data are presented in this format to assess and draw attention to patterns that may exist when counties are grouped according to need. County assignments to quartiles are as follow:

Quartile 1 Counties (fewer than 20% of the of children under 5 in the county live in poverty):

Bamberg	Beaufort
Berkeley	Dorchester
Kershaw	Lexington
York	

Quartile 2 Counties (from 20.1% to 26% of the of children under 5 in the county live in poverty):

Charleston	Greenville
Horry	Jasper
Lancaster	Oconee
Pickens	Richland
Saluda	Spartanburg
Sumter	Williamsburg
McCormick	

Quartile 3 Counties (from 26.1% to 35% of the of children under 5 in the county live in poverty):

Abbeville	Anderson
Calhoun	Chester
Clarendon	Colleton
Darlington	Florence
Georgetown	Greenwood
Laurens	Lee
Newberry	Union

Quartile 4 Counties (more than 35% of the of children under 5 in the county live in poverty):

Aiken	Allendale
Barnwell	Cherokee
Chesterfield	Dillon
Edgefield	Fairfield
Hampton	Marion
Marlboro	Orangeburg

LIMITATIONS

Every evaluation project experiences limitations—circumstances that challenge or alter the evaluation's ideal design. It is important to identify and describe these limitations, as they may affect the interpretation and use of findings.

1. The evaluation team relied extensively on data from the First Steps online database and local partnership renewal plans and reports. This stated, the evaluation team was unable to validate all data available at the time of data aggregation and analysis. Therefore, the findings are limited to some extent because the evaluators cannot attest to the adequacy or the quality and integrity of all of the data that were available.

2. First Steps invests over 90 percent of funds in "prevalent" programs, for which data are captured in the web-based data system; the evaluation focuses on these programs.   While programs categorized as "non-prevalent," or less commonly provided, do not utilize the online data system, data are submitted through the annual process for program review and approval. These data were made available in individualized local profiles.

3. The evaluation did not involve formal experimental research using control or comparison groups or pre- and post-measures of intervention and, thus, does not prove cause and effect. Rather, it can only describe the contribution of First Steps to differences or changes. It is important to note that there may be additional contributors to change.

Chapter 3. Nature and Diversity of Programs and Services

This chapter presents findings for the first evaluation question, *"What is the nature and diversity of programming across the state? To what extent and how do investments vary statewide?"* The evaluation focused on the following elements in considering its findings:

1. State funding levels across the four years from 2010-11 to 2013-14
2. Total partnership funding from 2010-11 to 2013-14

BACKGROUND

There are 46 local partnerships, one located in each of South Carolina's 46 counties. Local partnerships receive an annual allocation from South Carolina First Steps, which is managed by the state's First Steps Board of Trustees. Local resources and contributions, including federal funds that may be generated through grants and projects, augment the annual state allocation.

This section of the report documents First Steps funding from the 2010-11 fiscal year through the 2013-14, as reported by the state First Steps office, which was the source of final financial data for each year.

FINDINGS

As shown in Table 3-1, total state expenses were $21 to $23 million each year, from $23.8 million in 2010-11 to $23.2 million in 2013-14. These expenses represent the contributions of the state First Steps allocation as well as matching funds, in kind donations, federal grants, etc.

> Of note:
>
> - The 2002 evaluation estimated a total per capita spending of approximately $130 per young child.
> - The 2006 evaluation found that First Steps was able to reduce its dependence on state funding, as of 2004: *Because First Steps has garnered significant corporate and community support as well as federal funding (more than $25 million), it has been able to decrease its reliance on state funds from 100% in 1999 to less than 72% in 2004* (page xv).

Table 3-1. Total South Carolina First Steps Expenditures by Fund Source, 2010-11 through 2013-14[42]

Expense Fund Source	FY 10-11	FY 11-12	FY 12-13	FY 13-14
State Allocation (with carry forward)	$5,035,645	$10,148,471	$12,460,514	$13,064,779
Private Match	$3,735,958	$3,485,117	$2,834,584	$3,663,694
In Kind Donations	$2,740,900	$2,861,258	$3,484,635	$3,625,933
Federal Grants	$8,852,217	$3,597,408	$3,055,515	$2,827,831
E.I.A.	$1,269,940	$1,523,931	$337,671	$54,879
COE Appropriation	$25,297	$13,830.	$24,037	$3,133
CDEPP 4-K Appropriation	$2,177,251.16	$5,646	-	-
Total Expenditures	**$23,837,208**	**$21,635,6612**	**$22,196,956**	**$23,240,248**

Table 3-2 presents state and local expenses, categorized by quartiles. The table shows the variation in state allocations among quartiles, as well as the matching, in kind resources, and federal resources expended each year. With the exception of CDEPP resources in some years, the greatest expenses are found in the middle two quartiles, or counties in which 20 to 35 percent of children are in poverty.

Table 3-2. Total State and Local First Steps Expenditures by Fund Sources, 2010-11 through 2013-14

Local First Steps Quartile	State Allocation	Private Match	In-Kind Donations	Federal Grants	E.I.A.	C.O.E.	CDEPP 4-K
FISCAL YEAR: 2010-11							
<20%	$997,775	$154,784	$948,597	$1,039,871	$279,965	-	$76,542
20% - <26%	$2,169,358	$2,724,157	$1,015,350	$4,862,749	$408,696	$22,202	$348,349
26% - 35%	$1,082,993	$691,683	$414,162	$1,866,725	$337,025	$3,038	$940,219
>35%	$785,519	$165,334	$362,791	$1,082,872	$244,254	$56	$812,141
South Carolina	**$5,035,645**	**$3,735,958**	**$2,740,900**	**$8,852,217**	**$1,269,940**	**$25,297**	**$2,177,251**
FISCALYEAR:2011-12							
<20%	$2,024,768	$229,746	$1,036,401	$61,003	$290,221	-	$793
20% - <26%	$4,023,631	$2,462,077	$836,952	$3,364,670	$479,710	$13,680	$4,622
26% - 35%	$2,353,125	$641,347	$501,500	$159,150	$404,829	-	$23
>35%	$1,746,947	$151,948	$486,406	$12,585	$349,172	$150	$208
South Carolina	**$10,148,471**	**$3,485,117**	**$2,861,258**	**$3,597,408**	**$1,523,931**	**$13,830**	**$5,646**

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[42] Three fund sources used for expenses in 2009-10 are not used in 2010-11, 2011-12 or 2012-13 or 2013-14: Fund 35 Lottery Appropriation, Fund 40 Local Private (Lottery Match), and Fund 45 In-Kind (Lottery Match).

Local First Steps Quartile	State Allocation	Private Match	In-Kind Donations	Federal Grants	E.I.A.	C.O.E.	CDEPP 4-K
FISCAL YEAR: 2012-13							
<20%	$2,372,816	$284,800	$1,041,619	$11,466	$71,380	-	-
20% - <26%	$5,065,320	$1,609,361	$1,160,297	$2,985,588	$122,212	$3,127	-
26% - 35%	$2,712,314	$670,114	$795,912	$56,698	$70,225	$20,910	-
>35%	$2,310,065	$270,310	$486,806	$1,763	$73,855	-	-
South Carolina	**$12,460,514**	**$2,834,584**	**$3,484,635**	**$3,055,515**	**$337,671**	**$24,037**	-
FISCAL YEAR: 2013-14							
<20%	$2,434,791	$228,112	$754,844	$4,807,607	$1,269,754	$11,466	$71,380
20% - <26%	$5,661,448	$2,504,103	$1,178,253	$10,726,768	$3,664,530	$2,985,588	$122,212
26% - 35%	$2,839,758	$652,235	$914,747	$5,552,072	$1,448,156	$56,698	$70,225
>35%	$2,128,781	$279,244	$778,089	$4,438,845	$766,060	$1,763	$73,855
South Carolina	**$13,064,779**	**$3,663,694**	**$3,625,933**	**$25,525,293**	**$7,148,500**	**$3,055,515**	**$337,671**

As shown in Figure 3-1, the greatest change in expenditures occurred in 2013-14, with a large allocation of federal funds.
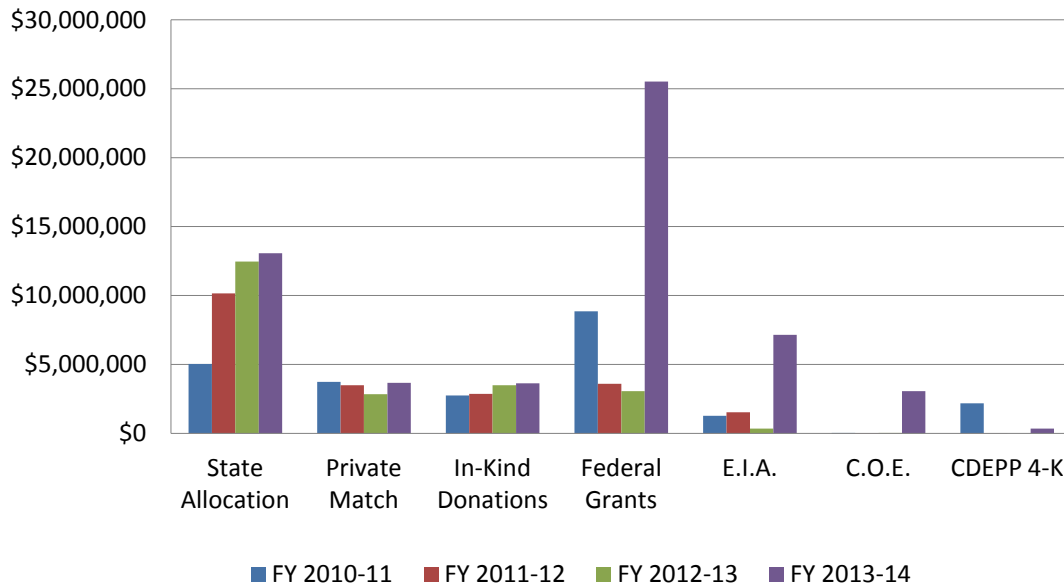
South Carolina First Steps took over the management of BabyNet in 2012-13. BabyNet is the state's Part C early intervention system for infants and toddlers funded through and regulated by the United States' Individuals with Disabilities Education Act. It focuses resources on children ages 0-3 with identified developmental delays and special needs. BabyNet funds shown in Table 3-3 are not allocated to local partnerships.

Table 3-3. South Carolina BabyNet Funds

Fiscal Year	BabyNet
2011	$9,087,662
2012	$9,675,360
2013	$9,149,837
2014	$9,847,065

The evaluation team also examined county compliance with matched funds and administrative cap requirements. As shown in Table 3-4 some local partnerships, especially those in counties with higher populations of young children in poverty, appear to have more difficulty with meeting the required match. Table 3-5 indicates that while most partnerships fall under the required 8% administrative cap, others, particularly those with high concentrations of poverty, require waivers of this requirement.

Table 3-4. Average Percent of Meeting Matching Funds Requirements

Local First Steps Quartile	Average Percent of Matching Funds			
	FY 10-11	FY 11-12	FY 12-13	FY 13-14
<20%	100%	100%	100%	100%
20% - <26%	100%	100%	83%	100%
26% - 35%	100%	93%	86%	86%
>35%	100%	83%	83%	75%
South Carolina	**100%**	**93%**	**87%**	**89%**

Table 3-5. Average Percent of Administrative Expenses Relative to Total Expenses

Local First Steps Quartile	Average Percent of Administration			
	FY 10-11	FY 11-12	FY 12-13	FY 13-14
<20%	6%	7%	6%	6%
20% - <26%	7%	8%	7%	7%
26% - 35%	8%	9%	9%	9%
>35%	8%	12%	10%	9%
South Carolina	**7%**	**9%**	**8%**	**8%**

Finally, the evaluation team used the estimated population of children under age 5[43] drawn from United States Census estimates to generate an estimated per capita expenditures—these calculations represent the total expenditures per county, which may include matching, federal, and private funds. The findings are presented in Table 3-6. Of note, the 2002 evaluation estimated a per capita expenditure of approximately $130 per child. Current data suggest that the overall per capita spending for the state has not varied tremendously since that report period.

Table 3-6. Average Expense Per Child

Local First Steps Quartile	Average Percent of Administration			
	FY 10-11	FY 11-12	FY 12-13	FY 13-14
<20%	$148.83	$166.58	$201.71	$216.38
20% - <26%	$104.39	$90.30	$97.56	$102.59
26% - 35%	$123.56	$100.65	$110.38	$111.41
>35%	$148.98	$117.43	$136.63	$138.69

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[43] U.S. Census estimated population counts for 2010, 2011, 2012, and 2013

Local First Steps Quartile	Average Percent of Administration			
	FY 10-11	FY 11-12	FY 12-13	FY 13-14
South Carolina	$129.58	$113.80	$129.77	$134.48

SUMMARY

- Total First Steps expenditures have remained relatively constant from 2010-11 to 2013-14. However, the underlying expenses show variation among funding sources. Most partnerships show success in meeting both the 15% match requirement and 8% administrative cap.

- The evaluation team believes it is helpful to continue to track county compliance with matched funds and administrative cap requirements and to ensure that all counties consistently meet legislative requirements. Further, the evaluation team recommends that First Steps ensure sufficient resources for organizational tasks, at both the state and local levels—including administrative functions such as grant management.

Chapter 4. Serving South Carolina's Most-At-Risk Children

This chapter presents findings for the second evaluation question, which was *"To what extent do programs target and enroll children and families most-in-need of services?"* The evaluation team also used this opportunity to investigate variation in risk-based enrollment across local partnerships. The evaluation team focused on the following elements in considering its findings:

- In general and in aggregate across First Steps-funded programs, do local partnerships recruit and enroll children (and parents or families) most in need of service, as defined by the presence of one or more risk factors?
- Is there variation in the prevalence and type of risk, when controlling for county poverty? In other words, do counties with the highest poverty rates serve families with higher prevalence and types of risk?

BACKGROUND

The First Steps Board of Directors requires local partnerships to invest First Steps resources in children and families at risk. To assist and guide this process, First Steps defined risk for Fiscal Year 2014 as the presence or one or more of the following 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

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Of note:

- The 2010 evaluation report included data related to the percent of cases with required risk factors, disaggregated by type of program. In brief, the report noted that in 2008-2009, almost 79% of cases served by parenting home visitation strategies had 2 or more risk factors (page 57). Further, 39% of children served with Scholarships had 2 or more risk factors (page 58).

- In 2013, the Legislative Audit Council (LAC) noted that risk factor data are incomplete for children served in all First Steps-supported programs. The LAC also noted that (a) children with similar risk profiles might receive services of different intensities and/or durations and (b) a comparison of children served with total children at risk might be of benefit. Finally, the LAC recommended that First Steps use an annual report to document (1) the percent of children with varying risks who are served (as available) and (2) how programs that do not capture risk data ensure the most at risk children are served.

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

- 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.

These risk factors were informed by research conducted by Dr. Baron Holmes in 2006 linking child and family characteristics to third grade academic success. Dr. Holmes' found that the presence of one or more of the above listed risk factors was associated with a lack of academic success.

FINDINGS

At the time of this report and for fiscal years 2011-2014, several programs (primarily Family Strengthening and Scholarship) identified and reported on the number of cases that were enrolled and also had one or more of the risk factors identified by Dr. Holmes' research. These data can be aggregated by county to calculate the percent of cases enrolled that have at least one risk factor, at least two risk factors, or three or more risk factors. While the required program standard is that cases have at least one risk factor, the available data suggest that a high percentage of families enrolled in First Steps programs have multiple risk factors.

At the time of this report and for fiscal years 2011-2014, First Steps' Family Strengthening, Scholarship, and other direct service programs identify and report on the number of cases that are enrolled that also have one or more of the identified risk factors. These data are collected for strategies in which direct and intensive services are provided to individual children and their families.

The following tables display, by county quartile, the percent of cases at risk, the percent of cases with 1 risk factor, the percent of cases with 2 risk factors, and the percent of cases with 3 or more risk factors for

counties. Future chapters also contain information regarding the percent of cases served who have risk factors, specific to individual programs.

Table 4-1. Prevalence of Risk Factors of Cases Enrolled in State and Local First Steps Programs

Local First Steps Quartile	Number of Cases Enrolled	Number of Cases at Risk	Number of Risks	Number of Cases with 1 Risk	Percent of Cases with 2 Risks	Percent of Cases with 3+ Risks
FISCAL YEAR: 2010-11						
<20%	654	642	1,462	21%	46%	33%
20% - <26%	980	977	2,345	21%	41%	39%
26% - 35%	873	860	2,308	13%	42%	44%
>35%	428	406	923	22%	44%	33%
South Carolina	2,935	2,885	7,038	19%	43%	38%
FISCALYEAR:2011-12						
<20%	625	613	1,497	13%	47%	40%
20% - <26%	905	878	2,156	17%	45%	39%
26% - 35%	847	843	2,181	12%	47%	41%
>35%	406	402	929	16%	51%	33%
South Carolina	2,783	2,736	6,763	15%	47%	39%
FISCALYEAR:2012-13						
<20%	846	833	1,899	22%	46%	33%
20% - <26%	937	880	2,023	19%	49%	32%
26% - 35%	800	790	2,046	11%	46%	43%
>35%	514	512	1,250	16%	46%	38%
South Carolina	3,097	3,015	7,218	17%	47%	36%
FISCALYEAR:2013-14						
<20%	854	821	1,873	22%	47%	31%
20% - <26%	921	861	2,029	22%	45%	33%
26% - 35%	818	809	2,147	9%	47%	44%
>35%	544	525	1,169	18%	55%	27%
South Carolina	3,137	3,016	7,218	18%	48%	34%

Table 4-2. Number of Cases With Specific Risk Factors

	Local First Steps Quartiles																			
	FISCAL YEAR: 2010-11					FISCAL YEAR: 2011-12					FISCAL YEAR: 2012-13					FISCAL YEAR: 2013-14				
Risk Factor	<20%	20%-<26%	26%-35%	>35%	S.C.	<20%	20%-<26%	26%-35%	>35%	S.C.	<20%	20%-<26%	26%-35%	>35%	S.C.	<20%	20%-<26%	26%-35%	>35%	S.C.
TANF,[44] SNAP,[45] Free School Lunch Eligible	608	924	806	386	**2,724**	575	839	789	381	**2,584**	707	833	715	486	**2,741**	734	802	756	495	**2,787**
TANF Eligible	486	586	525	262	**1,859**	422	521	461	205	**1,609**	411	565	353	284	**1,613**	416	578	416	292	**1,702**
SNAP Eligible	525	831	717	370	**2,443**	525	778	719	363	**2,385**	652	803	661	457	**2,573**	705	747	656	446	**2,554**
IDEA Part C or Part B Eligible	72	107	77	42	**298**	92	102	88	42	**324**	61	83	87	56	**287**	59	80	99	47	**285**
Referred for Abuse	11	41	44	4	**100**	6	25	31	3	**65**	16	18	37	7	**78**	19	38	49	5	**111**
Referred for Neglect	12	29	25	10	**76**	14	22	34	5	**75**	15	25	55	13	**108**	26	41	59	15	**141**
Foster Child	11	26	31	14	**82**	17	24	22	9	**72**	15	20	21	9	**65**	24	30	23	14	**91**
Teen Custodial Parent	137	200	247	115	**699**	138	204	240	101	**683**	164	180	217	127	**688**	149	144	183	107	**583**
Mother < HS grad	247	437	370	152	**1,206**	259	396	321	158	**1,134**	256	391	281	187	**1,115**	236	315	288	97	**936**
Substance Abuse	32	50	105	25	**212**	16	52	71	19	**158**	33	40	68	32	**173**	34	38	68	36	**176**
Exposed to caregiver depression	100	144	142	31	**417**	98	189	139	47	**473**	119	157	123	87	**486**	107	197	138	111	**553**
Exposed to caregiver mental illness	15	32	31	12	**90**	19	40	36	15	**110**	23	15	25	30	**93**	19	29	43	20	**111**
Exposed to caregiver intellectual disability	14	58	84	13	**169**	20	38	45	10	**113**	38	31	36	26	**131**	28	23	47	24	**122**
Domestic Violence	46	61	103	32	**242**	32	66	92	33	**223**	37	47	55	46	**185**	60	53	52	38	**203**
Low Birth Weight[46] and/ or serious medical complications	91	98	114	48	**351**	76	78	83	63	**300**	88	74	89	75	**326**	110	59	82	77	**328**
Pre-K aged child with	0	0	2	0	**2**	44	47	43	8	**142**	126	54	74	23	**277**	112	67	104	24	**307**

[44] *=> 50% of Federal Poverty*
[45] *Formerly Food Stamps*
[46] *Birth weight <= than 5.5 lbs/2500 grams in association with poverty level <= of 130% of Federal Poverty*

	Local First Steps Quartiles																			
	FISCAL YEAR: 2010-11					FISCAL YEAR: 2011-12					FISCAL YEAR: 2012-13					FISCAL YEAR: 2013-14				
Risk Factor	<20%	20% -<26%	26% -35%	>35%	S.C.	<20%	20% -<26%	26% -35%	>35%	S.C.	<20%	20% -<26%	26% -35%	>35%	S.C.	<20%	20% -<26%	26% -35%	>35%	S.C.
developmental delay																				
CTK[47] - new K child w/ older sibling retained in/before 3rd grade	6	6	19	4	**35**	8	5	16	11	**40**	17	3	36	8	**64**	21	11	34	9	**75**
CTK - new K child (or sibling) recommended for social/ emotional/ behavioral services	40	11	80	4	**135**	44	25	95	13	**177**	54	12	76	15	**157**	53	20	76	19	**168**
CTK - new K child with no full-time Pre-K	20	121	28	31	**200**	39	4	36	11	**90**	130	40	51	23	**244**	82	82	46	31	**241**

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[47] *CTK-Countdown to Kindergarten*

1. South Carolina First Steps requires and endeavors to ensure children served are most in need of services. This is facilitated by the use of risk factors (identified above) and program accountability standards that clearly express that use of risk factors is required by the following programs: Parents as Teachers, Parent Child Home, Early Steps to School Success, Scholarships, and Countdown to Kindergarten. Chapter 5 presents program-specific data, where available, regarding the percent of clients served with different risk factors.

2. There are relatively few "non-prevalent" programs that directly serve children or their parents/families (e.g., Incredible Years, Motheread, Health programs). Partnerships must share data related to recruitment and enrollment of clients in the state's annual review and approval process.

3. Because all First Steps partnerships are expected to serve children most at risk, there is no distinct pattern to the percent of families served with multiple risks, when analyzed by partnership quartile. In other words, counties with a higher proportion of children in poverty do not necessarily serve families with more risk or risk factors (as measured using 1, 2, or 3 or more risks) than counties with a lower proportion of children in poverty. Further, in each quartile poverty (as measured using Free Lunch, TANF, or SNAP eligibility) appears to be the largest risk factor, followed by maternal education.

Chapter 5. Service and Program Implementation

This chapter presents findings for the third evaluation question, which was *"To what extent are programs implemented with a high degree of fidelity to program models or guidelines (such as evidence-based practices)?"* The evaluation team focused on the following elements in considering its findings:

- The presence or absence of program accountability standards for individual programs;
- The availability of state data for reviewing and ensuring program standards are met; and
- Other local partnership activities that support program implementation.

BACKGROUND

There is growing recognition and acceptance of the importance of implementation when conducting research and evaluation activities. Durlak (2010, page 350) identified multiple reasons implementation fidelity and quality is important, including the following, which are helpful when considering First Steps programming:

- Implementation often influences outcomes.
- Implementation is an essential component of any program evaluation.
- Implementation is not an all-or-none phenomenon but exists along a continuum that ranges from very low to very high, or from 0 to 100%.
- The degree of achieved implementation is almost never 100%.
- Implementation often varies over time and across providers.

Of note:

- The 2010 evaluation noted South Carolina's challenges with regard to tracking program implementation, reporting "The difficulties of implementation and evaluation of new strategies has been a constant theme throughout First Steps history." (page 92).

- The 2010 evaluation report also noted that lack of implementation data may affect the interpretation of program findings: "The effect of the programmatic and evaluation requirements enacted by the First Steps Board of Trustees, which became effective in August 2007, allowed this evaluation to begin to answer questions regarding the range and quality of services… For those programs which have clear fidelity guidelines, most clearly seen in the home visitation strategies, data provided documentation of improved program fidelity. This improved program quality is evidenced by improved participant outcomes." (pages 140-141)The 2013 LAC report contained survey findings that indicated a majority of partnership respondents believed the program standards (used to guide program administration and implementation) were either clear or very clear. (page 77)

- Understanding implementation and its effects is highly dependent on identifying and measuring the core elements or active ingredients of an intervention.

The author also suggests that the "ecological" context in which a program exists—the context that might include local, community, and/or state factors as well as the personality and skills of staff, etc.—is a confounding factor that also must be considered when examining a program's implementation, as is the interface or presence of multiple programs among service recipients. Thus, implementation is an important component of the current evaluation, as implementation often is the key to understanding why a program did or did not achieve its desired outcomes or the outcomes that should be possible, given a program's supporting evidence.

There are several different ways in which First Steps might approach this work. First, partnerships may elect to choose only programs that have established implementation protocols. The presence of a detailed protocol provides guidance for ensuring fidelity of implementation for program staff as well as program monitors or evaluators. It also contributes to the formative knowledge of continuous quality improvement and an ability to quickly respond if a program is not being delivered as designed. Second, partnerships may develop their own implementation protocols in the absence of an existing model or protocol. In these cases, partnerships may draw upon best practices in other programs or related fields to guide implementation processes, recognizing that adjustments may be required over time. Third, an authorized agency or individual may edit suggested implementation practices in ways that may be better suited to the local context or target population(s). Fourth, a program or partnership may ignore the fidelity and quality of program implementation altogether, but still address other contractual and fiscal requirements.

What follows is a description of how partnerships reported ensuring high quality services and fidelity of implementation as well as available data on each of the prevalent programs. In some cases, data were not available; these instances are noted as such.

FINDINGS

Local partnerships were given the opportunity to explain in the survey how they ensure high quality implementation of services for each of the programs currently funded in their counties (2013-14). Many partnerships reported utilizing strategies such as evaluation and accountability activities and the collection and use of program and budget data for ensuring implementation quality. Partnerships also frequently reported using First Steps program standards to guide their implementation practices, as well as curriculum, program implementation guidelines, and/or published best practices. Other helpful strategies noted by local partnerships included:

- Training for staff and/or volunteers

- Frequent communications and/or meetings

- Development and use of detailed implementation plans

It is less clear how some of the strategies reported by partnerships contribute to high quality or fidelity of program implementation. For example, some partnerships reported "hiring and working with qualified staff and agencies"—it is unclear whether or in which programs this is a criteria for staffing the program more than a strategy to ensure that services are provided as intended or proven to be effective. Further, while "follow-up with program and clients" and "positive working relationships and collaborations" are important components of grants management, it is uncertain what guides the nature and content of these strategies and how they might be used to ensure program fidelity of implementation.

PROGRAM ACCOUNTABILITY STANDARDS

As some partnerships indicated, the use of First Steps Program Accountability Standards is an important means for ensuring high quality services and fidelity to program expectations. South Carolina First Steps has provided program standards for all prevalent programs; these standards, by program, are presented below. In some cases, the standards are aligned with established model criteria, as with Parents as Teachers. In other cases, the state First Steps staff established criteria that define high quality services. The following sections provide the standards for Fiscal Year 2014 for each prevalent program along with available data from the First Steps online reporting database that speak to the quality and fidelity of implementation and facilitate assessment of program execution.

PARENTS AS TEACHERS

First Steps Program Standards

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:

TARGETING:

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

- 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

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.

As shown in Table 5-1, Parents as Teachers programs exclusively enroll clients with identified risk factors.

Table 5-1. *Parents as Teachers*: Percent of Cases with Risk Factors

Local First Steps Quartile	Percent of Cases with Risk Factors			
	FY 10-11	*FY 11-12*	*FY 12-13*	*FY 13-14*
<20%	99%	100%	99%	100%
20% - <26%	100%	100%	100%	100%
26% - 35%	99%	100%	100%	100%
>35%	99%	100%	99%	100%
South Carolina	99%	100%	100%	100%

As shown in Table 5-2, the majority of Parents as Teachers clients have multiple (2 or more) risk factors, with approximately one-third of clients (across fiscal years and partnership quartiles) demonstrating three or more risk factors.

Table 5-2. *Parents as Teachers*: Prevalence of Risk Factors

Local First Steps Quartile	Number of Cases Enrolled	Percent of Cases at Risk	Percent of Cases with 1 Risk	Percent of Cases with 2 Risks	Percent of Cases with 3+ Risks
FISCAL YEAR: 2010-11					
<20%	410	99%	20%	46%	33%
20% - <26%	396	100%	16%	38%	46%
26% - 35%	340	99%	16%	45%	37%
>35%	157	99%	22%	38%	39%
South Carolina	**1,303**	**99%**	**18%**	**42%**	**39%**
FISCALYEAR:2011-12					
<20%	392	100%	14%	48%	37%
20% - <26%	334	100%	11%	41%	48%
26% - 35%	292	100%	11%	50%	39%
>35%	142	100%	14%	50%	35%
South Carolina	**1,160**	**100%**	**12%**	**47%**	**40%**
FISCALYEAR:2012-13					
<20%	405	99%	14%	49%	37%
20% - <26%	321	100%	9%	56%	35%
26% - 35%	283	100%	6%	57%	37%
>35%	161	99%	19%	46%	35%
South Carolina	**1,170**	**100%**	**11%**	**52%**	**36%**
FISCALYEAR:2013-14					
<20%	411	100%	13%	54%	33%
20% - <26%	298	100%	8%	50%	41%
26% - 35%	279	100%	6%	59%	34%
>35%	112	100%	17%	53%	30%
South Carolina	**1,100**	**100%**	**10%**	**54%**	**35%**

Table 5-3 presents data on the specific risks presented by Parents as Teachers clients. As shown, poverty and maternal education are the most prevalent risks across fiscal years and quartiles. Interestingly, in 2010-2011 the presence of developmental delays also was a prevalent risk factor—this characteristic of the overall risk profile was not repeated in fiscal years 2012, 2013, or 2014.

Table 5-3. *Parents as Teachers*: Number of Cases with Specific Risk Factors

Risk Factor	Local First Steps Quartiles																			
	FISCAL YEAR: 2010-11					FISCAL YEAR: 2011-12					FISCAL YEAR: 2012-13					FISCAL YEAR: 2013-14				
	<20%	20%-<26%	26%-35%	>35%	S.C.	<20%	20%-<26%	26%-35%	>35%	S.C.	<20%	20%-<26%	26%-35%	>35%	S.C.	<20%	20%-<26%	26%-35%	>35%	S.C.
TANF,[48] SNAP,[49] Free School Lunch Eligible	391	384	305	151	**1,231**	376	326	270	137	**1,109**	378	310	263	152	**1,103**	389	258	265	109	**1,021**
TANF Eligible	315	320	231	126	**992**	282	240	174	99	**795**	239	254	149	120	**762**	274	210	165	71	**720**
SNAP Eligible	338	329	275	141	**1,083**	347	303	246	125	**1,021**	354	292	229	139	**1,014**	374	234	231	95	**934**
IDEA Part C or Part B Eligible	42	45	25	12	**124**	60	47	20	15	**142**	43	32	16	21	**112**	37	27	24	10	**98**
Referred for Abuse	5	11	13	0	**29**	5	7	7	0	**19**	11	11	12	2	**36**	14	12	22	0	**48**
Referred for Neglect	7	10	10	5	**32**	11	8	9	3	**31**	11	10	22	4	**47**	16	14	28	0	**58**
Foster Child	7	10	9	3	**29**	13	7	8	3	**31**	9	5	7	4	**25**	10	8	10	5	**33**
Teen Custodial Parent	106	103	117	52	**378**	105	80	111	39	**335**	97	52	100	36	**285**	78	42	77	32	**229**
Mother < HS grad	175	222	170	75	**642**	162	190	134	66	**552**	164	156	114	66	**500**	142	111	113	26	**392**
Substance Abuse	18	28	22	9	**77**	13	22	15	4	**54**	20	19	24	10	**73**	21	16	11	4	**52**
Exposed to caregiver depression	80	102	43	8	**233**	84	108	50	9	**251**	99	95	58	16	**268**	97	108	58	22	**285**
Exposed to caregiver mental illness	6	11	11	3	**31**	12	13	12	4	**41**	17	9	8	8	**42**	16	16	19	4	**55**
Exposed to caregiver intellectual disability	12	12	11	6	**41**	11	5	12	4	**32**	23	8	7	10	**48**	22	13	11	5	**51**
Domestic Violence	29	30	21	13	**93**	22	28	22	13	**85**	33	31	17	11	**92**	46	31	13	7	**97**
Low Birth Weight[50] and/ or serious medical complications	50	59	57	25	**191**	37	40	36	31	**144**	44	32	31	29	**136**	46	24	26	21	**117**
Pre-K aged child with developmental delay	391	384	305	151	**1,231**	36	16	14	2	**68**	41	30	8	5	**84**	50	21	12	2	**85**

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[48] => 50% of Federal Poverty
[49] Formerly Food Stamps
[50] Birth weight <= than 5.5 lbs/2500 grams in association with poverty level <= of 130% of Federal Poverty

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.

Parents as Teachers programs report on client enrollment periods, as shown in Table 5-4 and Table 5-5. Table 5-4 documents the average number of months enrolled—across fiscal years and quartiles, partnerships fell short of the required average months of participation. This may be due to client attrition, which may occur when clients cannot commit to the intensity of services the program model requires. However, Table 5-5 indicates that partnerships are meeting the requirement for percent of clients who receive at least nine months of service.

Table 5-4. *Parents as Teachers*: Client Retention

| Local First Steps Quartile | Average Months Enrolled | | | |
	FY 10-11	*FY 11-12*	*FY 12-13*	*FY 13-14*
<20%	5.4	6.7	7.8	8.1
20% - <26%	8.0	7.2	7.1	7.8
26% - 35%	7.4	6.8	6.9	7.9
>35%	8.3	7.8	7.8	7.9
South Carolina	**7.3**	**7.1**	**7.4**	**7.9**

Table 5-5. *Parents as Teachers*: Families with Nine Continuous Months of Service

| Local First Steps Quartile | Percent of Families with Nine Continuous Months of Service | | | |
	FY 10-11	*FY 11-12*	*FY 12-13*	*FY 13-14*
<20%	65%	78%	80%	78%
20% - <26%	80%	69%	82%	83%
26% - 35%	70%	75%	73%	84%
>35%	87%	81%	86%	68%
South Carolina	**74%**	**75%**	**80%**	**80%**

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:

(1) Home Visit Intensity and Delivery:

Programs shall match the intensity of their service delivery to the specific needs of each family, with no client to receive 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 will be issued to Partnerships averaging fewer than 2.0 visits per family, per month.)

First Steps funded P.A.T. programs shall maintain formal affiliate status via the Parents as Teachers National Center. SC First Steps will continue hosting regular conference calls to assist vendors with tracking and meeting new model requirements. (Note that the PAT National Center will soon require affiliate programs operating on academic calendars to document their year-round service delivery to an as yet unspecified proportion of clients. Programs currently operating on academic calendars are asked to begin planning for the incorporation of this national model requirement.)

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 child care 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. In determining minimum caseload, **programs shall take per-visit cost allocation (detailed in Section 4 below) into** *account.*

Table 5-6 presents First Steps data on the average number of visits per family per month and the

percent of cases that met visit frequency. As shown, on average, partnerships are meeting the requirement of at least two visits per month requirement. However, not all families are receiving the required visit frequency, which is aligned with the number of needs that a family experiences. The average visit duration is one hour, with most cases receiving the required visit duration—a finding that is consistent across fiscal years and quartiles.

Table 5-6. *Parents as Teachers*: **Home Visit Frequency and Duration**

Local First Steps Quartile	Average Visits Per Family Per Month	Percent of Cases Meeting Visit Frequency	Average Duration of Visits (Hours)	Percent Meeting Duration Requirement
FISCAL YEAR: 2010-11				
<20%	1.8	68%	0.8	98%
20% - <26%	2.7	86%	1.2	99%
26% - 35%	2.1	48%	1.1	94%
>35%	2.4	72%	1.1	100%
South Carolina	**2.2**	**69%**	**1.0**	**98%**
FISCAL YEAR: 2011-12				
<20%	2.0	68%	0.9	100%
20% - <26%	2.2	75%	1.1	99%
26% - 35%	1.6	67%	1.0	90%
>35%	2.0	87%	0.9	99%
South Carolina	**1.9**	**72%**	**1.0**	**97%**
FISCAL YEAR: 2012-13				
<20%	2.2	68%	1.1	99%
20% - <26%	2.2	88%	1.1	100%
26% - 35%	1.8	70%	1.0	99%
>35%	1.9	84%	0.9	98%
South Carolina	**2.0**	**76%**	**1.0**	**99%**
FISCAL YEAR: 2013-14				
<20%	2.1	65%	1.1	100%
20% - <26%	2.2	84%	1.1	99%
26% - 35%	2.0	85%	0.9	99%
>35%	1.6	86%	0.8	99%
South Carolina	**2.0**	**77%**	**1.0**	**99%**

(2) 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.

There are limited data regarding the total number of group meetings provided each year. First Steps

data allows aggregation of the total number of group meetings attended, and the percent of families attending at least one group meeting each year. These data are presented in Table 5-7.

Table 5-7. *Parents as Teachers*: **Group Meetings**

Local First Steps Quartile	Number of Group Meetings Attended				Percent of Families Attending Minimum Number of Group Meetings			
	FY 10-11	*FY 11-12*	*FY 12-13*	*FY 13-14*	*FY 10-11*	*FY 11-12*	*FY 12-13*	*FY 13-14*
<20%	202	207	195	223	49%	53%	48%	54%
20% - <26%	197	203	151	141	50%	61%	47%	47%
26% - 35%	204	184	170	173	60%	63%	60%	62%
>35%	98	81	97	84	62%	57%	60%	75%
South Carolina	**701**	**207**	**613**	**621**	**54%**	**58%**	**52%**	**57%**

(3) 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 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.

As can be seen in Table 5-8, in fiscal years 2011-12 through 2013-14, increasing percentages of enrolled children received developmental screenings using the Ages and Stages Questionnaire and the Ages and Stages Questionnaire: Socio-Emotional. The results are fairly consistent with the program model and First Steps requirements for developmental screenings.

Table 5-8. *Parents as Teachers*: ASQ / ASQ-SE Screening Completion

Local First Steps Quartile	ASQ			ASQ:SE	
	Number of Children Enrolled	Number of Children Screened	Percent of Children With Required Screenings	Number of Children Screened	Percent of Children With Required Screenings
FISCAL YEAR: 2010-11					
<20%	494	1	0%	0	0%
20% - <26%	484	2	0%	10	2%
26% - 35%	427	1	0%	0	0%
>35%	193	0	0%	0	0%
South Carolina	**1,598**	**4**	**0%**	**10**	**1%**
FISCAL YEAR: 2011-12					
<20%	461	363	79%	2	0%
20% - <26%	408	291	71%	53	13%
26% - 35%	348	214	61%	0	0%
>35%	177	114	64%	0	0%
South Carolina	**1,394**	**982**	**70%**	**55**	**4%**
FISCAL YEAR: 2012-13					
<20%	469	385	82%	25	5%
20% - <26%	410	323	79%	27	7%
26% - 35%	336	242	72%	39	12%
>35%	202	155	77%	13	6%
South Carolina	**1,417**	**1,105**	**78%**	**104**	**7%**
FISCAL YEAR: 2013-14					
<20%	417	380	91%	385	92%
20% - <26%	359	260	72%	148	41%
26% - 35%	303	265	87%	148	49%
>35%	138	115	83%	78	57%
South Carolina	**1,217**	**1,020**	**84%**	**759**	**62%**

Table 5-9 illustrates a relatively high connection rate for clients who apply for referrals, with the highest overall connection rates occurring within the middle two quartiles. This suggests that a relatively high proportion of children and families are connected with community resources for which they are eligible and might benefit.

Table 5-9. *Parents as Teachers*: Referral Applications and Connections

Local First Steps Quartile	Number of Applications for Referrals	Percent of Applications Connected	Number of Applications for Referrals	Percent of Applications Connected	Number of Applications for Referrals	Percent of Applications Connected	Number of Applications for Referrals	Percent of Applications Connected
	FY 10-11		*FY 11-12*		*FY 12-13*		*FY 13-14*	
<20%	796	54%	1,081	72%	1,344	61%	2,215	54%
20% - <26%	965	83%	254	76%	228	58%	359	80%
26% - 35%	471	92%	339	84%	246	76%	304	87%
>35%	37	65%	41	56%	59	83%	30	60%
South Carolina	**2,269**	**75%**	**1,715**	**74%**	**1,877**	**63%**	**2,908**	**60%**

(4) 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**.

All parenting and family strengthening vendors shall **develop well documented Family Service 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.

(5) 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.

Each First Steps County Partnership 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.

(6) Staff Qualifications and Training

All P.A.T. educators 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 P.A.T.'s Foundational and Model Implementation Training.

Educators whose caseloads include children aged 3-5, must also be maintain the P.A.T. (3-5) add-on certification.

Each P.A.T. program shall be overseen by one or more individuals certified as PAT Supervisors.

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 annual professional development approved by SC First Steps 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 for annual submission to SCFS. Each parent educator shall maintain annual re-certification in the Keys to Interactive Parenting Scale (KIPS).

(7) Ongoing Program Quality Assessment

Each P.A.T. vendor shall participate in the PAT affiliate quality validation 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.

Each participating First Steps Partnership shall convene a monthly supervisory 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.

Parent educators shall participate in individualized reflective supervision meetings with their supervisors monthly.

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 case using the **Keys to Interactive Parenting Scale (KIPS).** A baseline KIPS assessment shall be completed within 45 days of each client's initial enrollment, with a post assessment conducted 6-9 months later, at each 12 month interval thereafter and/or within 30 days of planned program completion.. Partnerships shall ensure that each KIPS assessor is currently certified by the authors and shall include all costs associated with this assessment within their budget spending plans.

In addition to the KIPS, each family containing children aged 2½ - 5 shall have their interactive literacy behaviors assessed (pre- and post-, with the initial assessment conducted within 45 days of a child within the household reaching 30 months of age) by a trained evaluator making use of the **Adult-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.

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 and assessment data shall be collected within the First Steps Data Collection System (FSDC).

Table 5-10 presents KIPS and ACIRI completion rates for eligible families, documenting the percent of enrolled and eligible families that were assessed with each instrument. Overall completion rates, especially for the KIPS, for the past three fiscal years have ranged from approximately 79 to 82 percent, an improvement over the 2010-11 KIPS overall completion rate of 51 percent. Fewer clients received the ACIRI over each of the four years, with approximately one-third of clients receiving the assessment each year[51].

Table 5-10. *Parents as Teachers*: **KIPS and ACIRI Assessment Completion**

Local First Steps Quartile	Number of Families Enrolled & Eligible for Assessment	Percent of Families Assessed- KIPS	Percent of Families Assessed- ACIRI
FISCAL YEAR: 2010-11			
<20%	410	57%	29%
20% - <26%	396	47%	34%
26% - 35%	340	48%	33%
>35%	157	52%	30%
South Carolina	**1,303**	**51%**	**32%**
FISCAL YEAR: 2011-12			
<20%	392	83%	43%

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[51] It is important to note that this instrument is used exclusively for children ages two and older. Declining ACIRI assessment rates may reflect the State Board's recent emphasis upon children in the 0-3 age range.

Local First Steps Quartile	Number of Families Enrolled & Eligible for Assessment	Percent of Families Assessed- KIPS	Percent of Families Assessed- ACIRI
20% - <26%	334	83%	39%
26% - 35%	292	76%	29%
>35%	142	85%	32%
South Carolina	1,160	82%	37%
FISCAL YEAR: 2012-13			
<20%	405	81%	39%
20% - <26%	321	76%	40%
26% - 35%	283	78%	27%
>35%	161	85%	38%
South Carolina	1,170	79%	34%
FISCAL YEAR: 2013-14			
<20%	411	76%	34%
20% - <26%	298	78%	40%
26% - 35%	279	76%	27%
>35%	112	84%	38%
South Carolina	1,100	77%	34%

COST ALLOCATION:
For each $150 budgeted to a parent home visitation strategy, partnerships shall document their successful delivery of at least one home visit.

Finally, the Parents as Teachers Program Accountability Standards require a home visit for each $150 allocated. Table 5-11 presents calculated estimates for this requirement, using the Parents as Teachers budgets for each fiscal year to estimate the total expected number of home visits, which can be compared to the total number of actual home visits. As shown, the overall total reported home visits fell short of cost-projected estimates of visits in each fiscal year. However, a quartile-by-quartile analysis indicates that some partnerships met, and sometimes exceeded, the expected number of visits.

Table 5-11. *Parents as Teachers*: Expected and Actual Home Visits

Local First Steps Quartile	Number of Expected Home Visits	Number of Actual Home Visits
FISCAL YEAR: 2010-11		
<20%	9,427	6,329
20% - <26%	9,488	10,640
26% - 35%	6,497	4,156
>35%	2,455	3,485
South Carolina	**27,867**	**24,610**
FISCAL YEAR: 2011-12		
<20%	9,713	6,307
20% - <26%	7,173	6,538
26% - 35%	4,694	3,930
>35%	2,942	4,060
South Carolina	**24,522**	**20,835**
FISCAL YEAR: 2012-13		
<20%	10,289	6,893
20% - <26%	8,033	6,723
26% - 35%	5,864	3,903
>35%	3,015	4,048
South Carolina	**27,200**	**21,567**
FISCAL YEAR: 2013-14		
<20%	10,755	6,413
20% - <26%	8,016	6,723
26% - 35%	5,170	4,226
>35%	2,486	3,234
South Carolina	**26,428**	**20,596**

PARENT CHILD HOME

First Steps Program Standards

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:

TARGETING:

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

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

Table 5-12 presents data on the percent of Parent-Child Home clients with documented risk factors. As shown, local partnerships successfully identified and enrolled clients with First Steps-specified risk factors. As

with Parents as Teachers, many clients experienced two or more risk factors (Table 5-13).

Table 5-12. *Parent Child Home*: **Percent of Cases with Risk Factors**

Local First Steps Quartile	Percent of Cases with Risk Factors			
	FY 10-11	*FY 11-12*	*FY 12-13*	*FY 13-14*
<20%	99%	98%	99%	99%
20% - <26%	100%	96%	100%	100%
26% - 35%	98%	100%	98%	98%
>35%	-	-	-	-
South Carolina	**99%**	**99%**	**99%**	**99%**

Table 5-13. *Parent Child Home*: **Prevalence of Risk Factors**

Local First Steps Quartile	Number of Cases Enrolled	Percent of Cases at Risk	Percent of Cases with 1 Risk	Percent of Cases with 2 Risks	Percent of Cases with 3+ Risks
FISCAL YEAR: 2010-11					
<20%	63	98%	32%	44%	27%
20% - <26%	31	100%	52%	29%	3%
26% - 35%	65	98%	9%	43%	17%
>35%	-	-	-	-	-
South Carolina	159	**99%**	**26%**	**41%**	**18%**
FISCALYEAR:2011-12					
<20%	63	98%	32%	44%	32%
20% - <26%	24	96%	38%	92%	0%
26% - 35%	47	100%	23%	68%	11%
>35%	-	-	-	-	-
South Carolina	134	**99%**	**30%**	**61%**	**19%**
FISCALYEAR:2012-13					
<20%	69	99%	30%	23%	36%
20% - <26%	31	100%	3%	55%	16%
26% - 35%	49	98%	20%	53%	22%
>35%	-	-	-	-	-
South Carolina	149	**99%**	**21%**	**40%**	**28%**

Local First Steps Quartile	Number of Cases Enrolled	Percent of Cases at Risk	Percent of Cases with 1 Risk	Percent of Cases with 2 Risks	Percent of Cases with 3+ Risks
FISCALYEAR:2013-14					
<20%	65	99%	30%	23%	36%
20% - <26%	26	100%	3%	55%	16%
26% - 35%	49	98%	20%	53%	22%
>35%	-	-	-	-	-
South Carolina	140	**99%**	**21%**	**40%**	**28%**

Another similarity with Parents as Teachers is the prevalence of poverty as a risk factor, followed by low maternal education. Specific data for each fiscal year are presented in Table 5-14.

Table 5-14. *Parent Child Home*: Number of Cases with Specific Risk Factors

Risk Factor	\<20%	20% - \<26%	26% - 35%	>35%	S.C.	\<20%	20% - \<26%	26% - 35%	>35%	S.C.	\<20%	20% - \<26%	26% - 35%	>35%	S.C.	\<20%	20% - \<26%	26% - 35%	>35%	S.C.
	FISCAL YEAR: 2010-11					**FISCAL YEAR: 2011-12**					**FISCAL YEAR: 2012-13**					**FISCAL YEAR: 2013-14**				
TANF,[52] SNAP,[53] Free School Lunch Eligible	60	31	64	-	**155**	60	23	45	-	**128**	66	31	46	-	**143**	64	26	45	-	**135**
TANF Eligible	46	31	47	-	**124**	51	17	19	-	**87**	63	20	32	-	**115**	61	26	22	-	**109**
SNAP Eligible	59	31	60	-	**150**	60	23	36	-	**119**	64	30	44	-	**138**	64	24	43	-	**131**
IDEA Part C or Part B Eligible	7	1	9	-	**17**	9	1	7	-	**17**	3	0	5	-	**8**	8	1	8	-	**17**
Referred for Abuse	1	0	1	-	**2**	0	0	1	-	**1**	2	0	0	-	**2**	0	0	0	-	**0**
Referred for Neglect	0	1	1	-	**2**	0	0	2	-	**2**	2	0	1	-	**3**	0	0	0	-	**0**
Foster Child	0	0	0	-	**0**	0	0	0	-	**0**	2	0	0	-	**2**	2	0	0	-	**2**
Teen Custodial Parent	4	1	13	-	**18**	4	4	9	-	**17**	15	0	4	-	**19**	12	1	4	-	**17**
Mother \< HS grad	25	8	23	-	**56**	22	6	20	-	**48**	14	1	13	-	**28**	20	4	12	-	**36**
Substance Abuse	5	0	4	-	**9**	3	0	2	-	**5**	1	0	3	-	**4**	1	0	1	-	**2**
Exposed to caregiver depression	5	0	2	-	**7**	3	11	4	-	**18**	2	14	10	-	**26**	1	1	9	-	**11**
Exposed to caregiver mental illness	3	1	1	-	**5**	4	0	0	-	**4**	1	0	0	-	**1**	0	0	0	-	**0**
Exposed to caregiver intellectual disability	0	0	0	-	**0**	2	2	1	-	**5**	2	0	1	-	**3**	0	0	0	-	**0**
Domestic Violence	0	1	3	-	**4**	2	0	7	-	**9**	0	0	1	-	**1**	1	0	0	-	**1**
Low Birth Weight[54] and/ or serious medical complications	18	13	12	-	**43**	17	4	2	-	**23**	21	7	7	-	**35**	21	4	13	-	**38**
Pre-K aged child with developmental delay	0	0	0	-	**0**	7	0	0	-	**7**	66	31	46	-	**143**	5	0	5	-	**10**

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[52] => 50% of Federal Poverty
[53] Formerly Food Stamps
[54] Birth weight <= than 5.5 lbs/2500 grams in association with poverty level <= of 130% of Federal Poverty

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.

Table 5-15 and Table 5-16 present First Steps data regarding client retention (annual average months of enrollment) and percent of families with nine continuous months of service within a fiscal year. Data suggest that a relatively high proportion of clients are receiving at least nine months of service each year.

Table 5-15. *Parent Child Home*: Client Retention

Local First Steps Quartile	Average Months Enrolled			
	FY 10-11	FY 11-12	FY 12-13	FY 13-14
<20%	8.0	8.6	8.0	8.4
20% - <26%	8.4	8.2	8.5	7.9
26% - 35%	8.5	8.7	7.8	7.4
>35%	-	-	-	-
South Carolina	8.2	8.5	8.1	7.9

Table 5-16. *Parent Child Home*: Families with Nine Continuous Months of Service

Local First Steps Quartile	Percent of Families with Nine Continuous Months of Service			
	FY 10-11	FY 11-12	FY 12-13	FY 13-14
<20%	79%	92%	88%	88%
20% - <26%	90%	88%	97%	100%
26% - 35%	98%	100%	94%	94%
>35%	-	-	-	-
South Carolina	89%	94%	92%	92%

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:

(1) 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 child care 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). In determining minimum caseload, programs shall take per-visit cost allocation (detailed in Section 4 below) into account.

First Steps data presented in Table 5-17 suggest that an increasing number of Parent Child Home cases are meeting visit frequency requirements, but the overall percentage of cases that meet the requirement is less than 50 percent—reflecting the challenges high-risk families may experience in committing to twice-weekly visits. In contrast, a relatively high percent of cases meet the visit duration requirement.

Table 5-17. *Parent Child Home*: **Home Visit Frequency and Duration**

Local First Steps Quartile	Average Visits Per Family Per Month	Percent of Cases Meeting Visit Frequency	Average Duration of Visits (Hours)	Percent of Meeting Duration Requirement
FISCAL YEAR: 2010-11				
<20%	5.4	13%	8.0	83%
20% - <26%	4.1	19%	8.4	90%
26% - 35%	4.8	5%	8.5	98%
>35%	-	-	-	-
South Carolina	4.9	**11%**	**8.2**	**91%**
FISCAL YEAR: 2011-12				
<20%	5.5	30%	0.5	75%
20% - <26%	4.7	4%	0.5	100%
26% - 35%	5.0	9%	0.5	100%
>35%	-	-	-	-
South Carolina	**5.1**	**18%**	**0.5**	**88%**
FISCAL YEAR: 2012-13				

Local First Steps Quartile	Average Visits Per Family Per Month	Percent of Cases Meeting Visit Frequency	Average Duration of Visits (Hours)	Percent of Meeting Duration Requirement
<20%	8.0	64%	0.5	83%
20% - <26%	8.5	16%	0.5	100%
26% - 35%	7.8	33%	0.5	96%
>35%	-	-	-	-
South Carolina	8.1	44%	0.5	91%
FISCAL YEAR: 2013-14				
<20%	5.8	46%	8.4	77%
20% - <26%	5.7	38%	7.9	100%
26% - 35%	5.2	24%	7.4	92%
>35%	-	-	-	-
South Carolina	5.6	37%	7.9	86%

Parent Child Home does not require parents to attend group meetings. However, First Steps data suggest that some group meetings were held and that parents attended them during fiscal years 2010-11, 2011-12, and 2013-14 (Table 5-18).

Table 5-18. *Parent Child Home*: Group Meetings

Local First Steps Quartile	Number Attending Group Meetings				Percent of Families Attending Minimum Number of Group Meetings			
	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 10-11	FY 11-12	FY 12-13	FY 13-14
<20%	25	57	0	2	40%	90%	0%	3%
20% - <26%	24	18	0	1	77%	75%	0%	4%
26% - 35%	32	32	0	36	49%	68%	0%	73%
>35%	-	-	-	-	-	-	-	-
South Carolina	81	107	0	39	51%	80%	0%	28%

(2) Screenings and Referrals:
Parenting vendors shall document the completion of all model-related health and developmental screenings to include functional hearing checks, functional vision assessments, 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 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.

A relatively high percent of cases in fiscal year 2011-12 received screenings using the Ages and Stages Questionnaire, but fewer cases received required screenings in 2012-13 and 2013-14. As shown in

Table 5-19, it appears the program did not implement screenings using the Ages and Stages Questionnaire: Socio-Emotional but this does not represent a violation of program requirements.

Table 5-19. *Parent Child Home*: ASQ / ASQ-SE Screening Completion

Local First Steps Quartile	Number Of Children Enrolled	ASQ Number Of Children Screened	ASQ Percent With Required Screenings	ASQ:SE Number Of Children Screened	ASQ:SE Percent With Required Screenings
FISCAL YEAR: 2010-11					
<20%	65	0	0%	0	0%
20% - <26%	33	0	0%	0	0%
26% - 35%	66	0	0%	0	0%
>35%	-	-	-	-	-
South Carolina	**164**	**0**	**0%**	**0**	**0%**
FISCAL YEAR: 2011-12					
<20%	65	58	89%	0	0%
20% - <26%	24	22	92%	0	0%
26% - 35%	47	44	94%	0	0%
>35%	-	-	-	-	-
South Carolina	**136**	**124**	**91%**	**0**	**0%**
FISCAL YEAR: 2012-13					
<20%	71	23	32%	0	0%
20% - <26%	34	33	97%	0	0%
26% - 35%	51	45	88%	0	0%
>35%	-	-	-	-	-
South Carolina	**156**	**101**	**65%**	**0**	**0%**
FISCAL YEAR: 2013-14					
<20%	56	20	36%	0	0%
20% - <26%	28	28	100%	0	0%
26% - 35%	49	44	90%	0	0%
>35%	-	-	-	-	-
South Carolina	**133**	**92**	**69%**	**0**	**0%**

Referrals to community services are an important component of the Parent Child Home model and a Program Accountability Standards. Table 5-20 presents data that indicate somewhat varied success in connecting families with community resources.

Table 5-20. *Parent Child Home*: Referral Applications and Connections

Local First Steps Quartile	Number of Applications for Referrals	Percent of Applications Connected	Number of Applications for Referrals	Percent of Applications Connected	Number of Applications for Referrals	Percent of Applications Connected	Number of Applications for Referrals	Percent of Applications Connected
	FY 10-11		*FY 11-12*		*FY 12-13*		*FY 13-14*	
<20%	0	0%	0	0%	9	56%	8	25%
20% - <26%	1	100%	2	100%	5	40%	315	100%
26% - 35%	19	21%	0	0%	0	0%	0	0%
>35%	-	-	-	-	-	-	-	-
South Carolina	20	**25%**	**2**	**100%**	**14**	**50%**	323	**98%**

(3) Staff Qualifications and Training

All PCH 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 P.C.H. educator shall meet the minimum education requirements above and be trained and supervised by a site coordinator approved by the P.C.H. National Center.

P.C.H. vendors must each employ at least one Site Coordinator trained by the P.C.H. 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).

(4) Ongoing Program Quality Assessment

P.C.H. 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 First Steps Partnership 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.

(5) Family Assessment and Goal Setting

Partnerships or PCH 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 Service Plans between the home visitor and families (using the SCFS-issued template) 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.

(6) 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.

Each First Steps County Partnership funding PCH shall convene an advisory/universal staffing meeting at least twice yearly. These meetings shall incorporate universal staffing guidelines/documents to be distributed by SCFS in an effort to identify service gaps, and increase collaborative service referrals

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 case using the Keys to Interactive Parenting Scale (KIPS). A baseline KIPS assessment shall be completed within 45 days of each client's initial enrollment, with a post assessment conducted 6-9 months later, at each 12 month interval thereafter and/or within 30 days of

planned program completion Partnerships shall ensure that each KIPS assessor is currently certified by the authors and shall include all costs associated with this assessment within their budget spending plans.

In addition to the KIPS, each family containing children aged 2½ - 5 shall have their interactive literacy behaviors assessed (pre- and post-, with the initial assessment conducted within 45 days of a child within the household reaching 30 months of age) by a trained evaluator making use of the Adult-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.

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 and assessment data shall be collected within the First Steps Data Collection System (FSDC).

The KIPS and ACIRI assessments are required for Parent Child Home participants. Data presented in Table 5-21 suggest that, overall, 75% or more of participants receive these assessments and that compliance with this requirement has improved over time.

Table 5-21. *Parent Child Home*: **KIPS and ACIRI Assessment Completion**

Local First Steps Quartile	Number of Families Enrolled & Eligible for Assessment	Percent of Families Assessed- KIPS	Percent of Families Assessed- ACIRI
FISCAL YEAR: 2010-11			
<20%	63	60%	76%
20% - <26%	31	87%	48%
26% - 35%	65	77%	77%
>35%	-	-	-
South Carolina	**159**	**72%**	**71%**
FISCAL YEAR: 2011-12			
<20%	63	68%	67%
20% - <26%	24	92%	88%
26% - 35%	47	91%	89%
>35%	-	-	-
South Carolina	**134**	**81%**	**78%**
FISCAL YEAR: 2012-13			
<20%	69	74%	77%
20% - <26%	31	97%	88%
26% - 35%	49	94%	69%

Local First Steps Quartile	Number of Families Enrolled & Eligible for Assessment	Percent of Families Assessed- KIPS	Percent of Families Assessed- ACIRI
>35%	-	-	-
South Carolina	**149**	**85%**	**81%**
	FISCAL YEAR: 2013-14		
<20%	65	85%	88%
20% - <26%	26	100%	88%
26% - 35%	49	73%	69%
>35%	-	-	-
South Carolina	**140**	**84%**	**81%**

COST ALLOCATION:

For each $150 budgeted to a parent home visitation strategy, partnerships shall document their successful delivery of at least one home visit.

As with Parents as Teachers, the Program Accountability Standards require that a home visit be delivered for each $150 allocated to a Parent Child Home program. In each year, the total home visits exceeded the expected and projected number of home visits based on the cost allocation by a great margin (Table 5-22).

Table 5-22. *Parent Child Home*: **Expected and Actual Home Visits**

Local First Steps Quartile	Number of Expected Home Visits	Number of Actual Home Visits
	FISCAL YEAR: 2010-11	
<20%	710	2,618
20% - <26%	865	1,060
26% - 35%	493	2,617
>35%	-	-
South Carolina	**2,068**	**6,295**
	FISCAL YEAR: 2011-12	
<20%	367	2,982
20% - <26%	610	930
26% - 35%	371	2,042
>35%	-	-
South Carolina	**1,348**	**5,954**
	FISCAL YEAR: 2012-13	
<20%	943	3,352
20% - <26%	776	1,316
26% - 35%	369	1,969
>35%	-	-

Local First Steps Quartile	Number of Expected Home Visits	Number of Actual Home Visits
South Carolina	2,087	6,637
FISCAL YEAR: 2013-14		
<20%	1,316	3,178
20% - <26%	715	1,895
26% - 35%	432	1,161
>35%	-	-
South Carolina	2,463	6,234

Early Steps to School Success

First Steps Program Standards

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:

TARGETING:

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

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.

The Early Steps to School Success program must meet the same risk factor enrollment requirements as Parents as Teachers and Parent Child Home. Table 5-23 and Table 5-24 document that partnerships providing an Early Steps program are meeting the required risk factor criteria.

Table 5-23. *Early Steps*: Percent of Cases with Risk Factors

Local First Steps Quartile	Percent of Cases with Risk Factors			
	FY 10-11	*FY 11-12*	*FY 12-13*	*FY 13-14*
<20%	-	-	-	-
20% - <26%	-	-	-	-
26% - 35%	100%	97%	100%	100%
>35%	100%	100%	99%	99%
South Carolina	**100%**	**99%**	**99%**	**99%**

Table 5-24. *Early Steps*: Prevalence of Risk Factors

Local First Steps Quartile	Number of Cases Enrolled	Percent of Cases at Risk	Percent of Cases with 1 Risk	Percent of Cases with 2 Risks	Percent of Cases with 3+ Risks
FISCAL YEAR: 2010-11					
<20%	-	-	-	-	-
20% - <26%	-	-	-	-	-
26% - 35%	40	100%	13%	38%	50%
>35%	61	100%	28%	34%	38%
South Carolina	**101**	100%	**22%**	**36%**	**43%**
FISCALYEAR:2011-12					
<20%	-	-	-	-	-
20% - <26%	-	-	-	-	-
26% - 35%	54	98%	11%	35%	52%
>35%	71	100%	38%	41%	21%
South Carolina	**125**	99%	**26%**	**38%**	**34%**
FISCALYEAR:2012-13					
<20%	-	-	-	-	-
20% - <26%	-	-	-	-	-
26% - 35%	65	100%	12%	25%	63%

>35%	116	99%	23%	33%	43%
South Carolina	**181**	99%	**19%**	**30%**	**50%**
FISCALYEAR:2013-14					
<20%	-	-	-	-	-
20% - <26%	-	-	-	-	-
26% - 35%	56	100%	9%	34%	57%
>35%	133	99%	23%	47%	29%
South Carolina	**189**	99%	**19%**	**43%**	**38%**

Compared to Parents as Teachers and Parent Child Home, the Early Steps program appears to enroll relatively higher numbers of children with reports of abuse or neglect (Table 5-25), and relatively fewer with reported poverty, as indicated by TANF eligibility.

Table 5-25. *Early Steps*: Number of Cases with Specific Risk Factors

Risk Factor	Local First Steps Quartiles																			
	FISCAL YEAR: 2010-11					FISCAL YEAR: 2011-12					FISCAL YEAR: 2012-13					FISCAL YEAR: 2013-14				
	<20%	20% -<26%	26% -35%	>35%	S.C.	<20%	20% -<26%	26% -35%	>35%	S.C.	<20%	20% -<26%	26% -35%	>35%	S.C.	<20%	20% -<26%	26% -35%	>35%	S.C.
TANF,[55] SNAP,[56] Free School Lunch Eligible	-	-	40	58	**98**	-	-	52	65	**117**	-	-	60	104	**164**	-	-	50	103	**153**
TANF Eligible	-	-	10	11	**21**	-	-	11	6	**17**	-	-	16	11	**27**	-	-	56	119	**175**
SNAP Eligible	-	-	0	1	**1**	-	-	0	1	**1**	-	-	1	0	**1**	-	-	13	11	**24**
IDEA Part C or Part B Eligible	-	-	1	2	**3**	-	-	1	0	**1**	-	-	4	1	**5**	-	-	1	0	**1**
Referred for Abuse	-	-	0	1	**1**	-	-	1	1	**2**	-	-	3	0	**3**	-	-	0	0	**0**
Referred for Neglect	-	-	28	17	**45**	-	-	25	17	**42**	-	-	29	42	**71**	-	-	0	2	**2**
Foster Child	-	-	17	24	**41**	-	-	25	15	**40**	-	-	30	33	**63**	-	-	19	35	**54**
Teen Custodial Parent	-	-	0	3	**3**	-	-	3	4	**7**	-	-	10	4	**14**	-	-	25	25	**50**
Mother < HS grad	-	-	0	13	**13**	-	-	3	18	**21**	-	-	6	38	**44**	-	-	13	4	**17**
Substance Abuse	-	-	0	8	**8**	-	-	2	6	**8**	-	-	0	10	**10**	-	-	15	43	**58**
Exposed to caregiver depression	-	-	0	6	**6**	-	-	0	3	**3**	-	-	3	11	**14**	-	-	5	7	**12**
Exposed to caregiver mental illness	-	-	0	3	**3**	-	-	1	2	**3**	-	-	2	11	**13**	-	-	6	9	**15**
Exposed to caregiver intellectual disability	-	-	8	1	**9**	-	-	10	2	**12**	-	-	15	9	**24**	-	-	0	5	**5**
Domestic Violence	-	-	0	0	**0**	-	-	3	3	**6**	-	-	8	6	**14**	-	-	4	7	**11**
Low Birth Weight[57] and/ or serious medical complications	-	-	0	0	**0**	-	-	0	0	**0**	-	-	0	0	**0**	-	-	7	7	**14**
Pre-K aged child with developmental delay	-	-	0	0	**0**	-	-	0	0	**0**	-	-	0	0	**0**	-	-	0	0	**0**

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[55] => 50% of Federal Poverty
[56] Formerly Food Stamps
[57] Birth weight <= than 5.5 lbs/2500 grams in association with poverty level <= of 130% of Federal Poverty

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.

The data presented in Table 5-26 indicate that, in the last two fiscal years, the average number of months that families are enrolled in an Early Steps program approaches the required nine months. In addition, approximately 80% of families remain the program for nine continuous months (Table 5-27).

Table 5-26. *Early Steps*: **Client Retention**

Local First Steps Quartile	Average Months Enrolled			
	FY 10-11	FY 11-12	FY 12-13	FY 13-14
<20%	-	-	-	-
20% - <26%	-	-	-	-
26% - 35%	10.1	10.1	9.0	7.8
>35%	4.8	6.5	9.4	9.4
South Carolina	**7.4**	**8.3**	**9.2**	**8.6**

Table 5-27. *Early Steps*: **Nine Continuous Months of Service**

Local First Steps Quartile	Percent of Families with Nine Continuous Months of Service			
	FY 10-11	FY 11-12	FY 12-13	FY 13-14
<20%	-	-	-	-
20% - <26%	-	-	-	-
26% - 35%	87%	89%	78%	76%
>35%	85%	73%	78%	87%
South Carolina	**86%**	**84%**	**78%**	**82%**

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:

(1) Home Visit Intensity and Delivery:

Programs shall match the intensity of their service delivery to the specific needs of each family, **with no client to receive 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 will be issued to Partnerships averaging fewer than 2.0 visits per family, per month.)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 child care 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 45 minutes**

Data on each home visit shall be entered into the ESSS data system by the 5th of the month following service delivery. No home visitor may carry a caseload of more than twenty (20) active families for Home Visitation. (Up to 30 additional families per home visitor may participate in the model's group meetings and transition activities (book bag exchange) for children older than 36 months. In determining minimum caseload, programs shall take per-visit cost allocation (detailed in Section 4 below) into account.

Partnerships have largely been successful in the last two fiscal years in achieving the required number of visits per family. However, they should pay attention to the percent of families receiving the required visits. Similarly, in 2012-13 and 2013-14, partnerships were successful in meeting visit duration requirements.

Table 5-28. *Early Steps*: Home Visit Frequency and Duration

Local First Steps Quartile	Average Visits Per Family Per Month	Percent of Cases Meeting Visit Frequency	Average Duration of Visits (Hours)	Percent Meeting Duration Requirement
FISCAL YEAR: 2010-11				
<20%	-	-	-	-
20% - <26%	-	-	-	-
26% - 35%	0.0	0%	0.0	0%
>35%	0.2	3%	0.5	22%
South Carolina	**0.1**	**2%**	**0.3**	**13%**
FISCAL YEAR: 2011-12				
<20%	-	-	-	-
20% - <26%	-	-	-	-
26% - 35%	0.0	0%	0.0	0%
>35%	0.9	7%	0.5	20%
South Carolina	**0.5**	**4%**	**0.3**	**11%**
FISCAL YEAR: 2012-13				
<20%	-	-	-	-
20% - <26%	-	-	-	-
26% - 35%	2.2	69%	1.1	100%
>35%	2.1	70%	1.1	99%
South Carolina	**2.1**	**69%**	**1.1**	**99%**

Local First Steps Quartile	Average Visits Per Family Per Month	Percent of Cases Meeting Visit Frequency	Average Duration of Visits (Hours)	Percent Meeting Duration Requirement
FISCAL YEAR: 2013-14				
<20%	-	-	-	-
20% - <26%	-	-	-	-
26% - 35%	2.2	91%	1.1	100%
>35%	2.0	59%	1.1	100%
South Carolina	**2.1**	**69%**	**1.1**	**100%**

(2) 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.

There are limited data available regarding the number of group meetings offered for families. The data presented in Table 5-29 suggest that partnerships are only recently improving on this metric.

Table 5-29. *Early Steps*: Group Meetings

Local First Steps Quartile	Number Attending Group Meetings				Percent of Families Attending Minimum Number of Group Meetings			
	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 10-11	FY 11-12	FY 12-13	FY 13-14
<20%	-	-	-	-	-	-	-	-
20% - <26%	-	-	-	-	-	-	-	-
26% - 35%	0	0	1	18	0%	0%	2%	32%
>35%	5	0	0	34	8%	0%	0%	26%
South Carolina	**5**	**0**	**1**	**52**	**5%**	**0%**	**1%**	**28%**

(3) Screenings and Referrals:

Vendors shall document the completion of the ESSS family-centered 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, 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.

As with visit dosage metrics, in the last two fiscal years partnerships have become more successful at ensuring children are assessed using the Ages and Stages Questionnaire. It appears that the Ages and Stages Questionnaire: Socio-Emotional was not utilized (Table 5-30).

Table 5-30. *Early Steps*: **ASQ / ASQ-SE Screening Completion**

Local First Steps Quartile	ASQ			ASQ:SE	
	Number Of Children Enrolled	Number Of Children Screened	Percent With Required Screenings	Number Of Children Screened	Percent With Required Screenings
FISCAL YEAR: 2010-11					
<20%	-	-	-	-	-
20% - <26%	-	-	-	-	-
26% - 35%	49	0	0%	0	0%
>35%	75	0	0%	0	0%
South Carolina	124	0	0%	0	0%
FISCAL YEAR: 2011-12					
<20%	-	-	-	-	-
20% - <26%	-	-	-	-	-
26% - 35%	64	18	28%	0	0%
>35%	92	12	13%	0	0%
South Carolina	156	30	19%	0	0%
FISCAL YEAR: 2012-13					
<20%	-	-	-	-	-
20% - <26%	-	-	-	-	-
26% - 35%	84	69	82%	0	0%
>35%	138	127	92%	8	6%
South Carolina	222	196	88%	8	4%
FISCAL YEAR: 2013-14					
<20%	-	-	-	-	-
20% - <26%	-	-	-	-	-
26% - 35%	68	56	82%	13	19%
>35%	141	140	99%	0	0%
South Carolina	209	196	94%	13	6%

Referral completions through Early Steps have improved in the most recent year. Table 5-31 presents data that indicate a high overall connection rate in 2013-14.

Table 5-31. *Early Steps*: Referral Applications and Connections

Local First Steps Quartile	Number of Applications for Referrals	Percent of Applications Connected	Number of Applications for Referrals	Percent of Applications Connected	Number of Applications for Referrals	Percent of Applications Connected	Number of Applications for Referrals	Percent of Applications Connected
	FY 10-11		*FY 11-12*		*FY 12-13*		*FY 13-14*	
<20%	-	-	-	-	-	-	-	-
20% - <26%	-	-	-	-	-	-	-	-
26% - 35%	0	0%	0	0%	0	0%	0	0%
>35%	0	0%	0	0%	28	11%	87	95%
South Carolina	**0**	**0%**	**0**	**0%**	**28**	**11%**	**87**	**95%**

(4) Staff Qualifications and Training

Each home visitor in a First Steps-funded ESSS program shall successfully complete (as part of his/her annual recertification and regardless of his/her individual funding source) at least three hours of annual professional development approved by SC First Steps and document the successful completion of all national model requirements related to ongoing professional development hours. Annual training (for both the program and individual staff members) must be documented on-site by each vendor for annual submission to SCFS.

Each parent educator shall maintain annual re-certification in the Keys to Interactive Parenting Scale (KIPS).

(5) 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 participating First Steps Partnership 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.

(6) Family Service Plans

All parenting and family strengthening vendors shall develop well-documented Family Service Plans between the home visitor and families 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.

(7) Integrated Service Delivery:

Partnerships shall utilize the ESSS 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.

Each First Steps County Partnership shall convene an advisory/universal staffing meeting at least twice yearly. These meetings shall incorporate universal staffing guidelines/documents to be distributed by SCFS in an effort to identify service gaps, and increase collaborative service referrals

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 case using the **Keys to Interactive Parenting Scale (KIPS)**. A baseline KIPS assessment shall be completed within 45 days of each client's initial enrollment, with a post assessment conducted 6-9 months later, at each 12 month interval thereafter and/or within 30 days of planned program completion Partnerships shall ensure that each KIPS assessor is currently certified by the authors and shall include all costs associated with this assessment within their budget spending plans.

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, developmental screening results and KIPS assessment data shall be collected within the First Steps Data Collection System (FSDC).

KIPS assessment completion rates are shown in Table 5-32. As the data indicate, local partnerships are not yet meeting requirements for completing this assessment. Of note, the national Early Steps model requires use of the Peabody Picture Vocabulary Test (PPVT) and other assessments. Thus, it is reasonable to question the burden of multiple assessments (e.g., PPVT, KIPS, and ACIRI) on program staff as well as children and families. First Steps may want to consider whether or not the assessments required by the national model are sufficient for program evaluation and accountability purposes.

Table 5-32. *Early Steps*: KIPS Assessment Completion for Eligible Families

Local First Steps Quartile	Number of Families Enrolled & Eligible for Assessment	Percent of Families Assessed- KIPS
FISCAL YEAR: 2010-11		
<20%	-	-
20% - <26%	-	-
26% - 35%	40	50%
>35%	61	41%
South Carolina	**101**	**45%**
FISCAL YEAR: 2011-12		
<20%	-	-
20% - <26%	-	-
26% - 35%	54	89%
>35%	71	65%
South Carolina	**125**	**75%**
FISCAL YEAR: 2012-13		
<20%	-	-
20% - <26%	-	-
26% - 35%	65	72%
>35%	116	61%
South Carolina	**181**	**65%**
FISCAL YEAR: 2013-14		
<20%	-	-
20% - <26%	-	-
26% - 35%	56	55%

Local First Steps Quartile	Number of Families Enrolled & Eligible for Assessment	Percent of Families Assessed- KIPS
>35%	133	62%
South Carolina	**189**	**60%**

COST ALLOCATION:

For each $150 budgeted to a parent home visitation strategy, partnerships shall document their successful delivery of at least one home visit.

In the two quartiles with an Early Steps program, local partnerships recently (i.e., 2012-13 and 2013-14) improved their completion of home visits, beyond the numbers expected and projected through cost allocation requirements (Table 5-33).

Table 5-33. *Early Steps***: Expected and Actual Home Visits**

Local First Steps Quartile	Number of Expected Home Visits	Number of Actual Home Visits
FISCAL YEAR: 2010-11		
<20%	-	-
20% - <26%	-	-
26% - 35%	404	0
>35%	645	183
South Carolina	**1,049**	**183**
FISCAL YEAR: 2011-12		
<20%	-	-
20% - <26%	-	-
26% - 35%	1,026	0
>35%	393	118
South Carolina	**1,418**	**118**
FISCAL YEAR: 2012-13		
<20%	-	-
20% - <26%	-	-
26% - 35%	1,069	1,221
>35%	647	2,241
South Carolina	**1,716**	**3,462**
FISCAL YEAR: 2013-14		
<20%	-	-
20% - <26%	-	-
26% - 35%	812	948

Local First Steps Quartile	Number of Expected Home Visits	Number of Actual Home Visits
>35%	956	2,581
South Carolina	1,768	3,529

Nurse Family Partnership

First Steps Program Standards

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:

TARGETING:

First time, low-income mothers (Medicaid eligible or a family income not to exceed 185%) of the federal poverty definition).

DATA COLLECTION:

Full client and visit data will be submitted via the NFP Efforts to Outcomes (ETO) system, per model guidelines.

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.

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.

For many counties, Nurse Family Partnerships is a state-administered program with a separate evaluation and monitoring process. Nurse Family Partnership data are not maintained in the First Steps database.

Dolly Parton Imagination Library

First Steps Program Standards

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.

USE 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, and (in such cases) assessed pre-

and post- by trained staff using the Adult-Child Interactive Reading Inventory (ACIRI). 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.

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.

There are few implementation criteria for Dolly Parton Imagination Library as the program is a source of funding to place books in the homes of enrolled children. Further, Dolly Parton Imagination Library often is a resource connected to other partnership- or community-funded programs. Data are available on program outputs in later chapters.

Early Identification and Referral

First Steps Program Standards

First Steps' early identification and referral (EI&R) strategies are intended to produce measurable improvements in the number of infants and toddlers children screened for delays in development, as measured by 1) an increase in the number of children whose Initial IFSPs are developed within 45 days; 2) an increase in the number of *screened referrals* to the BabyNet Early Intervention System; and 3) an increase in the number of *follow-up referrals* to local early learning partners for children found ineligible for BabyNet services.

SERVICE POPULATION:

Service Population for Early Identification and Referral

Any child ages birth to 36 months with suspected delays in development, including:

- American Indian infants and toddlers with disabilities residing on a reservation Infants and toddlers who are homeless
- Infants and toddlers born prematurely
- Infants and toddlers with prenatal exposure to drugs or alcohol
- Infants and toddlers with substantiated child maltreatment who are in foster care or who are wards of the state
- Services shall be provided to any family regardless of their county of residence.

SERVICE DELIVERY:

Public Awareness

With guidance from the South Carolina Early Identification Task Force,

- Coordinating dissemination of public awareness and child find materials directly to families
- Coordinating dissemination of public awareness and child find materials for families through local

primary referral sources
- Primary Referral Sources Parents of infants and toddlers
- Boards of Disabilities and Special Needs Child Care and early learning programs
- Department of Social Services, Child Protective Services and Foster Care Domestic violence shelters and agencies
- Early Head Start
- Family Practice physicians Health Departments Homeless shelters
- Hospitals
- Local Indian tribes, tribal organizations, and consortia
- Local school districts
- Maternal, Infant, and Early Childhood Home Visiting Program
- Neonatal Intensive Care Units
- Nurse-Family Partnerships
- Pediatricians

Public awareness and child find materials must be those developed by the BabyNet Division of South Carolina First Steps to School Readiness to include:
- The availability of early intervention services
- The procedures for making a referral to BabyNet
- The availability of a central directory of early intervention services
- The procedures for referring a toddler aged 34.5 months or older with suspected delays in development to the local school district.

Data: Monthly records regarding **the number and nature of public awareness contacts and materials disseminated using the First Steps Data Collection System**.

SCREENINGS:
- Participating Partnerships shall document the completion of all physical and developmental screenings to include functional hearing checks, functional vision assessments, use of milestone checklists.
- Any child ages birth to 36 months 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).

Data: **Client demographic and developmental screening results will be entered into the First Steps Data Collection System (FSDC).**

REFERRALS:
- 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.

- Following determination of eligibility for BabyNet, the local BabyNet System Point of Entry Office will notify the Partnership of each child's BabyNet eligibility status.
- 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.

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

Data: **Client referrals to BabyNet and other community resources will be entered into the First Steps Data Collection System (FSDC).**

STAFF QUALIFICATIONS AND TRAINING:

All Partnership staff involved in provision of developmental screening, referrals to BabyNet, and participation in development of initial Individualized Family Service Plans shall:

- Possess the minimum qualifications of an Associate Degree and 3 years' experience (course work contributions i.e. Psychology, sociology, data management, etc.)
- Successfully participate in training in use of developmental screening tool(s) through either South Carolina First Steps or the Team for Early Childhood Solutions, USC School of Medicine, or other qualified personnel.
- Successfully complete the training content related to screening and development of Individualized Family Service Plans through the Team for Early Childhood Solutions, USC School of Medicine.

As regards Early Identification and Referral investments, data were available from the 2012-13 and 2013-14 renewal plans[58] for six partnerships, shown in

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[58] Note, renewal plans typically contain data from July through April or May of the fiscal year and thus are not sources of complete data for each fiscal year.

Table 5-34. As can be seen, partnerships noted placing materials out in in the community and maintaining a network of referral sources. Partnerships also reported receiving referrals both from internal and external programs, conducting screenings, and making follow-up referrals when warranted.

Table 5-34. Referrals and Follow-Up Provided through Early Identification and Referral

County	Number Primary Referral Contacts	Materials Distributed	Number Referrals Received	Percentage of total cases connected to community resources other than BabyNet	Percentage of all 9092 BabyNet-eligible cases also connected to other services	Percentage of all 9092 BabyNet-ineligible cases connected to other services
2012-2013						
A	1,216	5,866	30	68% (n=24)	25% (n=2)	32% (n=10)
B	28	141	16	75% (n=12)	6% (n=1)	16% (n=100)
C	465	3,853	15	100% (n=30)	100% (n=12)	100% (n=17)
D	6	86	7	100% (n=36)	--	100% (n=36)
E		254				
F	153	392	50	86% (n=43)	100% (n=2)	100% (n=5)
2013-2014						
A	777	1,857	54	83% (n=45)	20% (n=11)	70% (n=38)
B	104	198	29	91% (n=29)	--	100% (n=3)
C	591	1,325	35	100% (n=58)	100% (n=2)	100% (n=20)
D	6	100	2	42% (n=12)	7% (n=2)	--
E	759	1,198	0	--	--	--
F	445	800	75	100% (n=12)	100% (n=1)	100% (n=50)

First Steps Program Standards

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.

TARGETING:

Each participating provider shall be identified via competitive application (the minimum components of which will be specified by SCFS with priority to centers:

> 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.

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) of ECD 101 (or comparable coursework) by the director and at least 75% of lead classroom staff as a condition of participation.

There are very limited data related to each partnership's compliance with the above standards. Table 5- presents available data on the number and types of providers served by Quality Enhancement programs. As shown, the primary recipients are child care centers, with few group or family homes engaged in services. Further, the majority of recipients are licensed by the state.

Table 5-35. *Quality Child Care*: Quality Enhancement, Enrollment

Local First Steps Quartile	Providers Served		Regulatory Type			Regulatory Status		
	Number	Percent	Group Home	Family Home	Center	Approved	Registered	Licensed
FISCAL YEAR: 2011-12								
<20%	30	-	0	4	26	2	6	22
20% - <26%	37	-	0	1	36	6	1	30
26% - 35%	20	-	0	0	20	1	0	19
>35%	31	-	4	1	26	0	2	29
South Carolina	**118**	**-**	**4**	**6**	**108**	**9**	**9**	**100**
FISCAL YEAR: 2011-12								
<20%	28	-	0	2	26	2	4	22
20% - <26%	43	-	0	0	43	14	0	29
26% - 35%	31	-	5	2	24	1	2	28
>35%	18	-	1	0	17	2	2	14
South Carolina	**120**	**-**	**6**	**4**	**110**	**19**	**8**	**93**
FISCAL YEAR: 2012-13								
<20%	29	-	0	0	29	2	1	26
20% - <26%	37	-	0	0	37	11	0	26
26% - 35%	24	-	0	0	24	0	2	22
>35%	21	-	4	0	17	2	0	20
South Carolina	**111**	**-**	**4**	**0**	**107**	**15**	**3**	**94**
FISCAL YEAR: 2013-14								
<20%	39	-	0	1	38	2	4	33
20% - <26%	37	-	10	0	27	11	0	26
26% - 35%	31	-	5	3	21	2	6	21
>35%	19	-	6	0	13	2	0	17
South Carolina	**126**	**-**	**21**	**4**	**99**	**17**	**10**	**97**

While not a requirement for participation, data provided by the ABC Quality Rating Improvement System help assess the progression of child care quality in each partnership.

Table 5- illustrates that a relatively equal number of providers remained at each ABC rating level over the four years examined.

Table 5-36. *Quality Child Care*: Quality Enhancement Providers, ABC Status

Local First Steps Quartile	Level C	Level B	Level BB	Level A	Level AA
FISCAL YEAR: 2010-11					
<20%	6	13	0	0	0
20% - <26%	4	17	8	1	0
26% - 35%	5	10	3	1	0
>35%	5	14	7	1	0
South Carolina	**20**	**54**	**18**	**3**	**0**
FISCAL YEAR: 2011-12					
<20%	6	13	1	0	0
20% - <26%	8	21	11	0	0
26% - 35%	7	13	1	2	0
>35%	4	11	3	0	0
South Carolina	**25**	**58**	**16**	**2**	**0**
FISCAL YEAR: 2012-13					
<20%	11	11	1	1	0
20% - <26%	7	22	8	0	0
26% - 35%	7	9	2	2	0
>35%	5	11	3	0	0
South Carolina	**30**	**53**	**14**	**3**	**0**
FISCAL YEAR: 2013-14					
<20%	12	18	1	1	1
20% - <26%	5	20	5	0	0
26% - 35%	8	10	7	1	0
>35%	5	10	3	0	0
South Carolina	**30**	**58**	**16**	**2**	**1**

SERVICE DELIVERY:

On-Site Technical Assistance (TA)

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.

- 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 environmental and/or administrative assessment. **First**

Steps-funded QE strategies shall incorporate on-site technical assistance at least bi-weekly (twice a month) to all participating centers. Partnerships unable to provide at least bi-weekly TA due to staffing limitations shall reduce the number of QE-funded centers to ensure this level of support to each participating center.

- Bi-weekly technical assistance visits logged within the First Steps Data Collection (FSDC) System shall be planned and purposeful – with summary data logged 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.) and 3) no QE grant funds are provided to these centers.

The Program Accountability Standards require at least two visits per month to participating sites. First Steps data presented in Table 5-35 suggest that the number of visits falls slightly short of requirements in some years.

Table 5-35. *Quality Child Care*: **Quality Enhancement, Site Visits**

Local First Steps Quartile	Average Site Visits per Provider per Month			
	FY 10-11	FY 11-12	FY 12-13	FY 13-14
<20%	2.0	1.6	1.7	
20% - <26%	1.9	2.8	2.6	1.9
26% - 35%	1.9	1.7	0.5	1.1
>35%	1.4	1.7	1.7	1.5
South Carolina	**1.7**	**2.2**	**1.9**	**1.6**

EQUIPMENT AND MATERIALS FUNDS:

Equipment/materials funding to centers, if provided, may not exceed $2,500 annually without the approval of SC First Steps. In all cases equipment/materials purchases must be aligned with classroom needs as indicated by the environmental assessment and/or the center's Quality Improvement Plan.

Equipment/materials funds shall not be awarded independent of training and/or qualified technical assistance.

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.

First Steps data were aggregated to determine the number of and attendance at trainings each fiscal year. As shown in

Table 5-36, partnerships provide integrated trainings and serve Quality Enhancement staff as required. Partnerships also serve staff at non-Quality Enhancement sites, which is an important service in the child care community.

Table 5-36. *Quality Child Care*: Quality Enhancement, Sites that Provide Integrated Trainings

Local First Steps Quartile	Number of Integrated Trainings	Attendance		
		Total	QE	Non-QE
FISCAL YEAR: 2010-11				
<20%	34	3,330	426	1,017
20% - <26%	77	4,396	896	602
26% - 35%	57	5,575	806	2,539
>35%	50	3,159	813	1,235
South Carolina	**218**	**16,460**	**2,941**	**5,393**
FISCAL YEAR: 2011-12				
<20%	67	3,710	806	1,235
20% - <26%	38	4,143	1,082	663
26% - 35%	35	3,041	733	940
>35%	39	2,187	372	940
South Carolina	**179**	**13,081**	**2,993**	**3,778**
FISCAL YEAR: 2012-13				
<20%	59	2,434	649	1,534
20% - <26%	60	3,131	941	856
26% - 35%	36	2,980	600	1,257
>35%	31	2,135	408	1,070
South Carolina	**186**	**10,680**	**2,598**	**4,717**
FISCAL YEAR: 2013-14				
<20%	66	2,630	832	714
20% - <26%	15	4,474	363	782
26% - 35%	38	4,081	626	819
>35%	35	2,860	447	1,390
South Carolina	**154**	**14,045**	**2,268**	**3,705**

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.

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.

Additionally, each First Steps funded TA provider must document the completion of orientation to: 1) SC C Licensing, 2) the ABC Quality Program, and 3) the ABC Special Needs Program within the past two years.

ASSESSMENT AND DATA SUBMISSION:

Partnerships shall ensure the submission of complete center data for each focus provider within 30 days of program initiation.

Each focus classroom 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 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.**

Environmental assessments must be conducted by assessors who have:

- Completed at least 3 days of training from the Frank Porter Graham Institute in the appropriate ER scale.
- Participate as required in any ERS reliability measures established by SC First Steps.
- 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).

Table 5-37 presents First Steps data regarding the number of providers receiving intensive TA and the percent with both pre- and post-ERS scores. Note that, given the program standards presented above, it is possible that some classrooms do not receive assessments (the standard specifies that at least one-third of classrooms in a multi-classroom sites should receive both pre- and post-assessments). Further data are necessary to determine if partnerships are in compliance with expectations.

Table 5-37. *Quality Child Care:* Quality Enhancement, Providers with Pre/Post Environment Rating Scales

Local First Steps Quartile	Number of Providers Receiving Intensive TA	Percent of Providers with Pre and Post Environment Rating Scale Scores
FISCAL YEAR: 2010-11		
<20%	27	45%
20% - <26%	30	33%
26% - 35%	19	60%
>35%	23	29%
South Carolina	**99**	**41%**
FISCAL YEAR: 2011-12		
<20%	26	82%
20% - <26%	41	49%
26% - 35%	19	22%
>35%	13	35%
South Carolina	**99**	**48%**
FISCAL YEAR: 2012-13		
<20%	24	46%
20% - <26%	39	64%
26% - 35%	13	44%
>35%	19	37%
South Carolina	**95**	**53%**
FISCAL YEAR: 2013-14		
<20%	34	50%
20% - <26%	36	43%
26% - 35%	10	100%
>35%	18	48%
South Carolina	**98**	**51%**

Child Care Training

First Steps Program Standards

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.

STRATEGY INTEGRATION:

Accordingly, each Partnership training strategy shall be explicitly integrated with either (or some combination of):

b) 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. - AND/OR -

c) 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 and/or one or more neighboring First Steps Partnerships. 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 –

d) A Training/Coaching Plan centered around a research-based curriculum or model

- 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.
- 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 such as:
  - 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
- 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.

Table 5- presents data from partnership renewal plans regarding the number and type of trainings provided.[59] Table 5-38 presents data on the training topics provided and age ranges addressed.

Table 5-40. *Quality Child Care:* **Child Care Training and Professional Development, Trainings**

Local First Steps Quartile	Number of Trainings	Certified Hours	Registered Hours
FISCAL YEAR: 2011-12			
<20%	87	174	51
20% - <26%	114	252	52
26% - 35%	164	263	151
>35%	101	218	86
South Carolina	**466**	**906**	**340**
FISCAL YEAR: 2011-12			
<20%	134	268	158
20% - <26%	157	417	59
26% - 35%	119	230	65
>35%	83	242	44
South Carolina	**493**	**1,157**	**325**
FISCAL YEAR: 2012-13			
<20%	100	280	164
20% - <26%	142	377	53
26% - 35%	103	238	48
>35%	86	232	71
South Carolina	**431**	**1,127**	**336**
FISCAL YEAR: 2013-14			
<20%	119	275	61
20% - <26%	161	391	40
26% - 35%	126	272	25
>35%	108	274	58
South Carolina	**514**	**1,210**	**183**

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[59] Note, renewal plans typically contain data from July through April or May of the fiscal year and thus are not complete sources of data for each fiscal year.

Table 5-38. *Quality Child Care:* **Child Care Training and Professional Development, Training Categories and Age Groups of Focus**

Local First Steps Quartile	Training Category							Age Group			
	Growth & Dev.	Curriculum	Child Guidance	PD	Health & Safety	Program Admin	Other	Infant Toddler	Pre-School	All Ages	Age not reported
FISCAL YEAR: 2011-12											
<20%	29%	26%	5%	14%	20%	6%	2%	14%	6%	77%	3%
20% - <26%	31%	24%	4%	7%	21%	9%	3%	21%	6%	72%	1%
26% - 35%	25%	21%	9%	24%	8%	11%	2%	20%	5%	66%	9%
>35%	27%	28%	7%	9%	15%	11%	2%	26%	2%	71%	1%
South Carolina	**28%**	**25%**	**7%**	**14%**	**15%**	**9%**	**2%**	**21%**	**4%**	**71%**	**4%**
FISCAL YEAR: 2011-12											
<20%	24%	26%	13%	9%	18%	13%	0%	13%	4%	81%	5%
20% - <26%	18%	24%	14%	13%	13%	14%	4%	18%	3%	76%	2%
26% - 35%	23%	34%	4%	12%	18%	8%	1%	17%	7%	76%	1%
>35%	20%	25%	7%	19%	17%	13%	0%	14%	0%	74%	9%
South Carolina	**21%**	**27%**	**9%**	**13%**	**16%**	**12%**	**1%**	**16%**	**4%**	**77%**	**4%**
FISCAL YEAR: 2012-13											
<20%	21%	33%	10%	18%	12%	5%	1%	12%	13%	74%	1%
20% - <26%	21%	25%	10%	15%	14%	6%	5%	14%	3%	80%	3%
26% - 35%	12%	31%	8%	13%	14%	12%	10%	12%	7%	75%	6%
>35%	17%	26%	10%	14%	18%	12%	4%	5%	0%	73%	11%
South Carolina	**17%**	**29%**	**10%**	**15%**	**15%**	**9%**	**5%**	**11%**	**5%**	**76%**	**6%**
FISCAL YEAR: 2013-14											
<20%	16%	17%	7%	12%	26%	17%	5%	2%	8%	85%	5%
20% - <26%	20%	31%	12%	8%	13%	10%	6%	10%	3%	87%	0%
26% - 35%	25%	24%	8%	13%	17%	13%	1%	4%	0%	95%	2%
>35%	19%	27%	8%	21%	9%	12%	3%	6%	5%	77%	13%
South Carolina	**20%**	**25%**	**9%**	**14%**	**15%**	**12%**	**4%**	**6%**	**3%**	**86%**	**5%**

REGISTRATION/CERTIFICATION BY THE CENTER FOR CHILD CARE CAREER DEVELOPMENT (CCCCD):

All training shall be, at a minimum, registered with the Center for Child Care Career Development (CCCCD). The Office of First Steps strongly encourages partnerships to make use of CCCCD certified trainers as possible.

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.

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 training selected training participants.

Child Care Scholarships

First Steps Program Standards

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.

TARGETING:

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

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.

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.

As regards Scholarship programs, First Steps risk factor data are available that illustrate the nature and prevalence of risk factors among Scholarship students. As shown in Table 5-39, poverty is the most prevalent risk factor identified, as measured by TANF and SNAP eligibility.

Scholarships often are identified and made available in connection to other programs; thus, there is a high degree of overlap between the percent of Scholarship children with one or more risk factors as well as the percent receiving developmental screenings. These data are not presented in this section.

Table 5-39. *Quality Child Care:* Scholarship Initiative, Number of Cases with Specific Risk Factors

	Local First Steps Quartiles																			
	FISCAL YEAR: 2010-11					FISCAL YEAR: 2011-12					FISCAL YEAR: 2012-13					FISCAL YEAR: 2013-14				
Risk Factor	<20%	20% -<26%	26% -35%	>35%	S.C.	<20%	20% -<26%	26% -35%	>35%	S.C.	<20%	20% -<26%	26% -35%	>35%	S.C.	<20%	20% -<26%	26% -35%	>35%	S.C.
TANF,[60] SNAP,[61] Free School Lunch Eligible	45	87	115	79	**326**	38	92	60	47	**237**	23	164	22	66	**275**	25	166	71	121	**383**
SNAP Eligible	27	121	185	157	**490**	33	135	117	131	**416**	39	258	77	163	**537**	50	270	25	170	**515**
IDEA Part C or Part B Eligible	6	14	28	16	**64**	5	12	19	26	**62**	4	22	10	34	**70**	6	16	21	25	**68**
Referred for Abuse	3	10	3	2	**18**	0	4	4	2	**10**	2	3	1	0	**6**	3	4	5	5	**17**
Referred for Neglect	0	11	6	2	**19**	0	3	8	3	**14**	0	4	2	2	**8**	4	3	5	15	**27**
Foster Child	0	10	12	6	**28**	0	11	9	6	**26**	1	5	4	8	**18**	1	7	1	7	**16**
Teen Custodial Parent	9	53	35	52	**149**	17	57	25	39	**138**	23	88	25	32	**168**	30	74	15	31	**150**
Mother < HS grad	9	58	71	38	**176**	21	60	34	38	**153**	19	132	21	57	**229**	24	90	22	24	**160**
Substance Abuse	0	9	57	15	**81**	2	6	22	15	**45**	2	15	19	21	**57**	8	7	16	30	**61**
Exposed to caregiver depression	8	39	108	17	**172**	9	35	47	25	**116**	15	61	29	40	**145**	23	106	33	54	**216**
Exposed to caregiver mental illness	0	15	26	2	**43**	0	4	16	8	**28**	0	6	2	12	**20**	0	7	5	6	**18**
Exposed to caregiver intellectual disability	0	2	68	1	**71**	0	3	10	4	**17**	1	1	1	6	**9**	3	0	1	4	**8**
Domestic Violence	7	12	65	19	**103**	9	12	18	19	**58**	2	18	10	24	**54**	11	14	16	29	**70**
Low Birth Weight[62] and/ or serious medical complications	3	12	21	34	**70**	4	14	19	30	**67**	4	23	13	37	**77**	6	21	12	45	**84**
Pre-K aged child with developmental delay	0	0	0	0	**0**	1	21	21	3	**46**	1	14	7	10	**32**	4	10	4	8	**26**

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[60] *=> 50% of Federal Poverty*

[61] *Formerly Food Stamps*

[62] *Birth weight <= than 5.5 lbs/2500 grams in association with poverty level <= of 130% of Federal Poverty*

SERVICE DELIVERY:

Administration and Use

First Steps funded scholarships may be administered "in-house" by the Partnership or via DSS. Regardless of the Partnership's selected method of administration, complete client data must be maintained within the First Steps Data Collection system (FSDC).

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, CDEPP and/or the EIA 4K program.

Developmental Screening

First Steps partnerships funding child care scholarships shall ensure the completion of an age-appropriate developmental screening for each scholarship recipient – with results to be shared with parents. This screening 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.

Partnerships 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 (except as authorized by SC First Steps).

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.
- 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:
    1) Active participation in a First Steps quality enhancement strategy,
    2) Exceeding minimum licensing requirements (participation in the ABC Quality Program at Level B or higher), or
    3) An 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.

Integration with Other Readiness Interventions

Partnerships are strongly encouraged to integrate the provision of scholarships with additional First Steps (or partner organization) strategies and may require participation in these additional services as a condition of funding at the discretion of the Partnership Board.

Four Year Old Kindergarten (Full Day 4K, Half Day 4K, Extended Day/Half to Full Day 4K)

First Steps Program Standards

Independent of vendor, First Steps funded 4K classrooms shall adhere to the following student enrollment criteria during FY14 (2013-14 school year):

- Each student must be four-years-old on or before September 1, 2013.
- 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.

It is important to note that this 4K is not the First Steps private CDEPP model, which is separately evaluated. This category outlines the requirements for partnerships funding public school 4K via the state's public school districts. Data on these students is entered into the state's PowerSchool system and was not analyzed here. Note that the State First Steps Office separately administers the CDEPP 4K program in private settings under a detailed set of requirements.

First Steps Program Standards

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.

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
- 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.)

SERVICE DELIVERY:

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.

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.**

Waivers of this requirement may be granted at the discretion of SC First Steps. In the event that such waivers are granted, the CTK curriculum must – without exception – include a facilitated meeting with the child's teacher.

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.

DATA SUBMISSION AND FISCAL ADMINISTRATION:

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 (FY14 teacher deadline for submitting data/paperwork is August 19, 2013).

Partnership Match Requirement

Partnerships agree to meet the SCFS match requirements for CTK.

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, 2012 must be invoiced no later than July 16, 2012. Visits performed on or after July 1, 2012 must be invoiced no later than August 20, 2012. 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.

Data from partnership renewal plans were used to examine whether partnerships were effective in placing Countdown to Kindergarten students in the classrooms of their home visitors. As shown in Table 5-40, there was varied success on this standard; but it is important to note that multiple partnerships did not provide

the data necessary to assess their success on this measure.

Table 5-40. *School Transition*: Countdown to Kindergarten, Children Placed in Home Visitors' Classroom

Local First Steps Quartile	Percent Children Placed in Home Visitors' Classrooms			
	FY 10-11	*FY 11-12*	*FY 12-13*	*FY 13-14*
<20%	100%	45%	76%	69%
20% - <26%	100%	97%	50%	83%
26% - 35%	86%	82%	63%	69%
>35%	No data	53%	92%	62%
South Carolina	91%	76%	65%	70%

SUMMARY

1. Prevalent programs have accountability standards that, when possible, are aligned with a program's evidence base or best practices for implementation. These standards are relatively rigorous, address multiple implementation elements, and are easily conveyed to local partnerships. The standards represent a commendable and prudent effort by First Steps to standardize and ensure the fidelity of implementation of prevalent programs.

2. Data are not collected at the state level for all standards for all prevalent programs. Therefore, the evaluation team cannot verify, using data available for the evaluation, that program accountability standards for each program were met. Data related to key indicators, however, demonstrate improving levels of compliance. Local partnerships report a range of activities to ensure a high fidelity of program implementation. Of these, the most useful strategies include:

   - Examination of program data in evaluation and monitoring activities
   - Use of best practices, implementation guides, and Program Accountability Standards to determine and provide oversight for required elements
   - Training and frequent communication with program staff

3. The last two fiscal years have seen improvements in the fidelity of implementation among partnerships and prevalent programs. This suggests that both state and local partnerships are devoting more energy and resources to ensuring program requirements are met. This said, there still are areas that require continued attention and effort. Where possible, this is an area where local partnerships might benefit from increased technical assistance and oversight by South Carolina First Steps.

Chapter 6. Family Strengthening Programs and Services

This chapter presents findings for the fourth evaluation question: *"To what extent have program investments satisfied legislative requirements to provide parents with access to the support they might seek to strengthen their families and to promote the optimal development of their preschool children?"* The evaluation team focused on the following elements in considering its findings:

- The prevalence of and total investments in Family Strengthening programs across local partnerships and fiscal years
- Factors that facilitate and challenge program implementation
- Available output and outcome data for each program

BACKGROUND

There are many reasons a family or parent might desire support—the risk factors identified in chapter 5 capture the features most aligned with academic success. There is evidence that family need is growing in South Carolina: The 2000 Census and 2012 American Community Survey[63] suggest a 33 percent increase in the percent of families with young children who also are in poverty. Interestingly, the same data sources suggest an 11 percent increase in the percent of family-headed households with young children who are in poverty—implying that poverty across families in general has increased. Not surprisingly, data from the American Community Survey (2006 to 2010 and 2008 to 2012) indicate a 41 percent increase in the percent of South Carolina families supported with Food Stamps or the Supplemental Nutrition Assistance Program (SNAP) and a 29 percent increase in the percent of families supported with cash assistance. The survey findings also show that:

- There was a 20 percent increase in the percent of live births to single mothers and a large increase

> **Of note:**
>
> - The 2006 evaluation raised concerns regarding evaluative linkages between family strengthening programs and child readiness outcomes but highlighted the potential of such programs to provide comprehensive services to eligible children and families. With this in mind, the evaluation team recommended shifting the evaluative focus for these programs to measures of family and child well-being and stability. The evaluation team also recommended investing in evidence-based programs.
>
> - The 2010 evaluation found a benefit in combining family strengthening programs with other early childhood services. The evaluation also found positive client changes, using assessments of parenting and literacy behaviors.

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[63] American Community Survey Five Year Estimates

in the percent of births to mothers with less than a high school education.[64]

- Between 2000 and 2012, there was a 19 percent increase in the number of babies born without adequate prenatal care.[65]

- In general, there were increases noted in the percent of individuals ages 18 or older in South Carolina struggling with mental illness as well as increase in the use of alcohol, tobacco, and narcotics.[66] Further, in 2012-13, over 20,000 adults and children received domestic violence services.[67]

INVESTMENTS

Parents as Teachers, a nationally recognized model for providing family and parenting support, is the most prevalent Family Strengthening program directly supported by local partnerships. Partnerships also support Parent Child Home, a variety of literacy programs, and Nurse-Family Partnerships (the latter is funded primarily through foundation funding). Family Strengthening programs are important for facilitating long-term sustainable changes in family functioning—benefits that can continue to generate value into the future and over the course of a child's educational career. Further, Family Strengthening programs commonly generate benefits not only for young children, but for their siblings and other family members.

This section presents available data on programs categorized by First Steps as Family Strengthening. First, investment data are presented that show the pattern of investments over the past four fiscal years. Then, each type of program is examined, including parenting support programs, family literacy programs, and Nurse Family Partnership.

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[64] Data sources: 2000 and 2012 Kids Count Data for South Carolina
[65] Data sources: 2000 and 2012 Kids Count Data for South Carolina
[66] Data source: 2010-2012 National Survey on Drug Use and Health
[67] South Carolina Domestic Violence State Report; downloaded October 22, 2014 from https://dss.sc.gov/content/ customers/ protection/dv/index.aspx

Table 6-1 presents a summary of expenditures on Parents as Teachers, Nurse Family Partnership (funded primarily through foundation support), other parenting programs, and literacy programs. Parents as Teachers and Nurse Family Partnership have received relatively higher investments over the past four years than other parenting and literacy programs.

Table 6-1. *Family Strengthening*: Expenditures

Local First Steps Quartile	FY 10-11	FY 11-12	FY 12-13	FY 13-14
Home Visitation–Parents as Teachers				
<20%	$1,413,988	$1,456,942	$1,543,313	$1,613,316
20% - <26%	$1,423,139	$1,075,944	$1,204,902	$1,202,464
26% - 35%	$974,584	$704,028	$879,536	$775,518
>35%	$368,290	$441,323	$452,249	$372,856
South Carolina	**$4,180,001**	**$3,678,237**	**$4,080,000**	**$3,964,154**
Home Visitation–Nurse Family Partnership				
<20%	-	$77,610	$40,415	$64,529
20% - <26%	$2,731,912	$2,325,300	$1,533,292	$2,345,437
26% - 35%	$527,153	$522,308	$543,293	$517,174
>35%	-	$17,631	$29,339	$30,648
South Carolina	**$3,259,065**	**$2,942,849**	**$2,146,339**	**$2,957,789**
Home Visitation–Other Parenting[68]				
<20%	$124,706	$88,533	$160,926	212,351
20% - <26%	$408,486	$318,712	$456,128	460,824
26% - 35%	$551,296	$652,072	$625,778	703,185
>35%	$175,607	$270,295	$290,144	379,576
South Carolina	**$1,260,095**	**$1,329,612**	**$1,532,9766**	**1,755,937**
Other Family Literacy[69]				
<20%	$20,509	$35,128	$15,636	$18,600
20% - <26%	$139,213	$196,251	$178,502	$234,914
26% - 35%	$166,905	$167,323	$245,483	$215,497
>35%	$37,967	$167,733	$85,574	$209,789
South Carolina	**$364,594**	**$566,435**	**$525,195**	**$678,800**

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[68] *Other Home Visitation/Parenting Programs*: Early Steps in 3 counties; Family Literacy Model in 6 counties; Fatherhood Initiative in 2 counties; From Day One to Grade One in 1 county; Healthy Families in 1 county; Incredible Years in 1 county; Parent-Child Home in 4 counties; Parent Training in 3 counties; POPS: Principles of Parenting Successfully in 1 county

[69] *Other Family Literacy Programs*: Imagination Library in 13 counties; Library-Based and Library Outreach Literacy Programs in 3 counties; MotherRead Programs in 4 counties; Other Family Literacy in 10 counties (BabySteps in 1 county; Book Flood in 1 county; Play and Learn in 1 county; Reach Out and Read in 1 county; StoryTeller in 1 county; TV Off/Neurons On in 1 county)

HOME VISITATION PROGRAMS

Parents As Teachers and Other Parenting Support

Local partnerships were asked to explain why they chose to fund or support parenting support programs. Many partnerships referenced a strong need for parenting support and coaching in their communities and indicated that recent needs assessments placed parenting support among the top needs for young children and their families. Further, partnerships referenced the availability of evidence-based programs, with data supporting the contributions of services for positive child and family outcomes. Home visitation programs, in particular, were considered beneficial for their ability to address multiple family needs over an extended period of time.

Parenting programs are a means of providing support to families with multiple risk factors, especially families that do not choose to use child care. Several partnerships noted that parents are a child's first and best teachers—the support provided through parenting programs has the potential for lasting impact, extending to not only young children but their older siblings as well, when present.

Targeting and Recruiting Clients

Parenting support programs often generate referrals and clients through word-of mouth among clients. There also are strong relationships with other community agencies, including local schools, civic groups, and the Community of Faith, which support the identification and recruitment of participants. Several partnerships described a "referral network" of local agencies that works to establish a safety network of cross-program referrals and a portal into services. Other strategies included advertisements and direct promotion of services, including, at times, door-to-door canvassing. Programs seek to serve clients with one or more of the risk factors identified by the First Steps Board of Trustees.

Ensuring Full Enrollment and Participation

Many partnerships continuously promote services and receive referrals. Some partnerships have few or no issues maintaining full enrollment while others report there are challenges to maintaining full enrollment, despite ongoing referrals and recruitment.

It is important to ensure parents are aware of the each program's requirements with regard to service dosage and intensity. Maintaining a waiting list for services can help ensure the program always operates at full capacity, as can the provision of books or other educational tools to encourage fall participation; use of reminder texts, calls, and emails; or the tethering of parenting programs to other services such as Scholarships. Programs must continually be monitored to ensure full enrollment and participation and maintained at a size that serves the established need while minimizing open case placements.

Minimizing and Alleviating Waiting Lists

Waiting lists can be a strategy for ensuring full enrollment; as such a waiting list might be desired for parenting programs. Programs also cross-refer clients to other services, to help ensure families are routed into available services for which they might be eligible. Finally, partnerships may seek additional funds to expand services, when warranted.

Barriers and Challenges

The primary challenge is growing resources sufficiently to serve the existing or emerging needs. Other challenges include recruitment, transportation, poverty, and the rural nature of counties impeding access to resources. Some partnerships also described challenges working with other community agencies, especially when the agencies' goals and objectives do not directly interface or mesh and other agencies do not actively provide referrals. Other challenges emerge when trying to provide home visits to families when both or the single parent is working.

Some partnerships indicated that the families targeted for services are highly mobile, especially when a family's primary income is derived from seasonal industries. Other partnerships note that some parents do not yet realize the importance of the services, the first five years, and early childhood development—this can affect the parent's interest, investment, and participation in services. Thus, oftentimes, the families that most need services are the least prone to engage in services. There also is a growing need for bilingual service providers and a rising need for technology to fully execute or expand services.

Future Plans for Parenting Programs

Many partnerships noted that future plans include adding staff (or bilingual staff) or expanding the program, achieving and maintaining full enrollment, and providing additional training to staff. Some partnerships intend to establish stronger community partnerships and collaborations, create incentives for increased participation and program completion, and find ways to support parents after they exit the program. Others will make stronger use of technology and find ways to reach more rural areas of the county or state. Finally, some partnerships indicated reducing programs as a result of decreased funding or continuing their programs as they currently operate.

Distribution

The distribution of these programs is illustrated in Figure 6-1 (which depicts all locally-funded Family Strengthening programs), Figure 6-2, which presents the distribution of Parents as Teachers programs, and in Figure 6-3, which presents the distribution of other parent programs. These figures document the 2013-14 funding year and portray partnerships that have funded programs as well as the partnership's quartile designation.

Figure 6-1.   Distribution of Family Strengthening Programs 2013-14
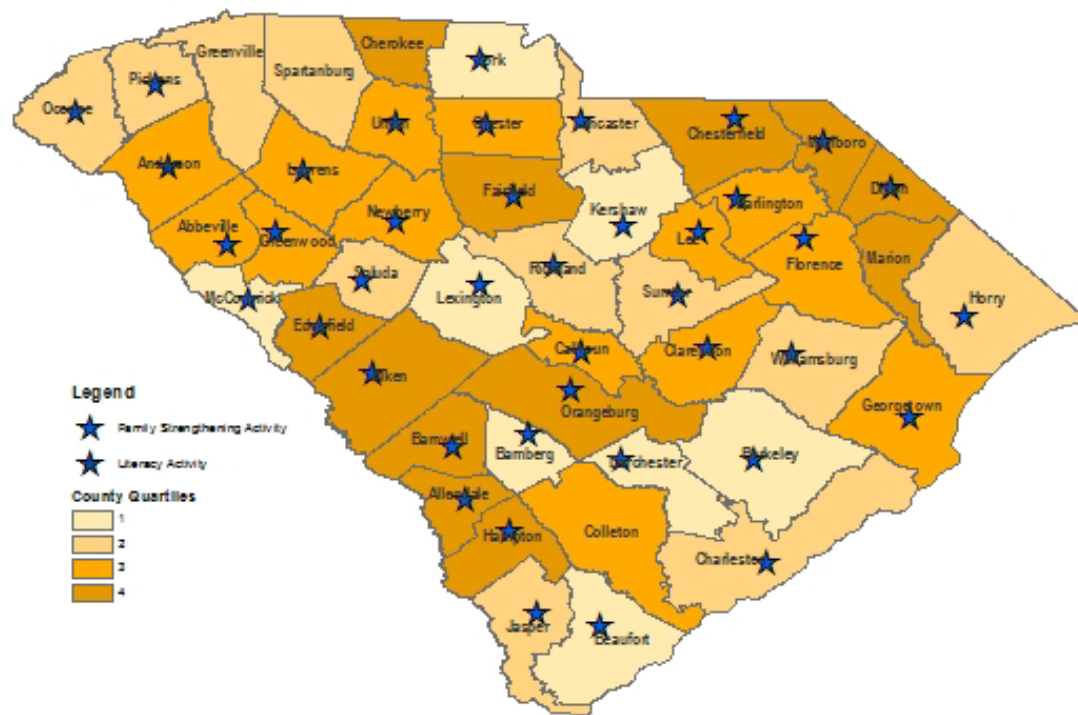
Figure 6-2. Distribution of Parents as Teachers Programs 2013-14
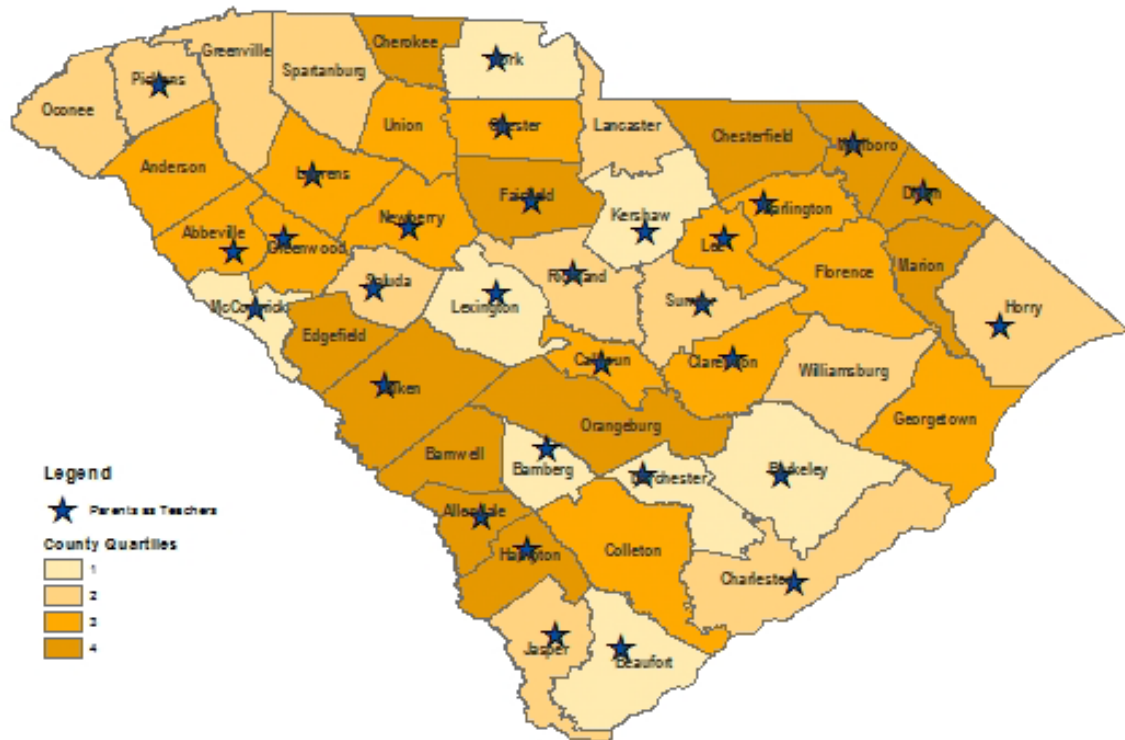
Figure 6-3. Distribution of Other Parenting Programs 2013-14
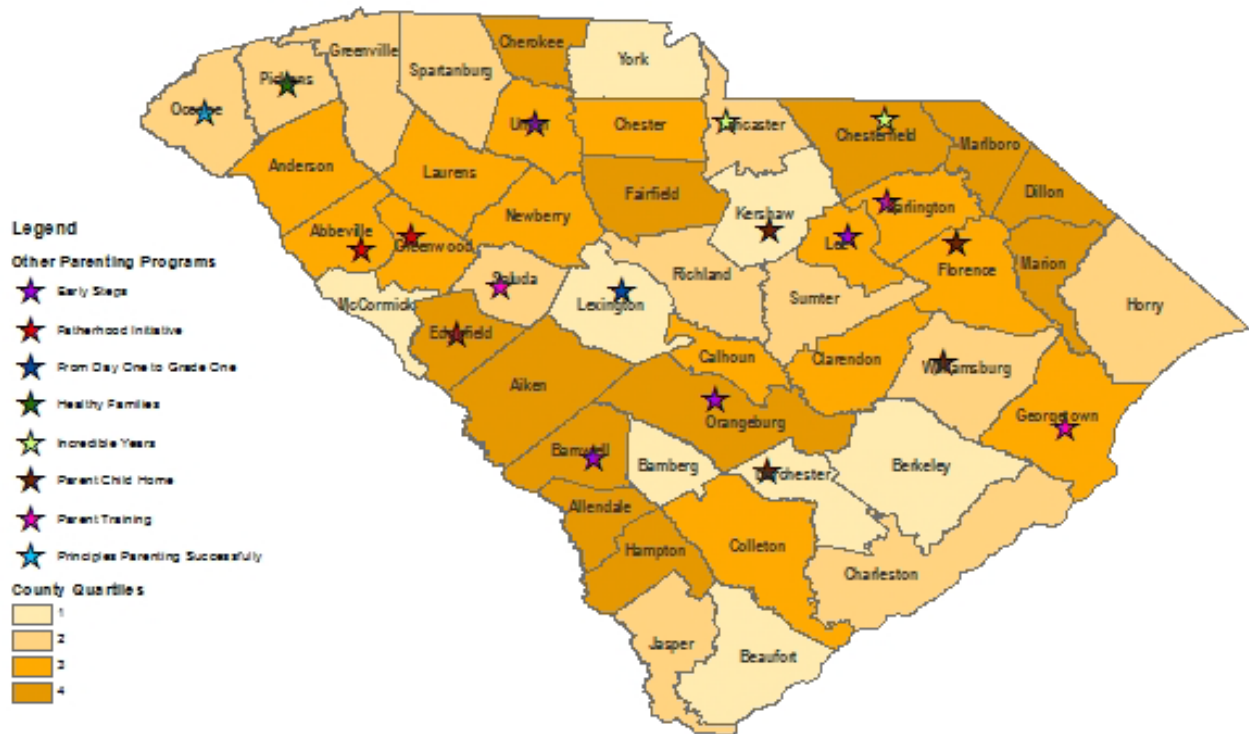
Enrollment and Outcome Data

Enrollment and home visit data for Parents as Teachers programs are included in Table 6-2 and for Other Parenting/Home Visitation programs in Table 6-4. As shown, overall the numbers of adults and children enrolled in has decreased for Parents as Teachers programs and increased for Other Parenting/Home Visitation programs. Both showed a decrease in the number of home visitations.

Aggregate outcome data are presented in Table 6-3 for Parents as Teachers and in Table 6-5 for Other Parenting/Home Visitation programs. Parents as Teachers programs as well as other Parenting/Home Visitation programs utilize the Keys to Interactive Parenting Scale (KIPS). The KIPS is a valid and reliable tool for assessing parent and child interactions, in areas such as (a) sensitivity of parent responses to child; (b) physical interaction with child; (c) reasonable expectations for child, etc. The KIPS is scored on a five-point scale, which is useful for interpreting the aggregate changes presented in Table 6-3 and Table 6-5. Overall, results are positive and the range of gains documented using the KIPS is similar across programs.

Parents as Teachers programs also use the Adult Child Interactive Reading Inventory (ACIRI) to capture changes in parenting and literacy behaviors as outcomes. The ACIRI is a valid and reliable four-point scale that assesses the interactive reading behaviors of adults with children. The instrument is used to assess behaviors

such as (a) proximity between adult and child while reading; (b) using questions during the reading session; and (c) asking child to recall information. Similar to KIPS results, gains have been documented across years.

The findings presented in Table 6-3 are consistent with findings from the 2010 evaluation in that parents, in the aggregate, are demonstrating gains in parenting and literacy behaviors. Children also are documenting positive changes in literacy behaviors, again as reported in aggregate across partnerships and fiscal years. Prior evaluations have noted the importance of controlling for "dosage" or the amount of exposure to the program—it is reasonable to expect that individuals with more exposure over the past four years of programming also realized relatively higher gains.

Table 6-2. *Family Strengthening*: Home Visitation–Parents as Teachers, Enrollment

Local First Steps Quartile	Number of Adults				Number of Children				Number of Home Visits			
	FY11	FY12	FY13	FY14	FY11	FY12	FY13	FY14	FY11	FY12	FY13	FY14
<20%	422	417	436	442	494	461	479	461	7,419	7,017	7,331	7,296
20% - <26%	422	367	346	316	385	408	410	359	6,668	6,681	6,781	6,717
26% - 35%	358	316	304	306	427	348	336	303	4,821	4,200	4,356	5,133
>35%	163	150	170	128	193	177	202	138	3,096	2,977	3,184	2,310
South Carolina	**1,365**	**1,250**	**1,256**	**1,192**	**1,499**	**1,394**	**1,427**	**1,261**	**22,004**	**20,875**	**21,652**	**21,456**

Table 6-3. *Family Strengthening*: Home Visitation–Parents as Teachers, KIPS and ACIRI Change

Local First Steps Quartile	Average Change in KIPS Scores				ACIRI							
					Average Change in Adult Scores				Average Change in Child Scores			
	FY 11	FY 12	FY 13	FY 14	FY 11	FY 12	FY 13	FY 14	FY 11	FY 12	FY 13	FY 14
<20%	.5	.6	.5	.4	.4	.4	.4	.4	.5	.4	.5	.5
20% - <26%	.5	.5	.4	.4	.5	.6	.5	.4	.6	.7	.6	.6
26% - 35%	.5	.6	.6	.6	.4	.5	.6	.5	.4	.7	.6	.4
>35%	.8	.8	.7	.7	.5	.5	.5	.4	.7	.6	.6	.6
South Carolina	**.6**	**.6**	**.6**	**.5**	**.5**	**.5**	**.5**	**.4**	**.5**	**.6**	**.6**	**.5**

Table 6-4. *Family Strengthening*: Home Visitation–Other Parenting, [70] Enrollment

Local First Steps Quartile	Number of Adults				Number of Children				Number of Home Visits			
	FY11	FY12	FY13	FY14	FY11	FY12	FY13	FY14	FY11	FY12	FY13	FY14
<20%	1,404	2,332	1,387	1,388	1,403	2,329	1,386	1,381	2,620	2,984	3,354	3,180
20% - <26%	378	376	270	280	256	208	164	326	2,580	1,973	2,231	2,237
26% - 35%	212	208	169	514	224	232	193	454	2,665	2,071	3,191	2,845
>35%	68	105	176	195	87	188	238	277	273	163	2,412	2,659
South Carolina	2,062	3,021	2,002	2,377	1,970	2,957	1,981	2,438	8,138	7,191	11,188	10,921

Table 6-5. *Family Strengthening*: Home Visitation–Other Parenting, KIPS Average Score Change

Local First Steps Quartile	FY 10-11	FY 11-12	FY 12-13	FY 13-14
<20%	1.3	1.0	.9	.9
20% - <26%	.7	.8	.8	.5
26% - 35%	.8	.2	.2	.2
>35%	.7	.7	.8	.6
South Carolina	.8	.6	.7	.5

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[70] *Other Funded Home Visitation/Parenting Programs*: Early Steps in 3 counties; Family Literacy Model in 6 counties; Fatherhood Initiative in 2 counties; From Day One to Grade One in 1 county; Healthy Families in 1 county; Incredible Years in 1 county; Parent-Child Home in 4 counties; Parent Training in 3 counties; POPS: Principles of Parenting Successfully in 1 county

Nurse Family Partnership

Nurse Family Partnership (NFP) is an evidence-based program introduced in South Carolina by First Steps and a philanthropic partner. Since 2007, First Steps has served as the state sponsor for this evidence-based strategy, which operates in a growing number of South Carolina counties and supported primarily by foundation funding. The program model requires frequent home visits to first time, low-income mothers, starting during pregnancy and continuing through the first two years of the child's life. Home visits are provided by nurses and provide an opportunity for vulnerable mothers to receive in-home support.

NFP is supported by multiple research studies and is a nationally recognized program.

Distribution

The distribution of Nurse Family Partnership programs is displayed in Figure 6-4.

Figure 6-4. Distribution of Nurse Family Partnership Programs
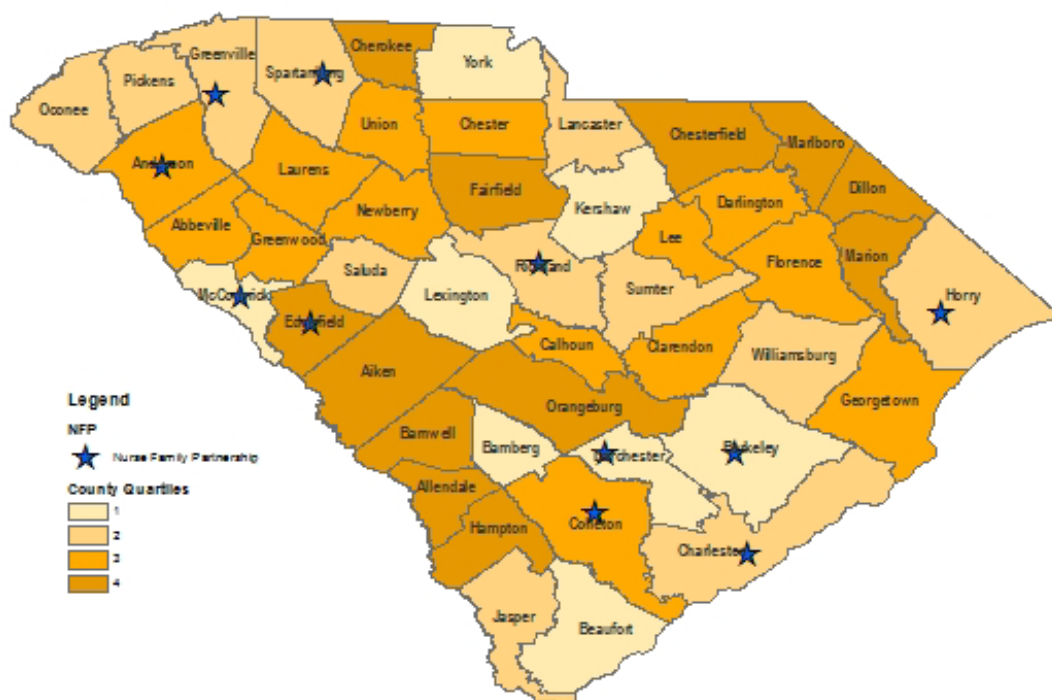
Enrollment and Outcome Data

Enrollment figures for NFP are presented in Table 6-6. In brief, state liaisons for the NFP program reported that more than 2,600 clients (and over 1,700 babies) have been served as of August 1, 2014. Almost 500 clients have "graduated" from the program.

Table 6-6. *Family Strengthening*: Home Visitation–Nurse Family Partnership, Enrollment

Local First Steps Quartile	Number of Adults				Number of Children			
	FY11	FY12	FY13	FY14	FY11	FY12	FY13	FY14
<20%	141	146	7	9	125	131	7	9
20% - <26%	487	600	520	494	451	538	468	447
26% - 35%	13	25	35	116	13	25	35	99
>35%	0	5	11	20	0	0	0	0
South Carolina	**641**	**776**	**573**	**639**	**589**	**694**	**510**	**555**

The primary outcomes of interest for the program are shown in Table 6-7 and include the following for the state of South Carolina: the percent of infants considered current on immunizations, the percent of mothers reporting subsequent pregnancies during the service period, the percent of mothers who initiated breastfeeding, and the percent of premature births and low birth-weight babies, and change in maternal smoking during pregnancy. Program outcome data for each local partnership are not available.

Table 6-7. *Family Strengthening*: Home Visitation–Nurse Family Partnership, Outcomes for South Carolina

Year	Percent of Infants Current With Immunizations				Percent of Subsequent Pregnancies				Percent Breastfeeding	Percent of Pre-term Births	Percent of Low Birth Weight Babies	Change in Smoking During Pregnancy
	6 mo	12 mo	18 mo	24 mo	6 mo	12 mo	18 mo	24 mo				
2011	92.3	93.6	94.4	98.5	4.0%	10.5%	21.5%	31.9%	68.0%	9.6%	11.5%	-23.0%
2012	92.9	94.3	94.6	96.9	3.0%	9.6%	20.1%	24.6%	70.6%	9.6%	11.7%	-23.0%
2013	94.1	95	94.2	97.3	2.8%	8.2%	20.1%	24.6%	72.0%	9.9%	11.6%	-21.0%
2014	94.2	94.8	94.3	97.3	2.7%	8.6%	18.3%	24.1%	71.6%	10.0%	11.2%	-19.0%

FAMILY LITERACY PROGRAMS

Literacy programs are funded for a variety of reasons, the primary of which is the importance of literacy for development and academic success. Literacy programs often provide children with developmentally appropriate books and teach parents how to engage with their children in reading or literacy-supporting activities—which has the added benefit of promoting constructive parent-child interactions.

Some partnerships noted the presence of a Hispanic population and the need for English-as-a-Second-Language families to develop their English skills, while others noted the need for adult and family literacy in their counties. Adult literacy programs can work in support of completion of secondary education, which is important for overall family stability.

For some partnerships, literacy is one component of a more comprehensive parenting program and provides ancillary or support services. Book distribution programs also can serve as incentives and portals to other important services. Providing books directly to children alleviates transportation needed to utilize the public library and ensures children have access to developmentally appropriate books.

Targeting and Recruiting Clients

Enrollment in adult literacy programs may be limited by class or program size. Partnerships may link literacy programs to existing child care, Scholarship, 4K, or parenting programs to ensure services are delivered.

Book distribution programs utilize community agencies, pediatricians and health practitioners, events, and other early learning programs to solicit enrollment. Web-based strategies, word of mouth, advertisements and promotional events, media placements and signage also might be used to generate interest and participation.

Ensuring Full Enrollment and Participation

Literacy programs ensured full enrollment and participation by continuously soliciting participation and maintaining waiting lists. Further, some partnerships noted the importance of providing ancillary services such as transportation or child care to facilitate full participation. Additional strategies included: ongoing verification of client information and attendance records; integrating or partnering services with other programs; use of incentives to encourage enrollment and participation; ongoing awareness building and marketing of services; and ensuring clients know requirements for full participation.

Minimizing and Alleviating Waiting Lists

There were several strategies noted for alleviating waiting lists including the use of fund-raising and donations to increase the availability of services, providing alternate or limited services to clients on the waiting list, and making and receiving referrals with community partners.

Barriers and Challenges

The primary barrier noted was resources to expand programming. The lack of ancillary services such as transportation; the lack of *community* partners to provide services; a high risk, transient, or highly mobile client base; the need for staff/volunteer training; and general awareness of the program were also noted as possible barriers to program implementation. Another partnership indicated that their literacy strategy was not considered a "prevalent" strategy—this created a challenge for the partnership in the annual renewal cycle, as there were additional data submission requirements.

Future Plans for Literacy Programs

While some partnerships indicated no immediate planned changes, others hope to increase awareness in their communities about the program or services and conduct fund-raising or development activities to expand services and serve more children and families. Other partnerships indicated wanting to enhance or add programming, increase program quality, and continue and deepen collaborations with community partners to provide the service. One partnership noted discontinuing literacy programming, due to new initiatives developing within the county or state.

Distribution

The distribution of family literacy model programs is illustrated in Figure 6-5, other family literacy programs in Figure 6-6, and partnerships participating in the Dolly Parton Imagination Library in Figure 6-7.

Figure 6-5. Distribution of Family Literacy Programs 2013-2014
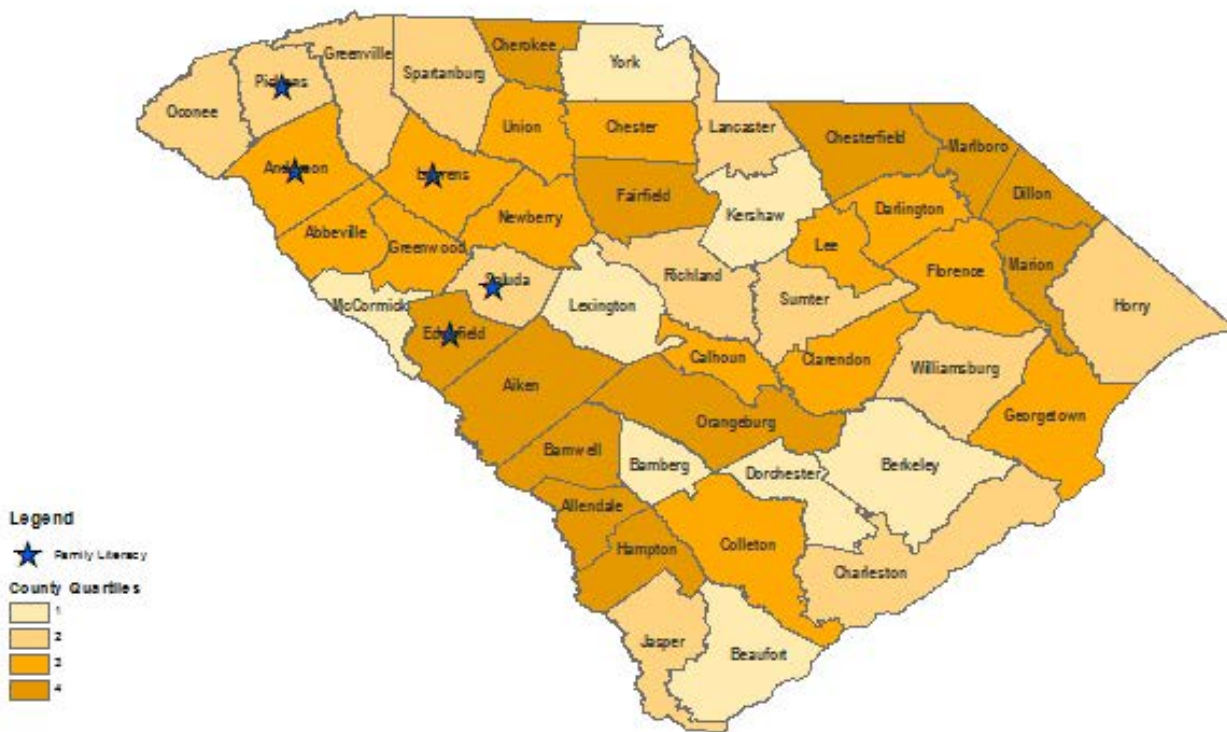
Figure 6-6. Distribution of Other Literacy Programs 2013-2014
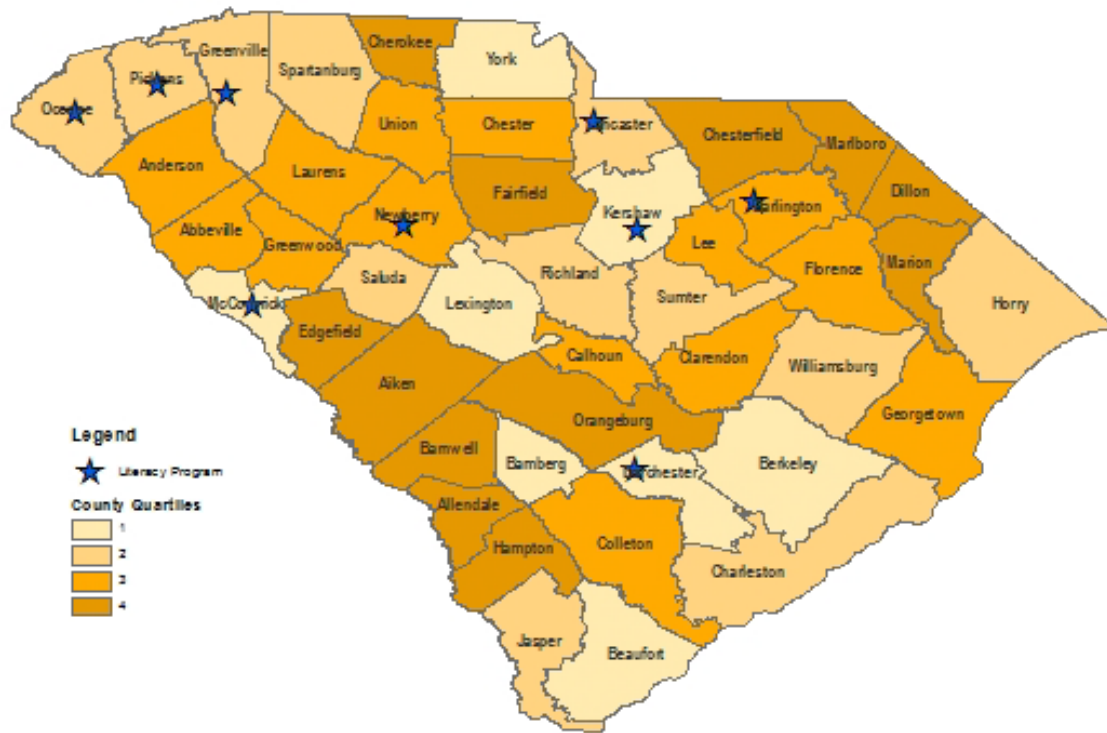
Figure 6-7. Distribution of Dolly Parton Imagination Library 2013-2014
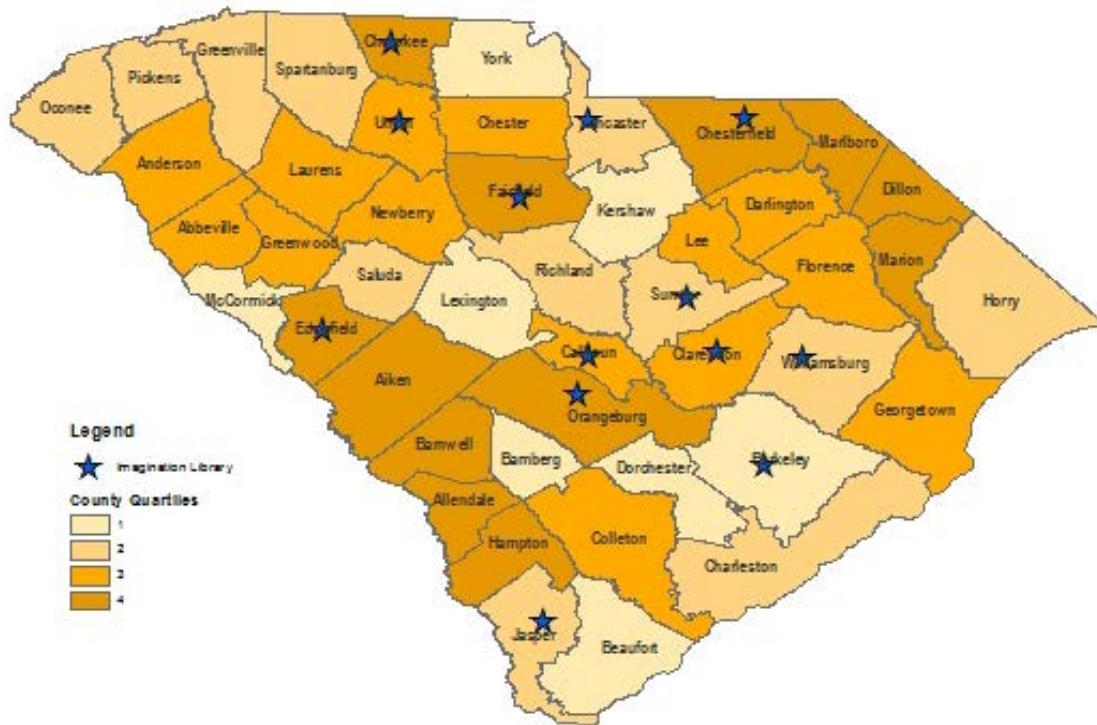
Enrollment and Outcome Data

Enrollment data for fiscal years 2011 through 2014 are presented in Table 6-8. Standardized data were not available to assess outcomes across programs.

Table 6-8. *Family Strengthening***: Family Literacy,[71] Enrollment**

Local First Steps Quartile	Number of Adults				Number of Children			
	FY11	*FY12*	*FY13*	*FY14*	*FY11*	*FY12*	*FY13*	*FY14*
<20%	100	88	20	60	190	177	108	140
20% - <26%	144	339	513	341	2,058	4,076	1,616	1,688
26% - 35%	154	366	170	200	1,720	2,153	2,154	2,256
>35%	-	10	-	-	1,896	2,114	2,118	2,198
South Carolina	**398**	**803**	**703**	**601**	**5,864**	**8,520**	**5,996**	**6,282**

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[71] *Other Funded Family Literacy Programs*: Imagination Library in 13 counties; Library-Based and Library Outreach Literacy Programs in 3 counties; MotherRead Programs in 4 counties; Other Family Literacy in 10 counties (BabySteps in 1 county; Book Flood in 1 county; Play and Learn in 1 county; Reach Out and Read in 1 county; StoryTeller in 1 county; TV Off/Neurons On in 1 county)

SUMMARY

1. Family strengthening programs are popular across the state, with Parents as Teachers the most prevalent program funded. Other types of programs include Parent Child Home, Literacy and literacy-support programs, and Nurse Family Partnership (NFP).

2. Enrolling approximately 1,200 to 1,300 adults and 1,250 to 1,500 children per year over the past four years, almost 86,000 home visits were provided through First Steps Parents as Teachers. Similarly, approximately 2,000 to 3,000 adults and 2,000 to 3,000 children per year were served in other parenting programs, with over 37,000 home visits.

3. Family literacy programs served approximately 400 to 800 adults and approximately 5,800 to 8,500 children per year over the past four years.

4. Nurse Family Partnership reported serving more than 2,600 clients as of August 2014.

5. Primary outcomes include improvements in parenting capacity and skills, as assessed using the Keys to Interactive Parenting Scale, and improved literacy behaviors and interactions, as assessed using the Adult Child Interactive Reading Inventory. Partnership data for the Literacy and NFP programs were not available.

Chapter 7. School Transition Services and Programs

BACKGROUND

Countdown to Kindergarten is South Carolina's primary school transition program, designed to facilitate the transition into formal education (kindergarten) in the months directly preceding the start of the school year. The model was created by First Steps in 2003 and recognized as a promising practice by the National Governor's Association in 2005. Home visits are provided to families by teachers and are used to provide information to families, including information about the course of study and expectations for kindergarten students. Further, the home visits help teachers, children, and families get to know each other—another aid in the kindergarten transition process.

> **Of note:**
>
> - The 2010 evaluation recommended incorporating Countdown to Kindergarten activities into the First Steps database. Further, the evaluation team recommended First Steps develop a more rigorous evaluation for the program, if resources allowed.

Table 7-1 presents Countdown to Kindergarten investments over the past four fiscal years—as shown, overall investments have been relatively stable over this time period. However, there is variation when investments are displayed by fiscal year and quartile. Figure 7-1 presents the distribution of Countdown to Kindergarten programs in 2013-14.

Table 7-1. *School Transition*: **Countdown to Kindergarten and Summer Readiness Programs, Expenditures**

Local First Steps Quartile	FY 10-11	FY 11-12	FY 12-13	FY 13-14
<20%	$45,244	$83,077	$96,698	$119,154
20% - <26%	$79,213	$26,770	$37,705	$58,600
26% - 35%	$128,930	$80,508	$81,304	$80,461
>35%	$40,535	$40,322	$48,714	$35,979
South Carolina	$293,922	$230,677	$264,421	$294,194

Partnerships fund Countdown to Kindergarten to fill the need for transition services in their communities. Partnerships, in particular, cited the program's success at (a) building relationships between families and the school community, (b) helping children during the summer months, and (c) enhancing services received through programs such as 4K as relevant for ongoing support and funding. Partnerships noted the program is supported by local communities, Boards, and school systems and is successful at facilitating smooth transitions and generating excitement for the kindergarten year. In addition, the program helps teachers learn

about their incoming students, which helps teachers get ready to start their year as well.

Targeting and Recruiting Clients

There are multiple strategies for targeting and recruiting clients (which must be prekindergarten children or children transitioning into kindergarten) for Countdown to Kindergarten. First is collaboration with local school systems and community partners to identify the targeted population, using the First Steps risk criteria. In addition, at least one partnership noted using advertising or promotional activities to raise awareness of the program. Another partnership noted a focus on children not currently served in prekindergarten programming (but having the First Steps risk factors). The total population served is dependent upon available funding.

Ensuring Full Enrollment and Participation

Respondents indicated that sometimes clients do not complete the program, perhaps due to moving of residence during the summer prior to kindergarten. Respondents did not indicate a high non-completion rate however—in fact, one noted that parents want the service and are eager to participate. One strategy for ensuring full participation may be good awareness building and communication about the program prior to enrollment—this may allow families to fully consider the program's obligations and activities. Another facilitating factor may be the relatively short duration of the program as well as ongoing monitoring of attendance and communication with program staff.

Minimizing and Alleviating Waiting Lists

Partnerships limit enrollment to the number of families and children that can be served with existing funding. Clients often are prioritized for enrollment; some partnerships maintain a waiting list of eligible clients should there be availability for enrollment. Other partnerships may refer eligible families to other community services if placements are not available.

Barriers and Challenges

Funding is again the primary barrier to expansion of services. Other challenges include the administrative burden on local partnerships, provision of bilingual services, recruitment of teachers to provide services, and building awareness among parents that the program is not an educational program (e.g., summer school) but a transition program.

Future Plans for Countdown to Kindergarten

Some partnerships indicated future plans were to maintain the program in its current form and scope. Other plans include fund development to expand services, improving program recruitment strategies, ensuring that the neediest children and families receive services, and identifying a stable teacher staff pool to work with the program.

Distribution

Figure 7-1 illustrates the distribution of Countdown to Kindergarten sites in 2013-14.

Figure 7-1. Distribution of Countdown to Kindergarten 2013-14
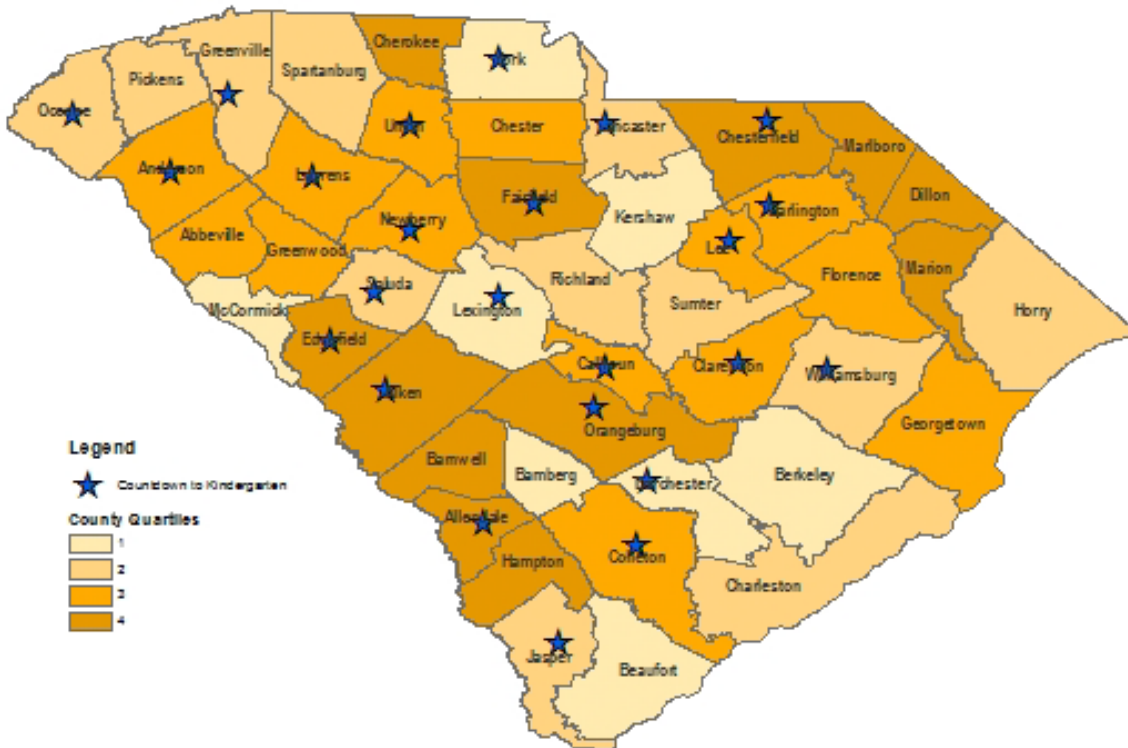
Enrollment and Outcome Data

Table 7-2 presents enrollment and home visitation data for Countdown to Kindergarten. As shown, program enrollment has grown over the past three fiscal years. As shown and in aggregate, partnerships were relatively successfully at completing the targeted 6 home visits required by the program model.

Table 7-2. *School Transition*: Countdown to Kindergarten, Enrollment

Local First Steps Quartile	Number of Children				Number of Home Visits				Average Number of Home Visits			
	FY11	FY12	FY13	FY14	FY11	FY12	FY13	FY14	FY11	FY12	FY13	FY14
<20%	-	131	341	315	-	770	1,981	1,838	-	5.9	5.8	5.8
20% - <26%	-	79	79	183	-	455	473	1,000	-	5.8	6.0	5.5
26% - 35%	-	256	226	245	-	1,496	1,342	1,458	-	5.8	5.9	6.0
>35%	-	68	75	112	-	401	435	646	-	5.9	5.8	5.8
South Carolina	-	534	721	855	-	3,122	4,231	4,942	-	5.8	5.9	5.8

The Countdown to Kindergarten program also collects parent and teacher survey data for formative and summative evaluation purposes. As shown in Table 7-3, the 2013 teacher survey revealed that 100% of teachers reported that parents who participated in the program were as or more involved than non-participating parents. This included involvement in activities such as parent/teacher conferences, attending school events and activities, maintaining contact with teachers, and volunteering in classroom or school activities.

Table 7-3. *School Transition:* **Countdown to Kindergarten, 2013 Teacher Survey Responses**

Survey Items	Less involved than others	As involved as others	More involved than others	Much more involved than others
Parent/Teacher conferences	6.5%	41.9%	38.7%	12.9%
Attending open house, school activities, or joining school/parent groups (e.g., PTA)	8.1%	45.2%	35.5%	11.3%
Maintaining contact with you, the teacher	3.3%	31.1%	44.3%	21.3%
Volunteering in the classroom, school, or on field trips	16.1%	58.1%	19.4%	6.5%

The 2012 teacher survey revealed that kindergarten teachers found participating students to be as or more successful than non-participating students academically, socially, behaviorally, and in school attendance. Further:

- 72% of survey respondents reported the program was successful at increasing family awareness of kindergarten expectations and the importance of home activities related to literacy and active learning.
- 82% of survey respondents reported the program was successful at ensuring a smooth transition into school.
- 88% of survey respondents reported the program was successful in creating a positive relationship between family and school.

SUMMARY

Countdown to Kindergarten appears to be well received by teachers and parents alike, with positive survey responses regarding potential program outcomes. Implementation data suggest that, despite local partnership efforts and oversight, not all children are placed in the home visitor's classroom, which may reduce the efficacy of the program for those children. Placement decisions are implemented by local school districts; despite best efforts, schools cannot always confirm the desired placement. Further data are needed to compare

outcomes for children who do receive placement in their home visitor's classroom with children who do not

receive placement in their home visitor's classroom.

Chapter 8. Quality Child Care and Early Education Programs and Services

This chapter presents findings for another element within the fourth evaluation question: *"To what extent have program investments promoted high quality preschool programs that provide a healthy environment that will promote normal growth and development?"* The evaluation team focused on the following elements in considering its findings:

- The prevalence of and total investments in quality enhancement and support programs across local partnerships and fiscal years

- Factors that facilitate and challenge program implementation

- Available output and outcome data for each program

BACKGROUND

High quality early learning environments are important for every young child. Many families either choose or need to supplement the home learning environment with out of home early education,

> Of note:
>
> - The 2010 evaluation found that child care facilities that received quality enhancements services experienced significant improvements in quality.

drawing on the private and publicly supported network of early childhood professionals (i.e., child care). As of September 2014, data provided by the Department of Social Services indicated there were almost 3,000 child care facilities in South Carolina, 47 percent of which were centers, 43 percent were family homes, and 4 percent were group homes (Table 8-1). There also were 173 Head Start sites identified in the state, or 6 percent of total child care facilities.

Table 8-1. *Quality Child Care:* Child Care Facilities by Type (September 2014)

Local First Steps Quartile	Number of Facilities	Number of Child Care Centers	Number of Family Homes	Number of Group Homes	Number of Head Start Sites
<20%	619	296	277	13	33
20% - <26%	1,312	673	522	46	71
26% - 35%	669	266	320	46	37
>35%	365	162	146	25	32
South Carolina	**2,965**	**1,397**	**1,265**	**130**	**173**

Distribution

Figure 8-1 presents the distribution of licensed child care facilities in South Carolina, as of September

2014. *Note, in* Figure 8-1 *Head Start and center locations are grouped together.*

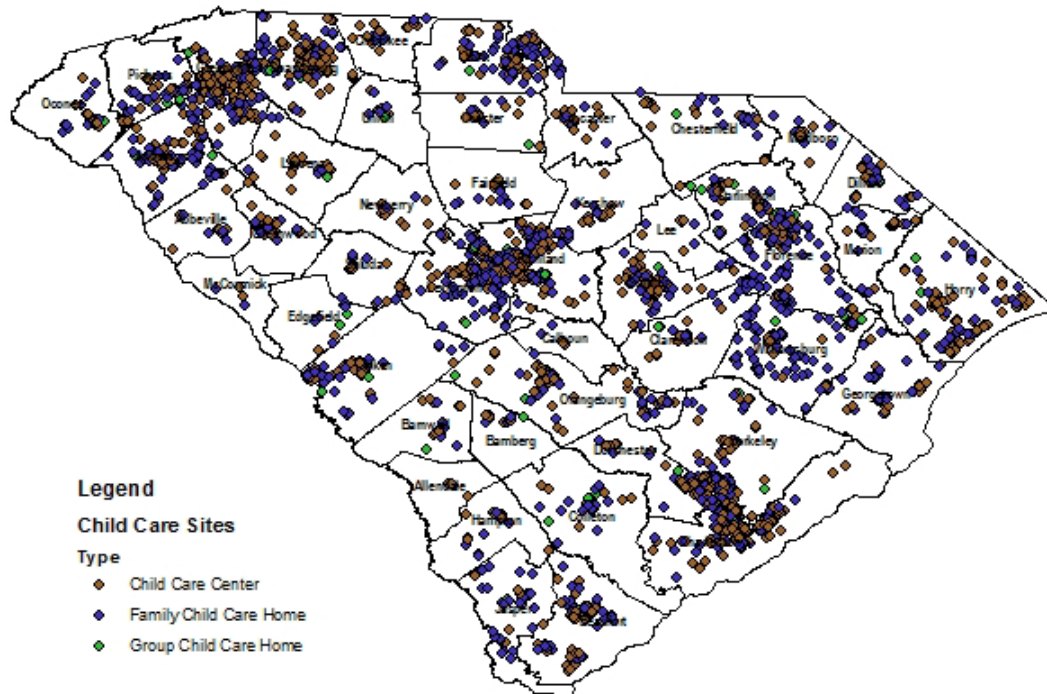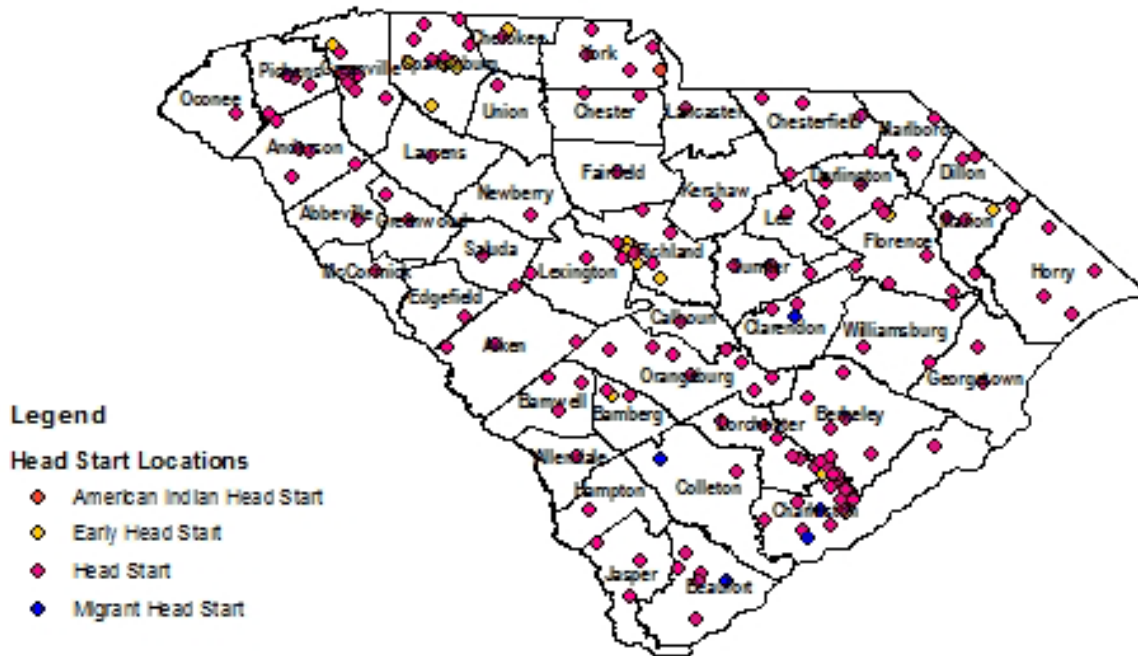**Figure 8-1. Distribution of Child Care Facilities**

Figure 8-2 uses data from the Office of the Administration for Children and Families Early Childhood Learning and Knowledge Center to illustrate the location of Head Start sites throughout the state, by type.

Figure 8-2. Head Start Sites by Type

South Carolina's voluntary ABC Quality Rating Improvement System (QRIS) administers and assigns quality ratings to participating child care facilities.[72] The ABC QRIS is one means of assessing the availability of quality care; the distribution of quality throughout the state also highlights the ongoing need to work with child care facilities to continually improve and maintain high quality. As of September 2014, approximately one-third of child care facilities in South Carolina were participating in the ABC rating system, as shown in Table 8-2.

Table 8-2. *Quality Child Care: Quality Enhancement,* **Participation in SC ABC Program**

Local First Steps Quartile	September 2014 ABC Participation						
	Total Number of Facilities	Number of QE Facilities in ABC QRIS	Percent of QE Facilities at A+	Percent of QE Facilities at A	Percent of QE Facilities at B+	Percent of QE Facilities at B	Percent of QE Facilities at C
<20%	619	173	5%	1%	13%	27%	36%
20% - <26%	1,312	515	7%	--	11%	30%	25%
26% - 35%	669	200	4%	2%	6%	25%	27%
>35%	365	111	2%	3%	12%	45%	31%
South Carolina	**2,965**	**999**	**5%**	**1%**	**11%**	**30%**	**28%**

Figure 8-3 presents the distribution of QRIS-rated sites in South Carolina, as of September 2014.

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[72] The ABC QRIS is administered by the Division of Early Care and Education, a division of South Carolina's Department of Social Services.

Figure 8-3. Distribution of QRIS-rated Sites

Legend
ABC Rating
★ A
★ A-
★ B
★ B-
★ C
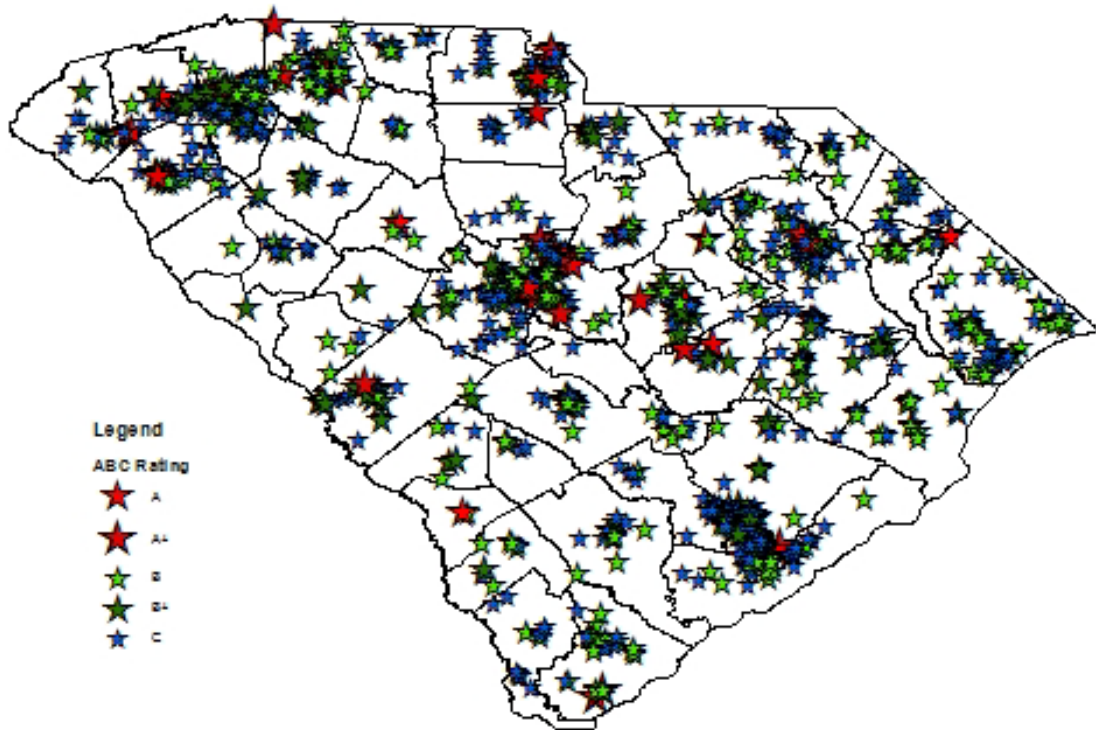
Interestingly, the 2000 Census and 2012 American Community Survey suggest a decline in the percent of the school population that are enrolled in nursery or preschool. This is consistent with economic decline; the percent of families requiring child care may be negatively related to the percent of families with all adults employed.

INVESTMENTS

First Steps is investing in the availability and accessibility of high quality early education by (a) promoting and support high quality environments through programs such as quality enhancements (

Table 8-3) and child care trainings (Table 8-4) and (b) ensuring the affordability of quality through the use of Scholarships (Table 8-5). South Carolina also invests in high quality prekindergarten programs available to eligible students, also known as 4K classrooms.

Table 8-3. *Quality Child Care*: Quality Enhancement, Expenditures

Local First Steps Quartile	Quality Enhancement			
	FY11	FY12	FY13	FY14
<20%	$345,370	$367,605	$403,422	$447,305
20% - <26%	$823,251	$981,472	$1,012,448	$965,574
26% - 35%	$283,621	$280,803	$165,989	$163,532
>35%	$283,7812	$223,890	$209,885	$149,793
South Carolina	**$1,736,024**	**$1,853,770**	**$1,791,744**	**$1,726,203**

Table 8-4. *Quality Child Care*: Child Care Training & Professional Development, Expenditures

Local First Steps Quartile	Child Care Training & Professional Development			
	FY11	FY12	FY13	FY14
<20%	$209,948	$245,152	$238,654	$291,197
20% - <26%	$433,399	$382,789	$409,660	$457,597
26% - 35%	$241,422	$248,855	$229,042	$240,509
>35%	$322,789	$255,569	$298,833	$253,320
South Carolina	**$1,207,557**	**$1,132,365**	**$1,176,189**	**$1,242,623**

Table 8-5. *Quality Child Care*: Scholarship Initiative, Expenditures

Local First Steps Quartile	Scholarships			
	FY11	FY12	FY13	FY14
<20%	$109,132	$65,929	$105,190	$171,264
20% - <26%	$491,675	$370,258	$1,198,892	$803,969
26% - 35%	$382,115	$247,246	$271,460	$284,522
>35%	$451,914	$334,260	$519,434	$558,861
South Carolina	**$1,434,836**	**$1,017,692**	**$2,094,976**	**$1,818,616**

QUALITY ENHANCEMENT

Quality enhancement programs typically work with local child care practices to ensure high quality, developmentally appropriate early learning environments are available and maintained for any family choosing to use child care as an educational and/or economic strut. When asked about their choices to invest in quality enhancements activities, many partnerships noted the need to work with the child care community, especially counties with a relatively high proportion of young children enrolled in out-of-home care. Partnerships recognize

the contributions of high quality early learning to later academic success and work with local child care practices to model, coach, and enhance the quality of daily activities.

Targeting and Recruiting Clients

Quality enhancement projects target local child care providers—the scope of each county's work is determined by available resources allocated to these activities. In some counties all child care centers are invited to participate and in others there is a prioritization or application process that identifies program participants. Of note, one partnership commented on the importance of the child care facility's commitment to quality—this can be a deciding factor in whether or not a facility receives program services. Other partnerships noted a collaborative relationship with the QRIS or other community partners in recruiting and selecting participants.

Ensuring Full Enrollment and Participation

Participating sites, typically, must be eligible and qualified to participate—the definition of eligible or qualified may vary by county however. Some partnerships ensure facilities understand the required commitment and in some cases establish a contract or Memorandum of Understanding to this effect. Ideally, programs work with facilities with the desire and ability to achieve high quality as well as an interest in participating. The provision of technical assistance, incentives, and cross-program collaborations also can be helpful.

Some partnerships struggle to maintain full enrollment. In some cases, partnerships work to understand facility needs and ways to better meet needs while still achieving program objectives. Further, some facilities may be exited from services if they don't make recommended improvements or meet requirements. Some partnerships maintain a waiting list in order to ensure full enrollment throughout a fiscal year.

Minimizing and Alleviating Waiting Lists

In some counties, more facilities seek to receive services than resources will allow. In these instances, partnerships may maintain contact with interested facilities and/or route facilities into other available, or more limited, services. Several partnerships noted that no waiting list exists and another noted that every interested facility receives some form of support.

Barriers and Challenges

Partnerships work diligently with child care facilities to describe the goals and objectives of quality enhancement services. This being said, some partnerships do experience challenges in recruiting facilities— partnerships noted that geography and transportation can be barriers, as can resistance to change and technical assistance,

Funding limitations also are challenges to providing consistent services over time. Funding affects not only the number and turnover over staff but also the availability of financial and material resources to assist

child care facilities in achieving necessary improvements.

Future Plans for Quality Enhancement Programs

Partnerships noted a variety of plans and goals for quality enhancement programs. These include the development of mentorship programs, development and piloting testing of quality rating systems, and additional professional education for staff. For some partnerships, the plan is to continue services on the present course, if not expand services. This course of action includes maintaining if not deepening community collaborations and client access to services.

Distribution

Figure 8-4 depicts the distribution of local partnerships currently providing Quality Enhancement programs.

Figure 8-4. Distribution of Quality Enhancement Sites
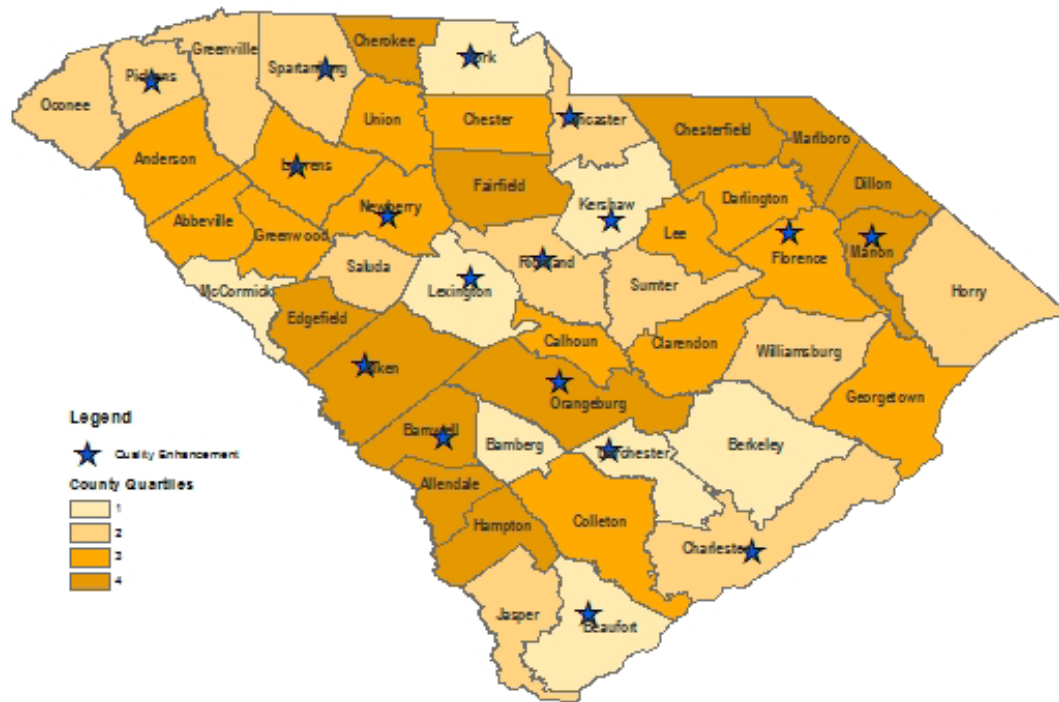
Enrollment and Outcome Data

Table 8-6 and Table 8-7 present service statistics for quality enhancement programs. Table 8-6, for example, presents partnership data on the number of providers served, the number of providers served with "intensive" technical assistance, and the number of children indirectly benefitting from these services. Table 8-7 provides additional details on the intensive technical assistance services provided to partnering child care providers over the four-year period.

Quality enhancement outcomes can be assessed using change in Environment Rating Scale, which uses a seven-point scale to assess changes in facility quality in dimensions such as space and furnishings, activities, and program structure. The available outcome data are presented in Table 8-8, and show two types of change scores: (a) average score change, attributable to sites that had assessments and (b) average matched score change, attributable to sites with both a pre- and post-assessment. In some cases, the sites included in the average score change and the average matched score change were the same and at other times they differed somewhat. Examining the average matched score change illustrates the overall growth that can occur as a result of targeted technical assistance.

Table 8-6. *Quality Child Care*: Quality Enhancement, Enrollment

Local First Steps Quartile	Children Enrolled in Facility, Ages 0-5 years				Providers				Total Site Visits				Number of Providers With Intensive Technical Assistance			
	FY11	FY12	FY13	FY14	FY11	FY12	FY13	FY14	FY11	FY12	FY13	FY14	FY11	FY12	FY13	FY14
<20%	1,389	1,369	1,513	1,868	30	28	29	39	530	684	598	795	12	9	15	29
20% - <26%	1,707	2,262	1,842	2,094	37	43	41	37	834	1,436	1,246	1,135	29	30	30	62
26% - 35%	957	1,023	922	904	20	31	23	31	515	698	390	414	14	14	14	14
>35%	875	637	639	407	31	18	21	19	523	373	427	397	13	35	16	17
South Carolina	4,928	5,291	4,916	5,273	118	120	114	126	2,402	3,191	2,661	2,741	68	88	75	122

Table 8-7. *Quality Child Care*: Quality Enhancement–Intensive Technical Assistance, Enrollment[73]

Local First Steps Quartile	Intensive Provider Staff				Intensive Site Visits				Administrative Visits				Classroom Visits			
	FY11	FY12	FY13	FY14	FY11	FY12	FY13	FY14	FY11	FY12	FY13	FY14	FY11	FY12	FY13	FY14
<20%	123	97	174	177	199	265	394	666	85	60	145	370	172	249	322	411
20% - <26%	395	481	523	691	530	957	982	1,088	336	576	423	425	438	972	877	1,366
26% - 35%	119	151	157	184	411	588	325	418	269	369	170	238	286	745	398	482
>35%	116	103	113	83	317	297	334	338	183	190	167	202	294	226	231	246
South Carolina	753	832	967	1,135	1,457	2,107	2,035	2,510	873	1,195	905	1,235	1,190	2,192	1,828	2,505

[73] Data from the First Steps database for intensive sites are inconsistent, e.g., in some cases total QE site visits is less than total Intensive TA site visits. Therefore, data for Intensive TA sites are taken from local profiles.

Table 8-8. *Quality Child Care: Quality Enhancement,* Average Change on Environment Rating Scale

Local First Steps Quartile	Average Pre-Score	Average Post Score	Average Score Change (Pre- to Post)	Average Matched Score Change (Pre- to Post)
FISCAL YEAR: 2010-11				
<20%	2.2	2.4	0.5	1.2
20% - <26%	2.2	1.4	0.2	0.4
26% - 35%	1.5	1.6	0.1	0.7
>35%	2.5	1.5	0.1	0.5
South Carolina	**2.0**	**1.7**	**0.2**	**0.7**
FISCAL YEAR: 2011-12				
<20%	1.7	2.0	0.27	0.6
20% - <26%	1.7	1.9	0.23	0.7
26% - 35%	1.5	1.3	0.16	0.9
>35%	1.5	1.1	0.02	0.2
South Carolina	**1.6**	**1.5**	**0.16**	**0.6**
FISCAL YEAR: 2012-13				
<20%	1.9	2.2	0.7	1.5
20% - <26%	1.7	2.1	0.4	1.0
26% - 35%	0.5	0.6	0.1	0.6
>35%	1.8	0.9	0.1	0.8
South Carolina	**1.4**	**1.4**	**0.3**	**1.0**
FISCAL YEAR: 2013-14				
<20%	2.2	2.6	0.5	1.0
20% - <26%	1.4	1.3	0.2	1.1
26% - 35%	0.8	0.9	0.1	0.4
>35%	1.4	1.6	0.2	0.6
South Carolina	**1.3**	**1.5**	**0.2**	**0.8**

CHILD CARE TRAINING

Child Care training services are an important aspect of ensuring child care professionals have expected and required skills and are achieving and maintaining higher quality environments. Some partnerships noted gaps in existing trainings or the need for additional training options, which led them to offer additional trainings to providers in their counties or regions. Providing local trainings for child care professionals helps the professionals access required trainings, often a minimal cost and distance, and reinforces the networking and relationship building many partnerships desire to have with local facilities and professionals.

Targeting and Recruiting Clients

Many partnerships provide training schedules, in a variety of media (direct mail, advertisements, email, telephone, social media, website postings, referrals through community partners), to all facilities in their county, if not region. In some cases, however, facilities participating in the quality enhancement program are given priority for trainings—further, some partnerships require those facilities that are receiving intensive services/ Scholarship programs attend trainings.

One partnership noted only serving centers. Other partnerships noted using First Steps Program Standards to guide recruitment and enrollment.

Ensuring Full Enrollment and Participation

In addition to the strategies noted above for targeting and recruiting participants, partnerships report that local professionals typically appreciate the availability and quality of local trainings, especially when the trainings are required. The cost affordability of the trainings also helps ensure they are used. Some partnerships, for some facilities, make participation mandatory (e.g., for participants in quality enhancement services) while other partnerships solicit feedback and use evaluation data to ensure trainings respond to local needs and produce high enrollment and attendance. Opening trainings to professionals from surrounding counties is another strategy for ensuring high enrollment/attendance. Some partnerships also will send reminders of upcoming trainings and confirm enrollments in advance of the training.

One partnership noted that trainings can be integrated with on-site technical assistance—helping to ensure the materials and information transition into practice. This practice, encouraged within the State Board's Program Standards, may increase the overall value and   utility of the training and technical assistance services.

Minimizing and Alleviating Waiting Lists

Some partnerships noted that they did not maintain waiting lists for training and may, in fact, offer additional sessions or open up placements in response to high demand. At times, this may require fundraising to generate additional resources.

Barriers and Challenges

Some partnerships noted concerns with the quality of online trainings offered by vendors in their communities. Others noted that local participants are attending trainings to meet Department of Social Services training requirements but not necessarily engaging, investing, or committing to quality improvements. This underscores the need for quality to be a facility-based commitment, with director or owner support. Funding, of course, limits the size and scope of a training program (including follow-up at individual sites and the provision of materials) and also affects the ability to attract and retain qualified staff or vendors. Other logistical challenges included limited venues to provide trainings, lack of qualified staff or vendors in the county or region, transportation, and the use of technology to provide high quality services.

Future Plans for Child Care Training Programs

As regards future plans for trainings, partnerships noted (a) developing a more focused or purposeful training plan; (b) providing an annual conference; (c) considering additional collaborations and expansion of services; (d) developing/ facilitating a local professionals network and Community of Practice; (e) providing follow-up technical assistance to participating sites; (f) evaluating the role of trainings in improving facility ABC ratings; (g) recruiting and using highly qualified staff; and (h) developing materials and services related to outdoor learning environments.

Other partnerships noted continuing with the current course of services, some with a focus on quality enhancement participants. Two partnerships noted a reduction in the size and scope of services due to low enrollment and attendance or the availability of alternate service providers.

Distribution

Figure 8-5 shows the distribution of local partnerships currently providing Child Care Training and Professional Development programs.

Figure 8-5. Distribution of Child Care Training and Professional Development Sites
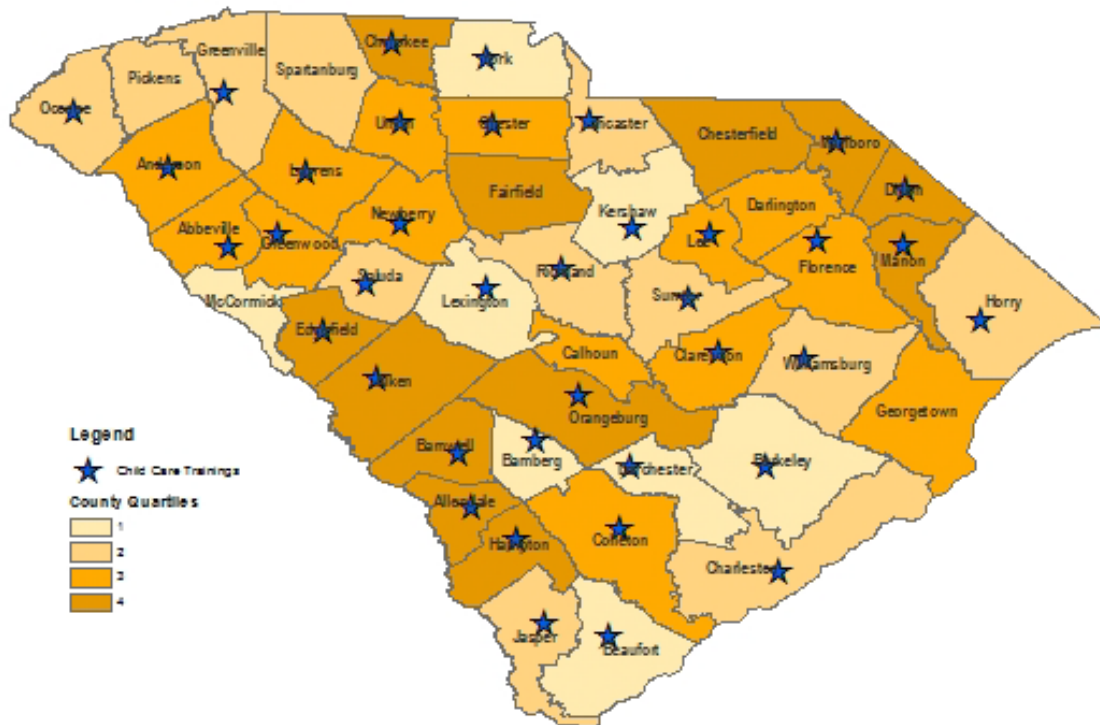
Enrollment and Outcome Data

Available output data for child care trainings were presented in Chapter 3.

SCHOLARSHIPS

Scholarships are a means of helping interested and eligible families afford early education opportunities. Ideally, scholarships facilitate access to high quality early learning experiences, which supports child development. However, some partnerships noted that eligible families do not receive support because of resource limitations.

Targeting and Recruiting Clients

Scholarships often are linked to other programs and resources, contributing to comprehensive services to eligible children and families. Examples include parent support (including support for teen parents) and home visitation programs as well as early identification and referral programs. Scholarships also support local child care professionals by providing a stable and consistent source of income, on behalf of eligible children and families.

Ensuring Full Enrollment and Participation

Many partnerships cannot keep pace with the need in their communities, thereby ensuring the program maximizes it service use. In addition, partnerships may require minimal levels of attendance as well as participation in other services for parents and families. Families that are not in compliance with program requirements may be exited from the program. Eligible children and families are located through collaboration with schools and referrals from other community programs and services, including child care facilities.

Minimizing and Alleviating Waiting Lists

Scholarship programs optimize resources through the rapid placement of eligible children and families—as soon as a placement opens, a family on the waiting list can be notified. Waiting list families also are referred to other community resources, such as the Department of Social Services, which may have subsidy funds available, as well as 4K and Head Start. Some partnerships noted that teen parents are given priority when placements open and others engage in resource or fund development to expand services. One means of reducing the waiting list is to reduce scholarships to half-time service—allowing more children and families to be served but with less than full-time placements.

Barriers and Challenges

Funding is the primary barrier to expanding the program or serving all eligible children and families. Other challenges include a lack of high quality care to utilize or refer to, difficulty verifying information regarding risk factors (which are a requirement for eligibility), risk factors that do not reflect the needs of county residents, and parents wishing to use child care facilities or individuals that do not meet program standards or requirements.

Future Plans for Scholarship Programs

Many partnerships indicated that they will continue on the current course of services, while meeting state eligibility requirements and standards. Partnerships also reported deepening and strengthening community partnerships, removing barriers to accessing programs, and ensuring that participating clients meet all program requirements. Fund development in support of the program is another plan for Scholarships, as many partnerships wish to expand program services or the number of eligible children and families served. One partnership reported wanting to eliminate the program due to lack of data on measurable outcomes, while another indicated broadening awareness and outreach about the program in local media.

Distribution

Figure 8-6 depicts the distribution of local partnerships currently offering scholarships.

Figure 8-6. Distribution of Child Care Scholarship Sites
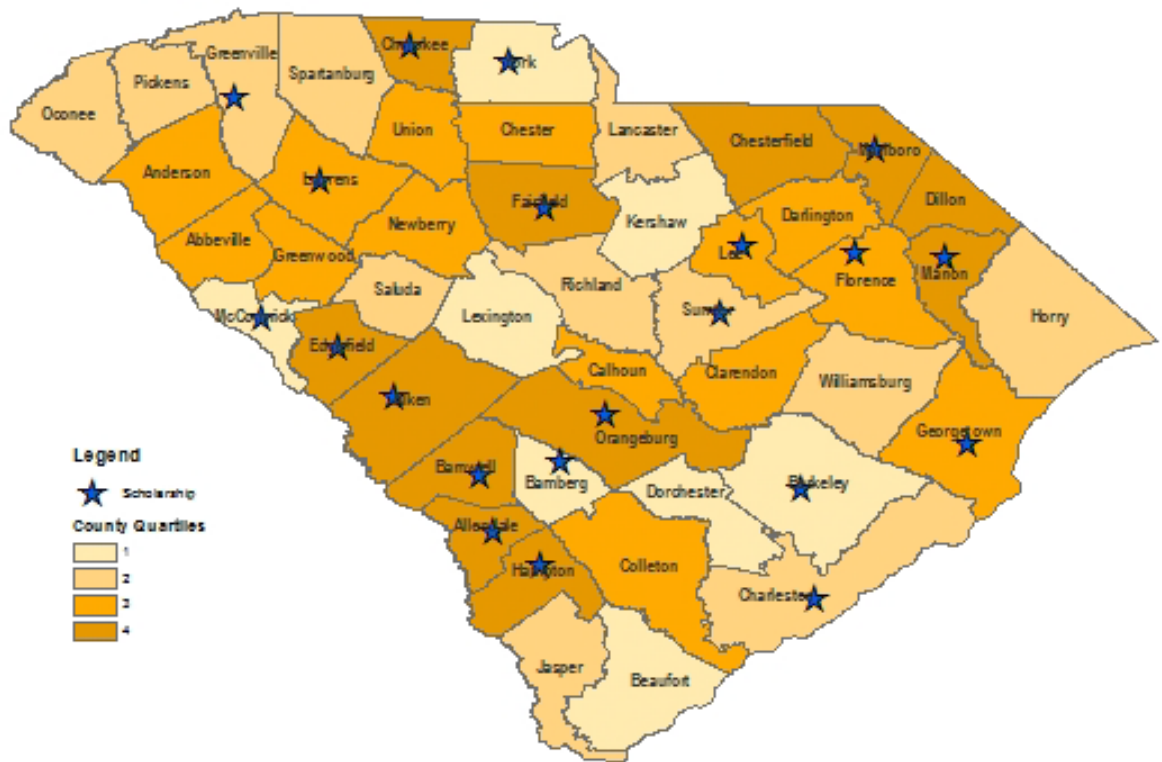
Enrollment and Outcome Data

Table 8-9 presents service statistics for scholarship programs, including the number of participating child care providers and the number of scholarships generated. Further, Table 8-9 illustrates the distribution of scholarships among full-time and part-time child care enrollments.

Table 8-9. *Quality Child Care*: Scholarship Initiative, Enrollment

Local First Steps Quartile	Number of Providers Receiving Scholarships				Total Number of Child Scholarships				Number of Full-Time Scholarship Placements				Number of Part-Time Scholarship Placements				# of Placements Not Designated			
	FY11	FY12	FY13	FY14	FY11	FY12	FY13	FY14	FY11	FY12	FY13	FY14	FY11	FY12	FY13	FY14	FY11	FY12	FY13	FY14
<20%	29	23	24	28	59	42	39	55	44	35	24	31	3	4	2	3	12	5	15	28
20% - <26%	27	43	54	57	108	152	242	278	84	86	178	166	0	41	53	31	27	27	17	96
26% - 35%	32	26	25	23	137	79	83	84	77	60	82	61	51	21	1	10	10	9	7	14
>35%	50	49	46	54	159	138	160	210	133	97	133	117	16	11	11	31	18	32	19	64
South Carolina	138	141	149	162	463	411	524	627	338	278	417	375	70	77	67	75	67	73	58	202

EARLY EDUCATION

Early education (e.g., prekindergarten services, high quality early education placements, and/or child care) is a prominent need in many communities. Some partnerships reported augmenting state funds with additional local allocations and alternate funding sources. Partnerships noted the benefit of comprehensive programs that not only provide a high quality educational experience for the child but also outreach and engagement with families.

Targeting and Recruiting Clients

Programs recruit clients by focusing on eligible children and families—or the presence of risk factors as defined by First Steps and local community assessments. Outreach is conducted using varied media, including radio, print media and flyers, referrals, interagency collaborations (including collaborations with local schools), and word-of-mouth.

Ensuring Full Enrollment and Participation

Partnerships noted the presence of formal agreements for services, as well as ongoing collaborations and referral/ recruitment networks. This being said, many partnerships reported a waiting list for services; there are few problems ensuring full enrollment. One partnership noted the importance of ongoing monitoring of enrollment and participation, to ensure the program is fully utilized.

Minimizing and Alleviating Waiting Lists

Early education programs may prioritize risk factors in choosing eligible children and families for enrollment. Others use a waiting list to identify children, on a "first come first served" basis. Waiting list children and families also may be referred to other available programs and services. One partnership noted the absence of a waiting list. Another noted the allocation or re-allocation of funds to reduce the waiting list.

Barriers and Challenges

In addition to funding sufficient for the needs in the community, partnerships also noted challenges related to new programming within communities, including challenges related to the establishment and maintenance of high quality facilities. The lack of accessible and affordable care, for example, was cited by one partnership. Another cited the absence of programs such as CDEPP, which occurs in those districts that are not participating in the program. Transportation may serve as a challenge for some families and communities.

Future Plans for Early Education Programs

Partnerships noted the following as future plans for early education programs: maintaining full enrollment, implementation of a school readiness plan, ongoing quality improvements, and expanding the program. Several partnerships noted the program no longer received a local allocation, due to state

administration. Another partnership noted that state-administrated funding may create supplantation with locally-funded programs, thus creating an opportunity to redirect the local allocation.

Enrollment and Outcome Data

Table 8-10 presents the number of children served through the 4K/CDEPP programs from Fiscal Year 2011 through Fiscal Year 2014. As shown, not every county received 4K/CDEPP investments over the past four years. Note, the 4K/CDEPP programs are evaluated separately; outcome data were not available for this report.

Table 8-10. *Early Education:* **Number of Children Served in 4K/CDEPP**

County	2010-2011	2011-2012	2012-2013	2013-2014
Anderson	0	0	0	19
Bamberg	17	39	38	36
Barnwell	48	28	43	57
Berkeley	19	31	22	40
Calhoun	0	0	0	17
Clarendon	12	7	6	8
Chesterfield	0	15	0	0
Cherokee	0	0	0	27
Darlington	14	12	16	42
Dillon	46	31	24	24
Florence	103	125	128	223
Georgetown	41	38	30	90
Greenwood	0	0	0	27
Hampton	22	15	16	17
Horry	0	0	0	7
Laurens	40	28	37	71
Lee	30	25	24	20
Lexington	0	0	0	43
Marion	55	71	77	87
Newberry	0	0	0	42
Orangeburg	25	22	39	37
Richland	0	0	0	139
Saluda	12	18	14	18
Spartanburg	0	0	0	73
Sumter	0	7	0	75
Union	0	0	0	26
Williamsburg	65	65	87	103
South Carolina	**549**	**577**	**601**	**1,368**

Figure 8-7 illustrates the cumulative four-year enrollment, per county.

Figure 8-7. Cumulative 4K/CDEPP Enrollment
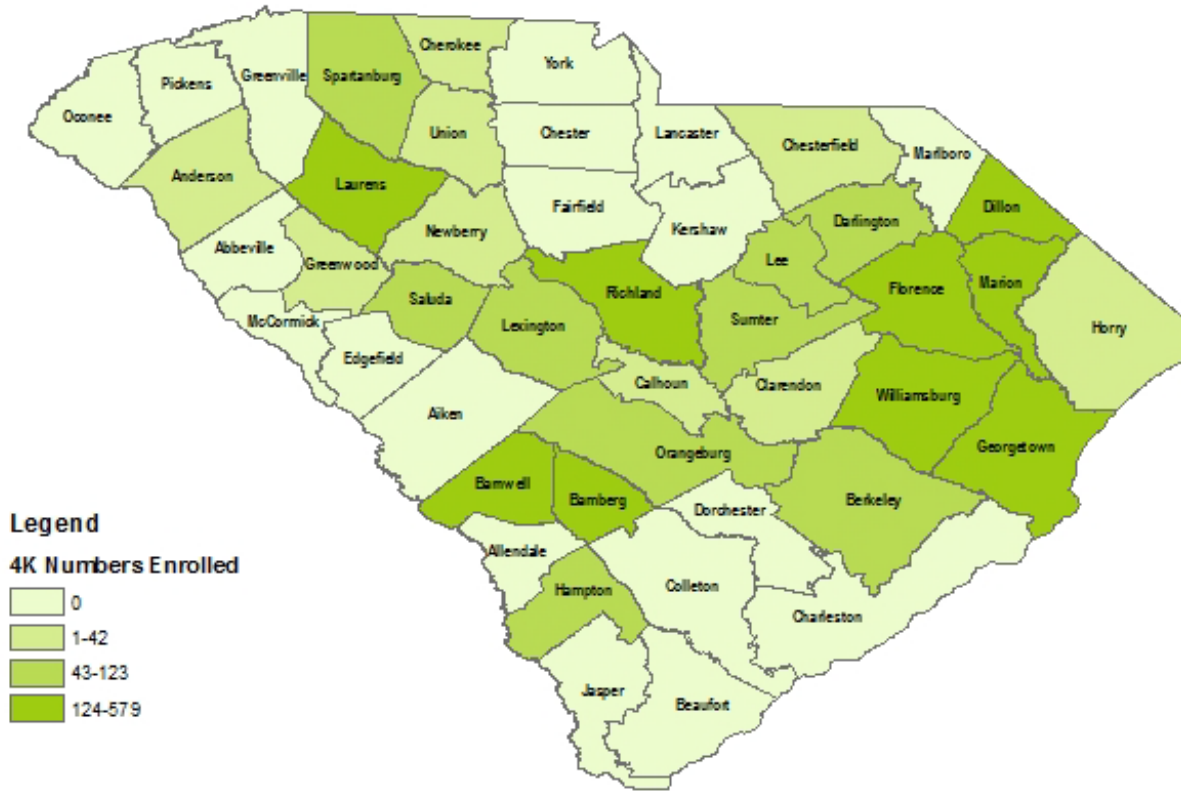
SUMMARY

- First Steps uses multiple strategies to promote the development and use of high quality early education environments. Strategies include the provision of direct technical assistance and coaching to individual child care facilities, the provision and support of high quality trainings to child care professionals, the provision of scholarships such that families can afford high quality environments, and the subsidization of prekindergarten classrooms for eligible students.

- Approximately 70 to 120 child care sites, per year, receive intensive technical assistance; almost 11,000 technical assistance visits were provided over the four-year evaluation period. These services indirectly impacted over 20,000 children.

- Over 1900 child care trainings were provided over the four-year period, generating 4,400 certified hours of training for child care professionals. Topics included growth and development, curriculum, child guidance, professional development, health and safety, and program administration.

- Annually, approximately 140 to 160 child care sites participated in Scholarship programs,

accommodating over 2,000 scholarships over the four-year period. Additionally, almost 3,100

children participated in partnership-supported 4K/CDEPP services, over the four-year period.

Chapter 9. Health Services and Programs

This chapter presents findings for the evaluation questions: *"To what extent have program investments provided services so all children receive the protection, nutrition, and health care needed to thrive in the early years of life so they arrive at school ready to learn?"* and *"To what extent have program investments increased comprehensive services so children have reduced risk for major physical, developmental, and learning problems?"*

The evaluation team focused on the following elements in considering its findings:

- The prevalence of and total investments in health or health-related programs
- The prevalence of and total investments in early identification and referral (EIR) programs
- The connections established between other funded programs and health or EIR services
- Factors that facilitate and challenge program implementation
- Available output (numbers served) and outcome data for each program

> Of note:
> - The 2006 and 2010 evaluations reviewed the contributions of other First Steps programs to early identification and health outcomes. The 2010 evaluation identified the presence of health-related topics in parenting support programs.

BACKGROUND

Health and health-related services are not a primary investment for many First Steps partnerships. This is understandable given the existence of other funding and services that are designed to meet health and health-related needs and the First Steps legislative requirement that program funds cannot supplant existing sources of funding.

INVESTMENTS

Some of the health programs funded by partnerships include Non-Home Based Services, Public Health Based Services, and Nutrition as well as Early Identification and Referral. As with other programs, these programs are funded to serve unmet needs in the community that were identified through needs assessment and strategic planning processes. Table 9-1 includes the expenditures for Health Programs by local partnerships and quartile.

Table 9-1. Health: Expenditures

Local First Steps Quartile	Early Identification & Referral		Other Health Programs (HHS Service Coordinator, Home-Based Services, Non-Home-Based Services, Public Health-Based Services, Nutrition)			
	FY13	FY14	FY11	FY12	FY13	FY14
<20%	$22,996	$19,828	$208,669	$193,950	$199,743	$224,720
20% - <26%	$133,353	$87,724	$179,753	$65,230	$125,963	$91,684
26% - 35%	$179,351	$131,780	-	-	-	-
>35%	$7,634	$16,065	$79,757	$50,272	$174,177	$94,158
South Carolina	$343,334	$255,397	$468,179	$309,453	$499,883	$410,562

Recruiting and Targeting Clients

Programs recruit eligible children and families. In some cases this includes children ages 0-6 that are not insured. In other cases, this includes pregnant, at-risk mothers. Partnerships collaborate with community partners to identify and recruit potential clients—clients must meet each program's eligibility requirements in order to be served. Word-of-mouth also can generate interest in the programs.

Ensuring Full Enrollment and Participation

When necessary programs maintain a waiting list for services, perhaps due to ongoing recruitment and referrals for services. The comprehensive nature of services help to ensure client engagement and participation. Other partnerships noted that they do not have input into the enrollment and participation process.

Minimizing and Alleviating Waiting Lists

Fundraising and resource development may help ensure programs can serve the existing needs. For some partnerships, however, available resources are insufficient; programs serve as many clients as possible. Partnerships may maintain waiting lists and/or refer potential clients to other available community services.

Barriers and Challenges

Access and affordability of services typically are challenges for many potential clients. The funding and resources necessary to fully serve the community need also is a barrier to expanding services. Additional challenges include (a) need for bilingual staff; (b) working with transient staff and family work schedules; (c) absence or unavailability of program data; and (d) responding to the goals and objectives of multiple funders.

Future Plans for Health Programs

Where possible, partnerships plan to continue to offer programs. Partnerships also will continue the collaborative partnerships necessary for program guidance and oversight. When additional funding or funders are available, the partnership may shift resourcing to these sources or use additional resources to expand the program. In at least one case, a partnership indicated that it will discontinue its program.

Distribution

Figure 9-1 depicts the distribution of health programs across the state (the distribution of Early Identification and Referral programs are presented in Figure 9-2).

Figure 9-1. Distribution of Health Programs, 2013-14
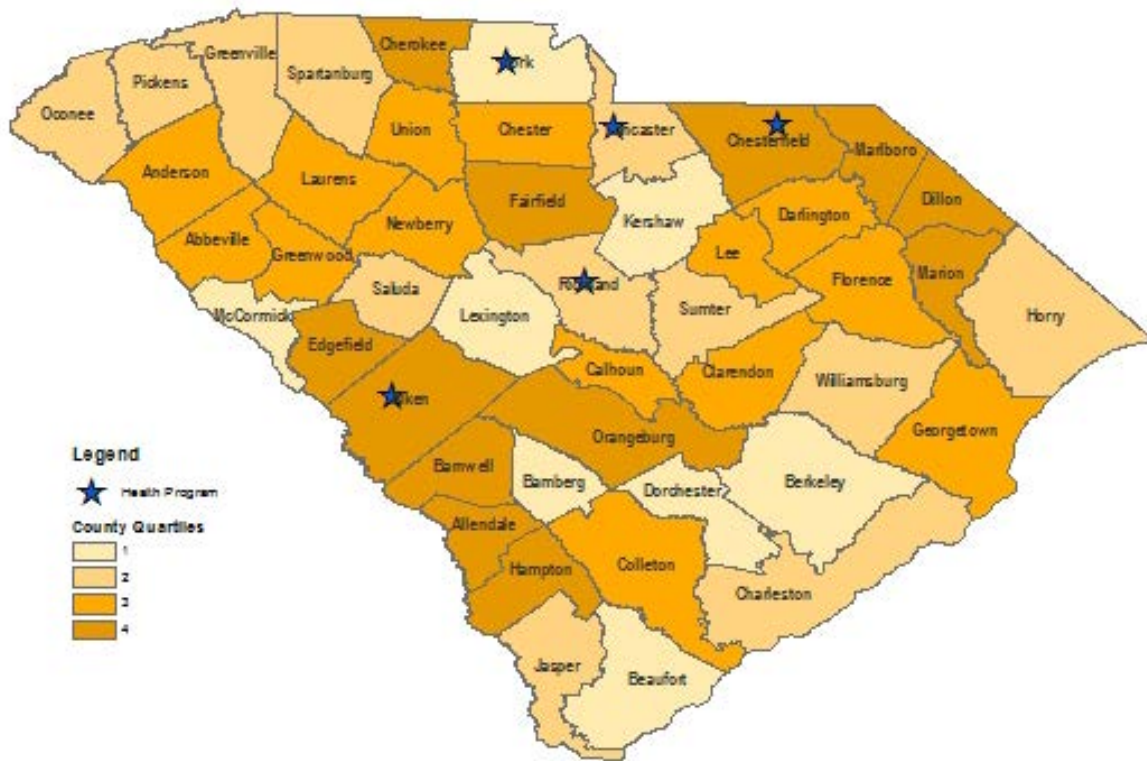
Enrollment and Outcome Data

Table 9-2 contains enrollment data for varied health programs. The table also illustrates the relative distribution of services across quartiles.

Table 9-2. *Health*: Enrollment

Local First Steps Quartile	Other Health Programs (HHS Service Coordinator, Home-Based Services, Non-Home-Based Services, Public Health-Based Services, Nutrition)							
	# Adults Served				# Children Served			
	FY11	*FY12*	*FY13*	*FY14*	*FY11*	*FY12*	*FY13*	*FY14*
<20%	35	0	0	0	462	550	515	460
20% - <26%	30	0	0	0	101	63	157	178
26% - 35%	0	0	0	0	0	0	0	0
>35%	33	29	0	0	33	70	75	77
South Carolina	**98**	**29**	**0**	**0**	**596**	**683**	**747**	**715**

EARLY IDENTIFICATION AND REFERRAL

Partnerships fund Early Identification and Referral (EIR) strategies (a First Steps prevalent program) to increase the number of young children identified with developmental delays or special learning needs. In addition, the program works to facilitate increases in the timely development of Individualized Family Service Plans (IFSPs) and completed referrals to intervention services or other community services for which a child may be eligible. As such, in many counties, the EIR program supports BabyNet, South Carolina's services for children ages birth through three years of age who are eligible for early intervention services.

Recruiting and Targeting Clients

Early Identification and Referral programs often collaborate with other community programs, partners, and events to serve clients. For example, an EIR program may receive referrals from parent and family support programs or programs that conduct child screenings with tools such as the Ages and Stages Questionnaire. Alternately, EIR may be contacted by parents, child care professionals, or other caregivers with concerns about a child's development.

Ensuring Full Enrollment and Participation

EIR programs work to increase public awareness of services as well as the importance of screenings for parents or caregivers with concerns. Programs collaborate with BabyNet and community programs and partners to ensure there is outreach and ongoing education about services.

Barriers and Challenges

When asked if there are barriers or challenges to services, one partnership noted the need for assessments that accurately identify children who may be eligible for services. Other challenges include ancillary services such as transportation and compliance standards for program services.

Future Plans for Early Identification and Referral Programs

Partnerships that fund or will continue to fund the program indicated plans to increase access to programs, primarily through collaborations with community agencies and de-stigmatization of services. Another partnership noted the need for increased funding to expand services or increase the number of clinics available in the county.

Distribution

Figure 9-2 depicts the distribution of partnerships that provide Early Identification and Referral Programs.

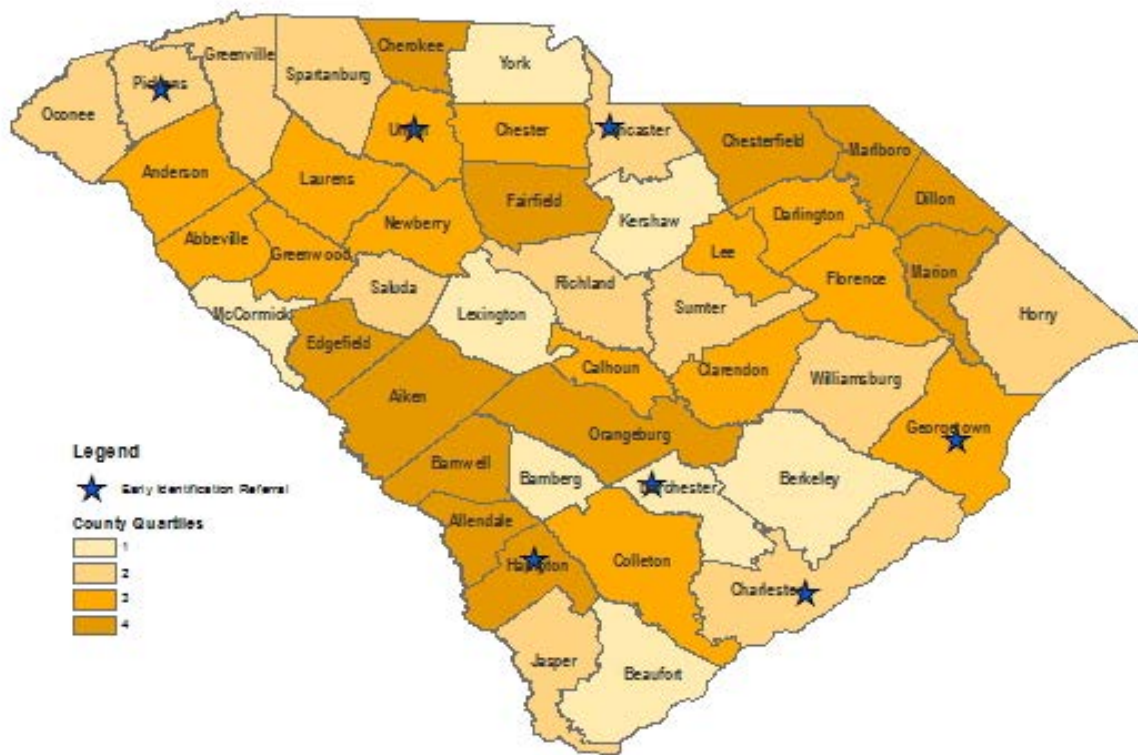**Figure 9-2. Distribution of Early Identification and Referral Programs**

Table 9-3 presents service data from the First Steps database, from 2012-2013 and 2013-2014. When examining these data, it is possible that in some cases, children screened and identified for BabyNet services may already have received a referral (at the time the First Steps program generated its referral)—making the secondary referral redundant.

Table 9-3. *Health:* **Children Screened, Eligible, and Referred to BabyNet**

Local First Steps Quartile	Number of Children Screened		Number of Children Eligible for BabyNet		Number of Children Referred to BabyNet	
	FY13	*FY14*	*FY13*	*FY14*	*FY13*	*FY14*
<20%	9	44	8	41	5	7
20% - <26%	31	46	21	29	19	28
26% - 35%	0	38	0	29	0	23
>35%	7	14	4	1	0	0
South Carolina	47	142	33	100	24	58

BABYNET PARTICIPATION

BabyNet is South Carolina's administration for Individuals with Disabilities in Education Act (IDEA)—Part C. Specifically, Part C provides for[74]:

> *…financial assistance to States--*
>
> *(1) to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families;*
> *(2) to facilitate the coordination of payment for early intervention services from Federal, State, local, and private sources (including public and private insurance coverage);*
> *(3) to enhance State capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families; and*
> *(4) to encourage States to expand opportunities for children under 3 years of age who would be at risk of having substantial developmental delay if they did not receive early intervention services.*
>
> ***IDEA Authorizing Legislation***

BabyNet eligibility and enrollment data are presented in

Table 9-. As shown, more than 10,000 young children are referred to BabyNet each year and between 3,700 and 4,700 are found eligible and receive services. First Steps-funded programs often serve as an important source of referrals, as explained and documented in Chapter 5.

Table 9-3. *Health:* **BabyNet Referral and Eligibility, 2010-11 through 2013-14**

Data Category	July 2010-June 2011[75]	July 2011-June 2012[76]	July 2012-June 2013[77]	July 2013-June 2014[78]

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[74] http://idea.ed.gov/part-c/statutes#statute-1364
[75] Data source: BabyTrac Data System, South Carolina Budget and Control Board, Division of State Information Technology

Referrals to BabyNet, all Sources	10,669	10,888	10,973	10,914
Children Eligible and Receiving IDEA/Part C Services[3]	4,579	4,414	3,710	4,724

Finally, Figure 9-3 illustrates the total number of children served through BabyNet in the most recent fiscal year, 2013-14, by county.

Figure 9-3. Children Served by BabyNet Services, 2013-14

SUMMARY

- Health programming represents relatively smaller investments, when compared to family strengthening and child care-related programs. This may be due to the existence of other programs and services already in operation and providing health and related services. This stated, approximately 600 to 700 children per year were served over the four-year time period.

- South Carolina children and families benefit from the referrals and connections generated by First Steps programs to BabyNet, South Carolina's IDEA—Part C program. This is a good example of how First Steps funds can be leveraged to maximize other resources and services.

Chapter 10. Community Mobilization

BACKGROUND

The fifth legislative goal requires First Steps to "*mobilize communities to focus efforts on providing enhanced services to support families and their young children so as to enable every child to reach school healthy and ready to learn*". Community mobilization may take many forms—including the collaborations fostered and nurtured by local partnerships and partnership efforts to develop and maintain a local system of early childhood investments.

COLLABORATION WITH STATE PROGRAMS

There are several state-operated programs that may be active in a county, including BabyNet, Nurse Family Partnership, and 4K/CDEPP. One aspect of community mobilization is local partnerships' collaboration with and   support of these state programs to ensure (a) available services can be fully utilized by families and (b) resources can be maximized within a community.   This integration of state and local programs is an efficient means of allocating and targeting resources—and an example of the value-added generated under the First Steps model.

Local support to state programs occurs in multiple forms. Referrals to the programs and providing information about the   programs to local clients (for example, through participation in the Local Interagency Council or community   events and forums) are two examples of such support. In some cases partnerships also provide in-kind services such as office space to state-level staff who are working in the county or region. Ancillary or support services that can support   the state programs include Early Identification and Referral and local contacts and resource support for 4K   providers and parents. Further, local partnerships may try to provide services and support for clients that do not   qualify for state programs such as BabyNet or 4K. Finally, some local partnerships support state programs by (a)   providing feedback, advice, and guidance and (b) seeking out funding, goodwill, and resources to bring the   programs into their county—and then collaborating with the program as the coordinating or fiscal agency.

When asked how frequently[79] the local partnership assisted or supported the state-programs in areas such as (a) recruiting participants; (b) providing technical assistance or training to state program staff; (c) serving on local or regional workgroups or committees; (d) engaging with the program's Board of Directors; or (e)

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[79] In this chapter, a rating of "Frequently" indicates an event or activity that occurs multiple times during the year, while a rating of "Periodically" means an event or activity that occurs at least once a year. A rating of "rarely" indicates an event or activity that occurs at least once every two or three years.

connecting state program participants to other local services (whether funded or not funded by the local partnership), survey respondents reported most frequently making connections between program participants and other available services as well as recruiting participants for the program(s). Specific data are shown in Figure 10-1. These findings are consistent with state expectations for local collaboration and support.

Figure 10-1. Frequency of Assistance to State Programs (percent of responses)
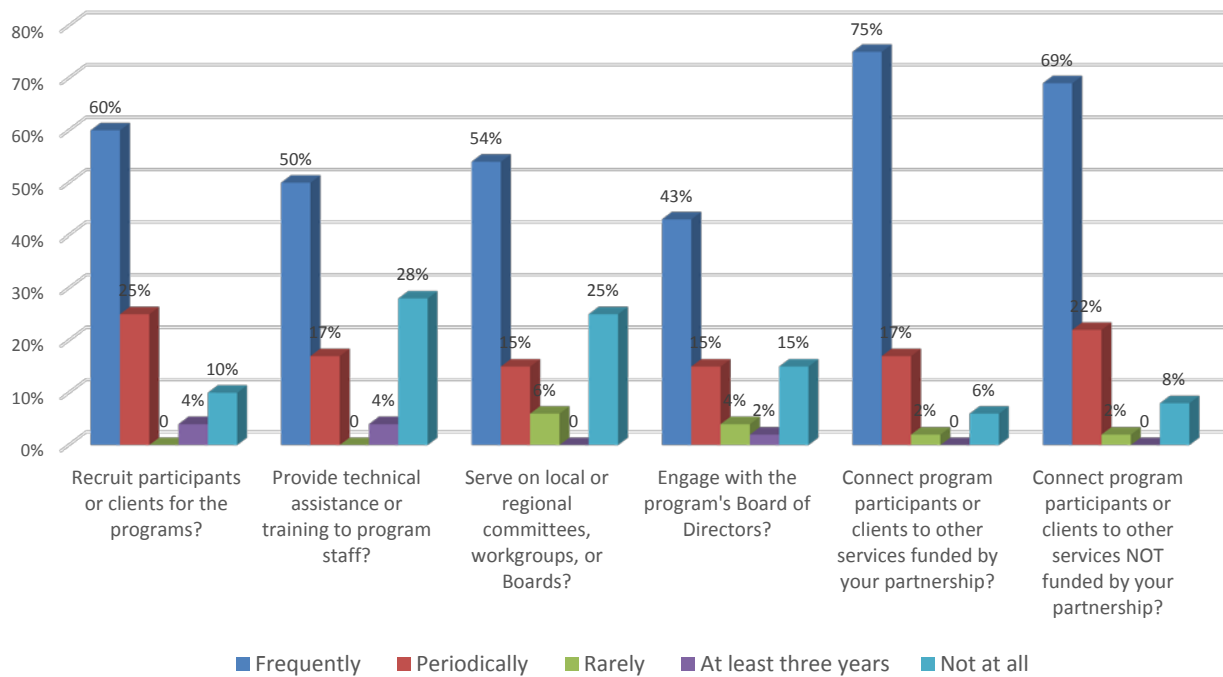
LOCAL SYSTEMS DEVELOPMENT

A major component of the local partnership survey were questions targeting local systems development, using the Early Childhood Collaborative Work Group model presented in Chapter 2. The evaluation team developed questions related to each organizational area identified in the workgroup model, which include:

- Defining and coordinating leadership;
- Financing strategically;
- Enhancing and aligning standards;
- Creating and supporting improvement strategies;
- Ensuring accountability; and

- Recruiting and engaging stakeholders

Individualized surveys were created and distributed to local partnerships; these surveys contained questions in each of the six areas identified above. The following sections contain the survey results and inform our understanding of local partnership contributions to early childhood community mobilization and systems development. A total of 48 responses were received, indicating that two partnerships returned two surveys. All local partnerships responded but not all survey questions were answered by each partnership.

Define and Coordinate Leadership

Survey participants were asked to describe how they or their partnerships worked with local partners and collaborators to lead and guide programs and services for young children and their families. Respondents reported a number of strategies and activities that included (a) providing assistance, support, referrals, and promotion of services; (b) networking and collaborating on fund or resource development; (c) collaborating to provide comprehensive services; (d) providing administrative, professional, or financial services; (e) providing feedback and ongoing communications regarding community needs and quality of services; (f) reducing duplications in services; (g) conducting community joint strategic planning and determining joint values and priorities; and (h) communicating with local representatives and civic organizations.

Partnerships also were asked to describe their "vision" for their partnership; partnership vision statements varied in their nature and scope. For some, the vision statements emphasized the health and success of all children, regardless of circumstance—a vision that likely requires comprehensive collaborations and services. Other responses focused on the organization and its structure, emphasizing the need to build a cohesive and committed local partnership, while some responses highlighted the ability to identify and respond to gaps in services and the needs of the target populations, particularly at- or high-risk families and children. Still other responses indicated a desire to expand programs and services such that increasing numbers of clients could be served.

Collaboration and partnership was a theme for partnerships with respondents noting the need to work as a team of community partners and ensure the alignment of existing and emerging services. Several partnerships idealized their organization as a "hub" or central location providing leadership and expertise for early childhood services in the community.

For some, the focus was not the success of the child so much as the quality of environments and success of the child's parents and caregivers. One partnership noted a specific need to work with teen parents, for example, while another noted the need to improve access and awareness of services by families.

The majority (62%, or 28 of 45) of respondents reported believing their community partners shared their vision with and 31 percent indicating some sharing of the vision. Thus, a great majority of partnerships have

fertile ground for ongoing collaboration and system development. Partnerships that experience less community sharing of vision may experience challenges with future systems development. Some of the reasons for an absence of or limited opportunities for community sharing include (a) "silos" of work conducted by different agencies, or a lack of willingness or ability to collaborate and integrate services; (b) territorialism and competition among community agencies; (c) lack of awareness and buy-in as to the importance of early childhood services; (d) too much focus on barriers and challenges; and (e) challenges in communicating and developing working relationships across agencies at both local and state levels.

Develop and Advance a Shared Vision

Community partners work to develop and advance a shared vision using varied strategies, categorized as (a) making and receiving referrals to services; (b) networking and participating on committees, Boards, and workgroups; (c) actively meeting and communicating about the vision; (d) developing funds and resources for needed programs; (e) soliciting feedback about ongoing needs and opportunities for shared or joint services; (f) creating a joint or community strategic plan; (g) alignment of standards across agencies or programs; and (h) cross-promotion and awareness building of each other's programs and services.

Collaborate with Local Partners

Importantly, when asked if parents were included in decision-making, many respondents reported that parents are involved as community partners. For example, 70% of respondents (28 of 40) reported that parents have meaningful roles at the local partnership, primarily through participation on the partnership Board of Directors.[80] Other important and active local partners are shown in Figure 10-2. School districts, by far, are the most frequently cited "active" partner, followed by the Department of Social Services and local child care providers.

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[80] Additionally, 18% of respondents (7 of 40) reported that the primary parent involvement is through receipt of services while 13% of respondents (5 of 40) reported little meaningful involvement of parents.

Figure 10-2. Frequently Cited "Active" Local Partners

Bar chart values, from left to right:
- School Districts: 35
- Dept Social Services: 19
- Child Care Providers: 18
- Head Start/ Early Head Start: 13
- United Way: 12
- Library: 11
- Dept Health Env Cont: 10
- Medical providers: 7
- Early Intervention Services/BabyNet: 6
- University/ College system: 5
- Civic/Government: 5
- Child Care Res & Ref: 4
- Community of Faith: 3
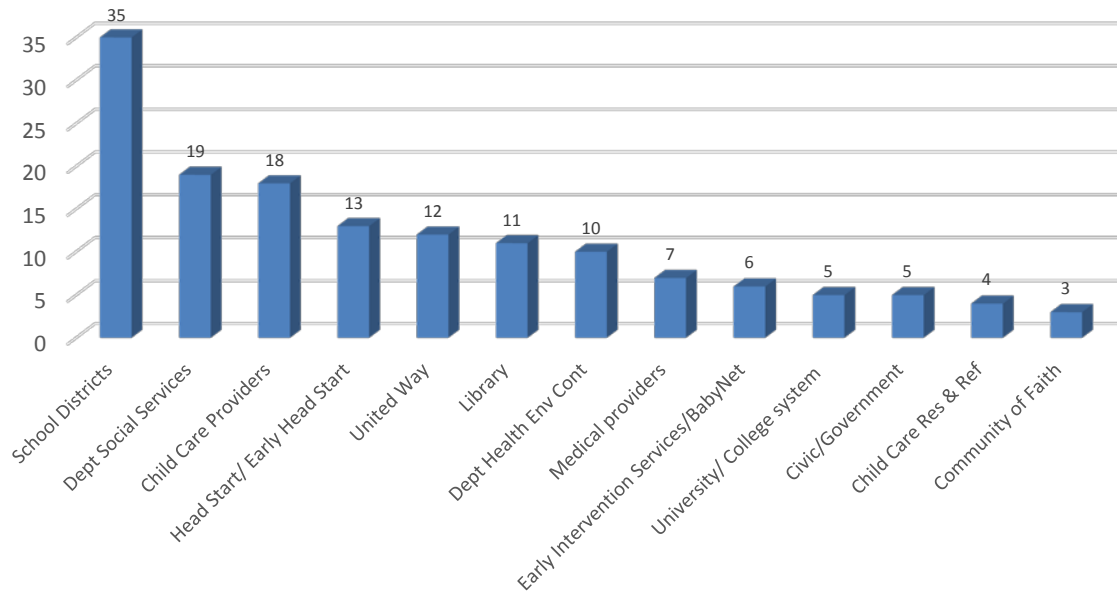
Structure Leadership around Early Childhood Issues

An important aspect of systems development is the leadership structure established for promoting and advancing early childhood issues. Leadership structure can include formalized elements such as joint plans, memoranda of understanding, or contracts for shared services. Forty-two percent (20 of 48) of survey respondents reported having formalized elements above and beyond the collaborative structure of the partnership board itself, while 44 percent (21 of 48) reported the absence of additional formalized elements and 15 percent (7 of 48) reported that such elements were in development (or existing for some agencies but not others). Further, 51% (23 of 45) of respondents reported having agreements with partners over how and when to communicate, while 29% (13 of 45) reported an absence of such agreements and 20% reported that such agreements were in development. Written reports and documentation as well as regularly scheduled meetings, and mailings, email mailings, and telephone communications all were frequently cited as tools for communication. Social media and website updates also appear to be emerging and popular means of ensuring communication among partners.

Another means of structuring leadership and promoting system development may be agreements to conduct joint decision-making. While 47% (21 of 45) of respondents reported the absence of such agreements outside of the local board structure itself, more than one-third (36%; 16 of 45) of respondents indicated that joint decision-making existed while the remaining respondents indicated agreements regarding joint decision-

making were in development. Other respondents indicated that such agreements existed but not in formal or written form.

Finally, when asked about cross-agency leadership activities such as (a) aligning program services and procedures (across agencies), to ensure the most effective and efficient use of resources; (b) communicating to the larger community about the importance of early childhood; (c) identifying other stakeholders or partners that might contribute to program planning and development; and (d) building local knowledge regarding the administrative structure and capacity of county agencies, non-profits, and non-governmental organizations that can host or support early childhood programs, respondents reported most frequently engaging in community communications regarding the importance of early childhood. Further responses are shown in Figure 10-3.

Figure 10-3. Frequency of Cross-Agency Leadership Activities
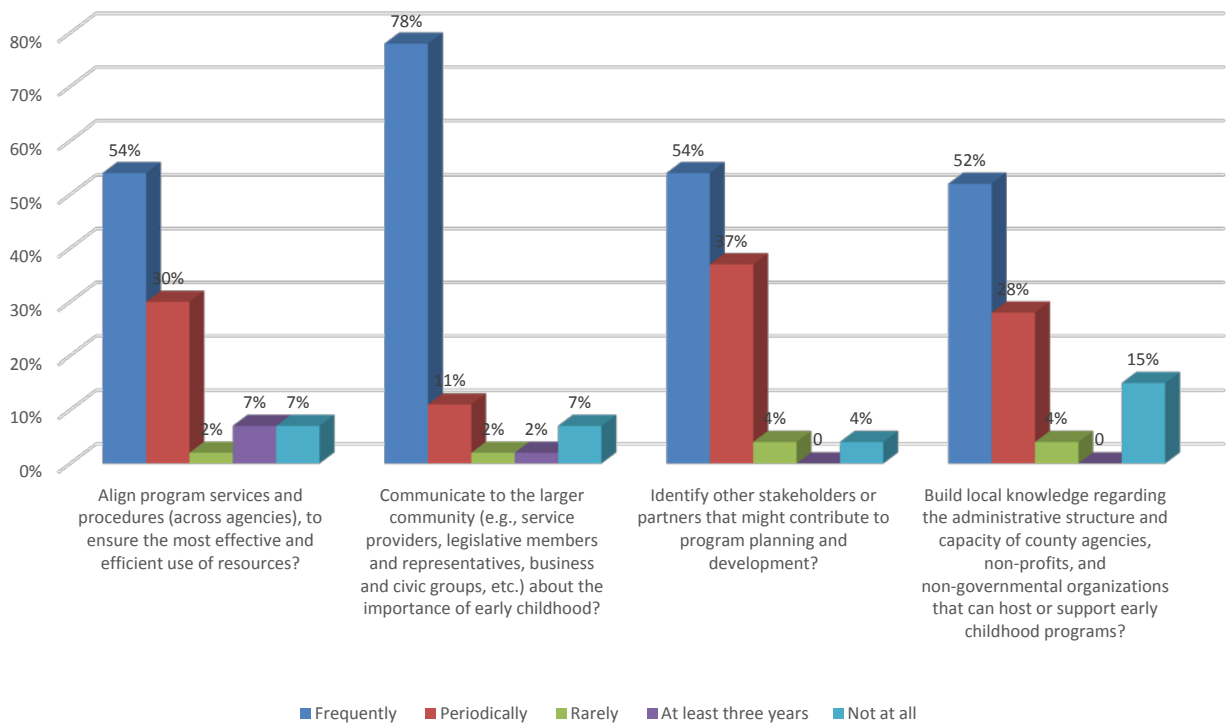
Finance Strategically

Financing is a second component in the ECSWG model for early childhood systems building. Many partnerships seek additional sources of funding to augment state allocations. Further, our assessment of investment trends confirms that partnerships allocate their available resources effectively and strategically.

Partnerships documented a number of strategies to best determine local investments. The primary strategy was the regular identification and prioritization of needs. Several partnerships noted the importance of allocating resources according to available funding and then participating in grant-writing or fund development to generate additional resources to serve unmet needs.

Partnerships described different approaches to community partnering for the allocation of resources, including (a) the contributions of the local, cross-agency, Board of Directors, (b) conducting community-based planning and (c) meeting with community partners to determine desired investments. These strategies may help partnerships avoid duplication of services. Another partnership noted that allocations were informed by desired outcomes—which then might be linked to promising or effective programs.

Partnerships that involve local partners and stakeholders in local investment decisions[81] reported strategies related to the application of funds as well as the generation and allocation of funds. As regards the application for funds, respondents noted policies and procedures regulating the application process, as well as formal agreements (contract, Memoranda of Understanding) to guide investments after they are made.

As regards the generation and allocation of funds, several respondents noted the use of a county-wide survey or needs assessment or other means of soliciting feedback and input from partners and stakeholders. Respondents also noted participation in fund-raising committees and fund development activities, participation in grant-making and –writing activities, and joint planning and alignment of investments, programs, and funders.

As regards the "strategy" used to decide investments, survey participants were asked if they worked with local partners to define joint or shared system outcomes. Forty-eight percent of respondents (20 of 42) indicated that joint or shared outcomes were established (while 19%, or 8 of 42, indicated that these are in development). Interestingly, 14 of 23 respondents (more than the 20 of 42 respondents who reported having joint or shared outcomes) reported that they worked with local partners to prioritize funding for programs that contribute to joint or shared outcomes.

Develop Priorities and Resources for Programs

Partnerships often work with local partners to develop funds and resources for programs. Common strategies include joint grant writing, joint planning, and joint applications for business or private investments. Other strategies are local fund-raisers and signature events, working collaboratively to identify cost-reducing measures, pool resources, and ensure the effective use of pooled resources (e.g., non-duplication of services),

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[81] Forty-seven percent (20 of 43) of respondents reported having an established process for soliciting partner and stakeholder input into local investments.

soliciting and receiving donations, and generating a minimum of fifteen percent matching funds. Strategies appear to share the need for frequent communication among partners.

Figure 10-4 presents responses regarding the frequency with which partnerships work with local partners to engage in strategic financing activities. As shown, a relatively high percentage (i.e., 60 percent or more) of respondents reported either "frequently" or "periodically" (a) developing priorities for First Steps support (74%); (b) planning for or developing programs that could receive First Steps funding (70%); (c) conducting joint grant-writing or resource development (68%); (d) estimating the amount of funding needed to serve county needs (66% of respondents); and (e) identifying all available funding (64% of respondents).

Figure 10-4. Frequency of Strategic Financing Activities

Bar chart legend: Frequently, Periodically, Rarely, At least three years, Not at all

Categories:
- Forecast or estimate the funding that would be necessary to fully serve the: Frequently 19%, Periodically 47%, Rarely 6%, At least three years 6%, Not at all 21%
- Identify all available funding for early childhood programs and services?: Frequently 30%, Periodically 34%, Rarely 17%, At least three years 4%, Not at all 15%
- Conduct joint grant writing or resource development?: Frequently 34%, Periodically 34%, Rarely 17%, At least three years 4%, Not at all 11%
- Provide training or resources to programs in support of resource development?: Frequently 36%, Periodically 23%, Rarely 4%, At least three years 6%, Not at all 30%
- Plan for or develop programs and services that will be financially supported by First Steps?: Frequently 40%, Periodically 30%, Rarely 9%, At least three years 4%, Not at all 20%
- Complete long-term planning and resource: Frequently 23%, Periodically 28%, Rarely 23%, At least three years 11%, Not at all 15%
- Develop priorities for funding or program: Frequently 34%, Periodically 40%, Rarely 4%, At least three years 13%, Not at all 9%

Enhance and Align Standards

The third component in the ECSWG model is "enhancing and aligning standards," which may have different interpretations and applications, depending on whether we are examining standards across agencies, standards for program operations, standards for program implementation, etc. Of interest, local partnerships were asked to describe how they work with local partners and collaborators to ensure programs have access to training and technical assistance in support of program-relevant standards and best practices. Multiple respondents noted the collection of data, for example through a training needs survey, to determine the type of training necessary. Others reported providing training events, training plans, professional development opportunities, and technical assistance. When possible, partnerships collaborate with community partners to ensure training needs are met and to share costs of trainers or events. Other respondents noted regular meetings and information sharing among Board members and community partners and the use of program standards, model fidelity requirements, and best practices.

When asked how frequently they worked together to survey collective needs for training and technical assistance, 40% of respondents (18 of 45) reported working frequently (e.g., multiple times per year), 42% of

respondents (19 of 45) reported working periodically (e.g., at least once a year), and 9% (4 of 45) reported working rarely (e.g., at least once every two to three years). Nine percent of respondents (4 of 45) reported that it's either been at least three years since this activity occurred OR that the activity did not occur.

Eighty-four percent of respondents (38 of 45) reported supporting the cost of training or certification in a program model, standards, or implementation practices. Training in Parents as Teachers or the Environment Rating Scales are examples of this support. Further, 56% of respondents (25 of 45) reported developing program policies and procedures for First Steps programs or services that extended beyond the First Steps program standards.[82] Additionally, 84% of respondents (38 of 45) reported aligning technical assistance and training activities with goals or plans for program improvements.[83]

As regards training and technical assistance specific to local early childhood programs, respondents reported on the frequency of activities related to various topics, as shown in Figure 10-5. As shown, a diverse range of topics are addressed through local trainings, including topics related to early childhood pedagogy as well as program or business management principles.

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[82] Sixteen percent (7 of 45) of respondents reported sometimes developing additional policies and procedures while 29% (13 of 45) of respondents reported that they did not develop any additional policies and procedures.
[83] Nine percent (4 of 45) of respondents reported sometimes aligning training and technical assistance with plans for improvements while 7% (3 of 45) reported they did not engage in this activity.

Figure 10-5. Frequency of Trainings and Technical Assistance for Early Childhood Programs
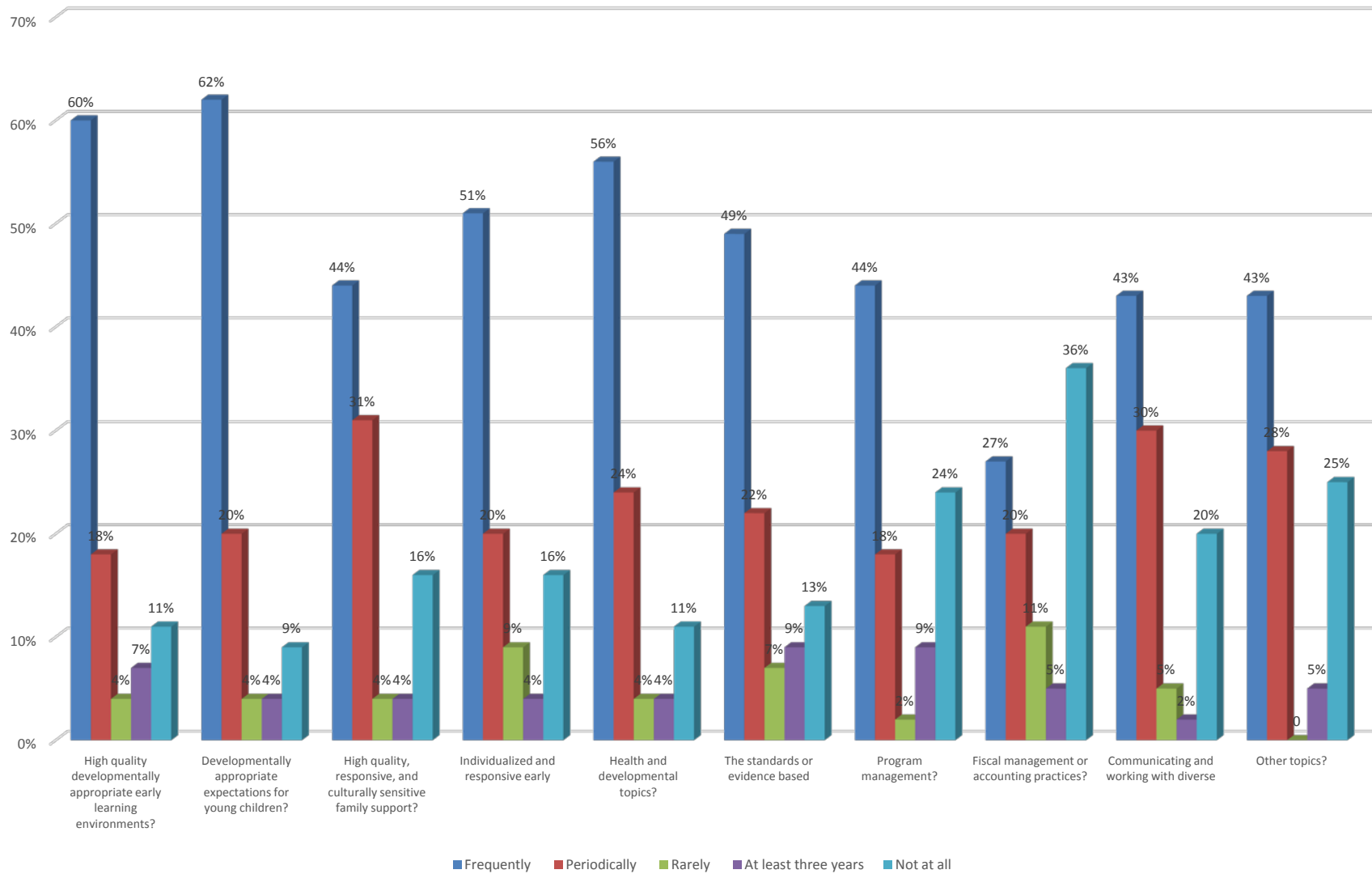
Legend: Frequently | Periodically | Rarely | At least three years | Not at all

Create and Support Improvement Strategies

The fourth component of the ECSWG model is improvement strategies. Several activities may be important for system or program improvements. For example, 35% of respondents (15 of 43) reported working with local partners to identify the programs and services the system should maintain.[84] Forty-three percent (18 of 42) respondents reported working with local partners to establish expectations for how programs and services will work together.[85]

Thirty-eight percent (16 of 42) of respondents reported working together with local partners to establish goals or benchmarks for their local system/system development.[86] Further, in those instances in which respondents reported working with local partners to establish system goals or benchmarks, 70% (14 of 21) reported frequently monitoring progress towards these goals or benchmarks, while 24% (5 of 21) reported periodically monitoring progress.[87] Finally, 37% of respondents (16 of 43) reported working with local partners to develop a joint strategic plan for the local early childhood system.[88]

Figure 10-6 presents the responses provided when survey participants were asked how frequently they worked with local partners to conduct improvement activities such as needs assessments, review of development and training opportunities, and alignment of program and service improvement efforts. As shown in Figure 10-6, 58% of respondents reported reviewing collective development and training opportunities at least once a year, while 53% of respondents reported conducting needs assessments or gap analyses at least once a year and 52% of respondents reported aligning program and service improvement efforts at least once a year.

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[84] Twenty-six percent (11 of 43) of respondents reported that this was in development while 40% (17 of 43) of respondents indicated that they did not work with local partners in this way.

[85] Nineteen percent (8 of 42) reported that this was in development while 38% (16 of 42) of respondents reported that they did not work with local partners in this way.

[86] Twenty-one percent (9 of 42) reported that this was in development while 40% (17 of 42) reported that they did not work with local partners in this way.

[87] Ten percent (2 of 21) reported that they did not monitor progress towards system goals or benchmarks.

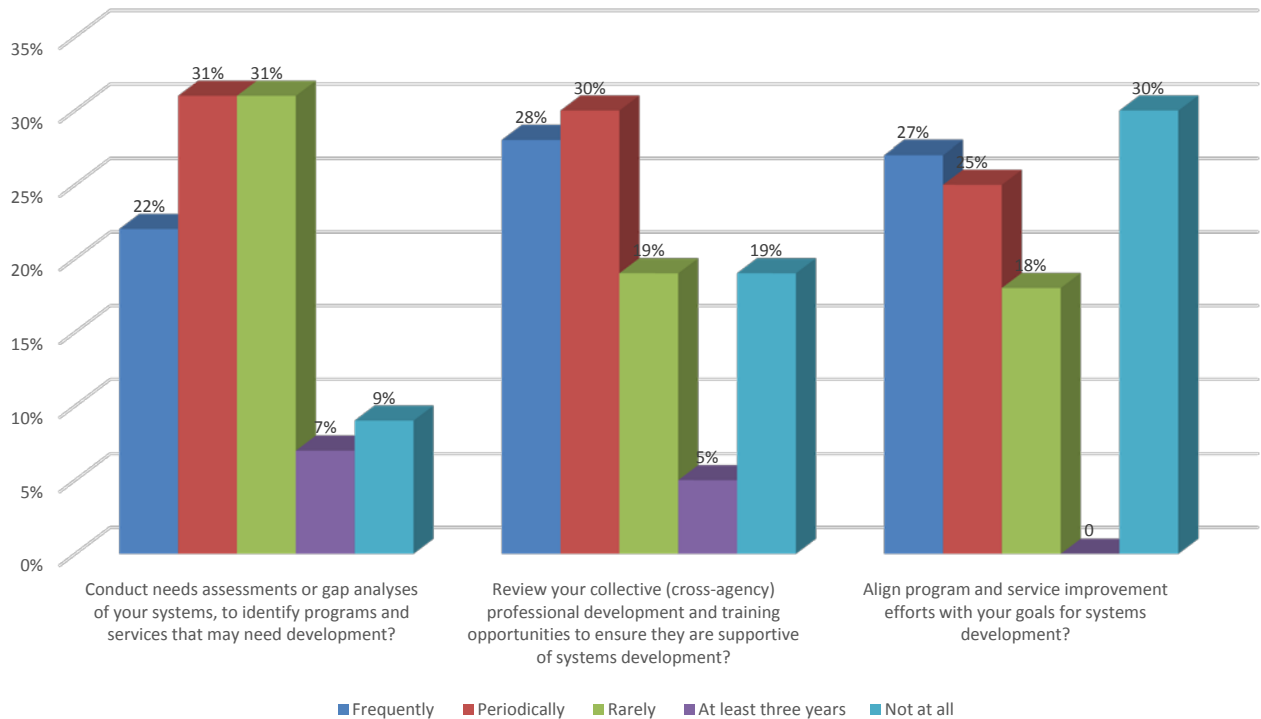[88] Nineteen percent (8 of 43) reported that this work was in development while 44% (19 of 43) reported that they did not work with local partners in this way.

Figure 10-6. Frequency of Service Improvement Efforts

Chart legend: ■ Frequently ■ Periodically ■ Rarely ■ At least three years ■ Not at all

Conduct needs assessments or gap analyses of your systems, to identify programs and services that may need development?
Frequently 22%, Periodically 31%, Rarely 31%, At least three years 7%, Not at all 9%

Review your collective (cross-agency) professional development and training opportunities to ensure they are supportive of systems development?
Frequently 28%, Periodically 30%, Rarely 19%, At least three years 5%, Not at all 19%

Align program and service improvement efforts with your goals for systems development?
Frequently 27%, Periodically 25%, Rarely 18%, At least three years 0, Not at all 30%

Ensure Accountability

Ensuring accountability is the fifth component of the ECSWG model. Accountability can encompass multiple objectives and activities; the following section captures partnership efforts to fiscally and programmatically monitor programs.

Fiscal Monitoring

There are both state and local structures for ensuring fiscal accountability, including a state-operated finance system that all local partnerships must utilize. In addition, the state Board of Trustees monitors all local expenditures (including expenditures from non-First Steps funding sources) through the services of contracted accounting firms. Partnerships reported using state First Steps resources such as the operational manual and e-thority system as tools in their fiscal monitoring. Partnerships also reported relying on approved budgets, cash balance reports, and comparisons of expenditures to approved budgets (using tools such as Excel or other spreadsheet programs for internal recordkeeping and fiscal management and checklists to ensure all aspects of required fiscal monitoring are completed).

Data for fiscal monitoring are generated from the e-thority system, site visits, invoices and invoice documentation, mileage reimbursement requests and documentation, payment authorization forms, and time sheets. In some cases, services only are paid for after delivery of the service.

Data are reviewed as frequently as daily, weekly, or monthly with some partnerships noting quarterly reviews.

Program Monitoring

Program implementation is monitored through the use of the Board of Trustee's approved contract and program standards and guidelines for model fidelity, as appropriate. Some partnerships contract with a third-party, external, evaluator to perform monitoring and/or evaluation services. One partnership noted the use of First Steps Policies and Procedures to guide program monitoring while another noted the use of supplemental checklists to ensure all program elements were captured. Reports may be provided at local Board meetings.

Data for program monitoring are generated from program records and documents, attendance records, observations, meetings, communication and feedback sessions, site visits, pre-and post-scores from standardized assessments, referral reports, telephone calls, and surveys. Partnerships use the web-based First Steps database to manage, for some programs, data relevant for program monitoring. One partnership noted efforts to collect program satisfaction data as well as standardized assessments such as the Ages and Stages Questionnaire. Data are reviewed as regularly as weekly or monthly.

Ninety-five percent (42 of 44) of respondents reported using the state First Steps' standard protocols for fiscal and programmatic monitoring, with the remaining five percent (2 of 44) reporting sometimes using such protocols for monitoring purposes. When such protocols are used, 93% of respondents (38 of 41) reported that protocols included program standards or best practices.

Collaborate to Ensure Accountability

Partnerships may work with local partners to ensure program accountability, as is shown in Figure 10-7. Respondents reported frequently or periodically identifying program implementation improvements (82% of respondents), identifying desired outcome improvements and reviewing and discussing monitoring findings (80% of respondents, each), reviewing and discussing evaluation findings and assessing the contributions of programs to partnership goals and vision (78% of respondents, each), assessing system efficiencies (77% of respondents), and reviewing program implementation updates (76% of respondents). Further, 100% of partnerships at least sometimes ask or require programs to encourage feedback and input from program clients about program services.

Figure 10-7. Frequency of Program Accountability Activities
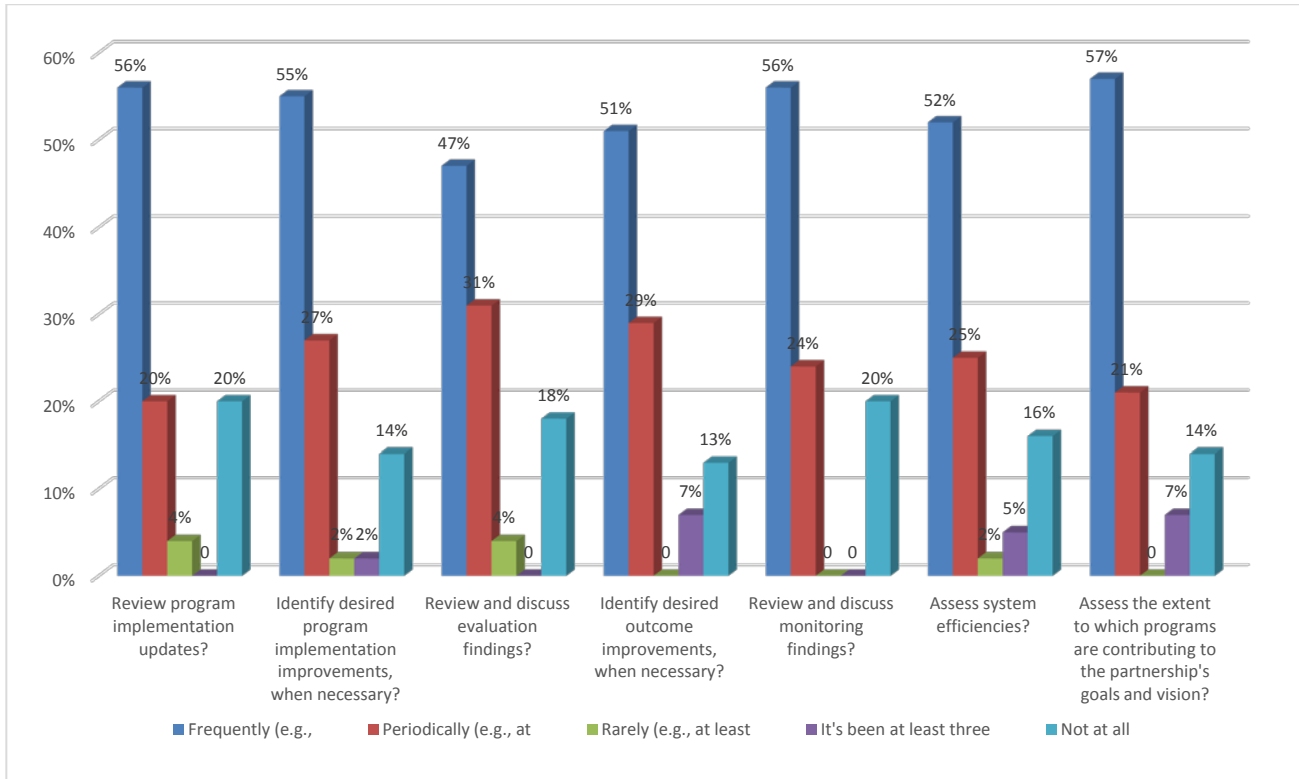
Partnerships also may engage with local partners to develop targets or milestones for program accomplishments—54% of survey respondents (23 of 43) reported working with local partners at least sometimes to identify county benchmarks for the health and well-being of young children and their caregivers. When this occurs, 71% of respondents reported identifying programs and services that can be linked to individual indicators or benchmarks. An additional 14% (3 of 21) reported that this work was in development.

Recruit and Engage Stakeholders

The sixth and final component of the ECSWG model is recruiting and engaging stakeholders. Partnerships described working collaboratively in their communities to develop program and community leaders. Strategies include:

- Use of a database or software to track stakeholders, including businesses and potential Board members
- Identification and nomination of community leaders by Board members, Policy Councils, or other Board committees
- Participation in the local Interagency Council, community advocacy group or coalition, or leadership development program.
- Communication with and input from program managers and leaders

- Local civic, community, and program events, networking opportunities, outreach and awareness activities, and trainings
- Collaborative fund-raising efforts
- Media opportunities and speaking engagements/community events
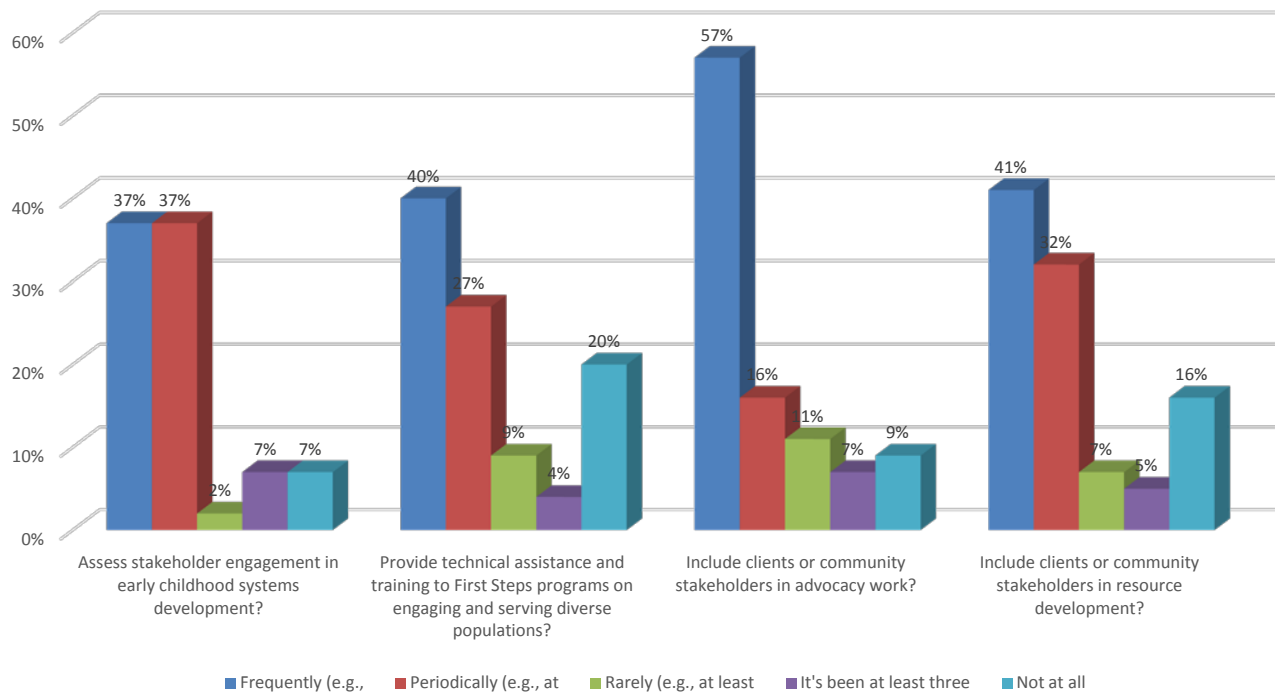- Use of job descriptions and qualifications for program leaders

Seventy-four percent (34 of 46) of respondents reported working with local partners to identify important community stakeholders while 15% (7 of 46) of respondents indicated that this work was in development. When partnerships work with local partners in this way, 100% (34 of 34) reported that parents are included as stakeholders while 98% (33of 34) reported that stakeholders are at least somewhat representative of the diversity in their community. Eighty-two percent (37 of 45) of respondents reported that information was at least somewhat available for a diverse range of clients and stakeholders (e.g., information is available in different languages and formats)—some respondents noted that their communities were not very diverse.

Sixty-one percent of respondents (27 of 44) reported working with local partners to develop and implement community engagement strategies; 11% (5 of 44) reported that this work was in development. When collaborative community engagement occurs, 100% of respondents (27 of 27) reported that strategies ensure a diverse range of stakeholders and parents are targeted. Fifty-two percent (22 of 42) of respondents reported working with local partners to ensure program and community leaders receive training in cultural sensitivity and culturally responsive practices while 14% (6 of 42) reported that this work was in development. Further, 79% (33 of 42) of respondents reported working collaboratively to ensure programs and services are implemented in a culturally-sensitive and –responsive manner, while 12% (5 of 42) reported that this work is in progress.

Finally, survey respondents reported on the frequency of stakeholder engagement activities. As shown in Figure 10-8, respondents reported periodically or frequently assessing stakeholder engagement in systems development (74% of respondents), including clients or stakeholders in advocacy work and including clients or stakeholders in resource development (73% of respondents, each), and providing technical assistance and training on engaging and serving diverse populations (67% of respondents).

Figure 10-8. Frequency of Stakeholder Engagement Activities

Legend: ■ Frequently (e.g., ■ Periodically (e.g., at ■ Rarely (e.g., at least ■ It's been at least three ■ Not at all

Develop Leadership Opportunities

Some partnerships reported working with local partners to develop leadership opportunities for clients served by programs—73% (33 of 45) of respondents reported that this work at least somewhat occurs in local communities. One aid to this process may be the presence of a local leadership development initiative; 58% (25 of 43) of respondents reported the presence of such an initiative in their county while other respondents reported that this work is in development. Thus, a relatively high proportion of partnerships (40%, or 17 of 43) may not have access to such a resource. One respondent indicated that the local partnership served as the county's leadership development initiative. When a supplemental local leadership initiative is present, 23 respondents reported using the initiative in some form, either through personal attendance (21 responses), attendance by staff (17 responses), attendance by one or more Board members (15 responses), or attendance by one or more parents served in the county (seven responses).

Similarly, when survey participants were asked if they hosted, supported, or sent staff or other stakeholders to leadership development specific to First Steps or early childhood education, 42 respondents reported using such an initiative. More specifically, 37 respondents reported that they personally attended such initiatives, while 32 respondents indicated that staff attended, 23 reported that one or more Board members attended, and 11 respondents reported that one or more parents served in their county attended. Eight

respondents indicated that such an initiative didn't exist. One respondent reported that First Steps did not provide any leadership development initiatives.

Shared Investments

Local partners do not just provide time and energy to joint visioning, planning, and implementation—often, partners also provide tangible resources such as matching funds or materials. The majority of survey respondents (93%, or 42 of 45) reported believing that local partners are investing in the partnership's vision for the county. This investment takes varied forms, including:

- Investment of time from Board or committee members and volunteers
- Complete or matching funds for one or more programs, allowing for the expansion of programs or services in the community
- Full or discounted provision of office or training space, utilities, or other overhead expenses as well as staffing, tangible resources, and other donations
- Transportation services
- Health or dental services
- Shared events or activities or space and venues for distributing information about programs
- Participation or hosting of fundraising campaigns, events, or meetings
- Ancillary or support programs or services, including recruitment or referrals for services
- Opportunities for speaking engagements and outreach activities and support and positive feedback within the community

Data from annual renewal plans also were helpful in understanding the nature and scope of contributions to local partnerships. As shown in Table 10-1, the most common form of contribution was program support: between 101 and 168 separate instances of program support were reported between fiscal years 2011 and 2013. Other frequent forms of support included:

- Monetary incentives and gifts
- Non-cash contributions
- Funding in support of programs
- Leased office space or rent

Table 10-1. Types of In Kind or Matching Support

Renewal Plan Year	Administrative oversight or assistance	Benefits, administrative, or related costs	Resource sharing	Materials or supplies	Equipment use (e.g., phone, copier, furniture, computer, internet)	Space or facility maintenance	Utilities	Training, TA, other services	Leased office space / rent	Meeting, conference, training space	Monetary incentives & gifts (cash not denoted as funding or grants)	Non-cash contributions (includes gift cards, discounts, coupons, waived fees)	Funding in Support of Programs (includes grants)	Matching funds (usually 15% or 20%)	Health & developmental screenings	Food & refreshments	Curriculum and classroom materials	Staffing and staff support	Program support
11	3	4	0	4	13	2	8	19	23	26	21	49	39	7	5	18	4	4	120
12	11	12	0	13	11	7	18	37	65	53	47	52	40	15	6	12	15	22	168
13	4	18	2	13	26	15	22	50	42	30	93	58	58	17	0	12	1	46	101
Total	**18**	**34**	**2**	**30**	**50**	**24**	**48**	**106**	**130**	**109**	**161**	**159**	**137**	**39**	**11**	**42**	**20**	**72**	**389**

Further, partnership renewal plans from 2011 through 2013 documented that contributions were made in support of specific programs and initiatives, as shown in Table 10-2. Many contributions were generated in support of Child Care Trainings and Parents as Teachers (PAT). Few or no contributions were generated for Motheread/Fatheread or Healthy Families initiatives.

Table 10-2. Programs Benefitting from Community Contributions

Renewal Plan Year	Nurse Family Partnership	PAT	3k/4k	CTK	Scholarships	Family Literacy	Imagination Library	Mother/Fatheread	Fatherhood Initiative	Healthy Families	Other Health Services	Childcare Training	Quality Enhancement	Administrative/ Programmatic
11	4	81	0	9	4	9	1	0	10	0	29	59	46	13
12	8	127	14	9	90	6	75	7	2	0	0	153	19	45
13	3	71	10	24	23	5	42	0	0	2	1	83	21	21
Total	15	279	24	42	117	20	118	7	12	2	30	295	86	79

Contributions also varied by the type of support generated, as shown in Table 10-3. The greatest instances of support, cumulatively, over the three-year period were generated in planning or strategic planning activities. This was followed by training and consultation.

Table 10-3. Other Community Supports

Renewal Plan Year	Training	TA	Planning/Strategic Planning	Consultation	Strategic Partnerships	Staffing	Collaboration / Collaborative Partner	Board
11	13	12	37	12	0	0	1	0
12	52	15	59	59	0	10	3	1
13	89	18	144	78	0	26	5	2
Total	154	45	240	149	0	36	9	3

Finally, data were available for fiscal years 2011 through 2013 on the total number of Board members or

volunteers as well as the total hours generated in support of different programs or organizational activities. As shown in Table 10-4, the greatest number of hours was generated in support of partnership operations, followed by hours generated in support of Parenting or Family Strengthening activities.

Table 10-4. Local Board Members/Volunteers and Hours Generated

Renewal Plan Year	Number of Board Members or Volunteers	Hours for Board Development	Hours for Partnership Operations	Hours for Advocacy	Hours for Resource Development	Hours for Parent/Family Strengthening	Hours for Child Care Quality/Access	Hours for Early Education	Hours for Healthy Start	Hours for School Transition	Other Hours Provided
11	171	59	276	462	390	483	792	475	374	148	238
12	339	279	6,088	740	870	3,986	829	676	336	160	1,391
13	449	445	2,466	956	1,343	1,796	1,472	1,746	286	284	1,546
Total	**959**	**783**	**8,830**	**2,158**	**2,603**	**6,265**	**3,093**	**2,897**	**996**	**592**	**3,175**

SUMMARY

- Local partnerships are generating local investments in early childhood, as documented through the engagement of local stakeholders on partnership Board of Directors and committees as well as community events, grant development, donations and contributions, etc.

- Using indicators developed for the purposes of this evaluation and informed by the work of the Early Childhood Systems Work Group, local partnerships are making progress on systems development. The current stage and future potential for systems development deserves further attention and review.

- Community mobilization is a critical component of local and state partnership activities, serving to leverage resources of many forms (funding, tangible donations, volunteer hours, goodwill, etc.) in support of young children and their primary caregivers. First Steps partnerships are taking on the identity of the community convener and working to bring many community partners and stakeholders (including parents) together to identify and address community needs.

Chapter 11. Effective and Efficient Support Services

This chapter presents findings for the fifth evaluation question and addresses the question: "*To what extent are local partnerships providing effective and efficient support services, such as transportation, health, family planning, etc.?*" The evaluation team focused on the following elements in considering its findings:

- The provision of services local partnerships report are necessary to ensure First Steps-funded services are successful

FINDINGS

At times, programs require ancillary or support services to fully serve clients or meet client needs. Partnerships identified the services in Table 82 as necessary to ensure program success. A few services were consistent across program categories:

- Transportation support, to ensure clients could access available services
- Translation assistance, to provide support for families for whom English is a Second Language
- Connections to or integration with other community services
- Tangible resources or donations for use in programming or to give to clients

Table 11-1 presents the most common support services or resources identified, by type of program. Often, local collaborations, fund raising, donations, and support are necessary in order to locate these supplemental resources. A failure to provide these resources may result in (a) clients leaving program services before receiving the optimal amount of services; (b) clients failing to follow-up on referrals for services they might benefit from; and/or (c) clients failing to access services for which they might qualify and receive a benefit.

Table 11-1. Necessary Additional Program Support Services

Parenting Programs	Transportation/Gas cards
	Job Find/ Employment assistance
	Resources for post-secondary or advanced education
	Bilingual staff or translators
	Services to respond to increasingly diverse populations
	Referrals for community resources
	Training
	Child Care during programming
	Food services/meals during programming
Literacy Programs	Transportation/Gas cards
	Child Care during programming
	Food services/meals during programming
	Bilingual staff or translators
	Volunteer pool to assist with program services
	In-kind space and overhead support
Countdown to Kindergarten	Materials and resources such as snacks/food, book bags, school supplies, books, t-shirts, etc.
	Bilingual staff or translators/Bilingual materials
	Transportation/Gas cards
	Assistance identifying eligible clients
Early Identification and Referral	Bilingual staff or translators
	Referrals to other community programs and services
Child Care Training	Transportation or access to trainings
	Bilingual staff or translators
	Assistance affording certified trainers
	Network of substitute teachers/Compensation for attending trainings
	Assistance enrolling and participating in the FDA food program
Early Education Programs	Bilingual staff or translators
	Volunteer pool and additional staff to assist with program services
	Materials and resources for high quality early learning environments
	Space and assistance with overhead expenses
	Transportation
Quality Enhancement Programs	Early Identification and Referral as a support to quality enhancement services
	Funds to support wages and incentives for advanced education
	Bilingual staff or translators
	Transportation/Assistance with providing on-site services
Scholarships	Collaborations with DSS and ABC rating system
	Transportation to receive services
	Funding to assist families with additional program costs
Health Programs	Materials and resources to support the family and infant (baby supplies, food,

| furniture, educational material, etc.) |
| Transportation/Gas cards |
| Referrals to other community services |
| Bilingual staff or translators |

SUMMARY

- Programs often need resources not accounted for in program budgets to ensure clients are successfully served. Local contributions and support may be an important source of supplemental resources, as documented in Chapter 10.

- The need for supplemental resources is pervasive across program type—indicating that all programs require some form of additional support. This being said, the most common supplemental needs are in transportation, translation assistance, networking in support of comprehensive services, and programmatic materials and supplies.

Chapter 12. Value-Added of First Steps

This chapter presents findings for the sixth and final evaluation question, and answers the question: *"What, if any, value-added has resulted from First Steps investments?"* The evaluation team focused on the following elements in considering its findings:

- The in kind and matching contributions provided by community partners

- Benefits realized beyond the outcomes directly related to program investments

CONCEPTUALIZING VALUE-ADDED

Partnerships were asked to explain how they conceptualized value-added. Responses can be grouped into three categories: (1) value to individuals or stakeholders that is generated beyond what is expected or directly related to programming; (2) strengthening and integration of comprehensive community services; and (3) contributions to longer-term community stability and vitality.

Value to individuals or stakeholders that is generated beyond what is expected or directly related to programming. Concepts associated with this category of value-added included:

- Additional value that results from services, the "above and beyond"; taking limited resources and maximizing success

- Improvement in parenting skills and child development

- Family empowerment; Changing the mindset of parents and families; encouraging and empowering families to be advocates for children and productive in the community

- Improved quality of early learning environments and programs; improving the capacity of local providers and programs to provide quality services

- Helping parents continue and advance their education or job preparation

- Providing free books and other resources to children and families

Strengthening and integration of comprehensive community services. Concepts associated with this category of value-added included:

- Providing services for children and families that would not otherwise be available; services that lead to improved school readiness

- Participating and representing early childhood within the community and on Boards, committees, and workgroups

- Helping increase the access of children and families to available services and resources; integrating

services within the community

- Generating community approaches and solutions; bringing community partners together for a common goal or outcome

- Building upon existing systems and programs

- Building awareness of the value of early education for growth and prosperity; generating support from the business community; increasing advocacy efforts; increasing community actions in support of early education

- Celebration of diversity of approaches and backgrounds while maintaining a focus on a common or shared goal

- The skills and professional capacity that we bring to our services

- Leveraging of state investments through the generation of in-kind support, donations, and additional funds; generating volunteer interest and time in support of programs; operating with low administrative costs

Contributions to longer-term community stability and vitality. Concepts associated with this category of value-added included:

- Benefits that extend beyond school readiness, both quantitative and qualitative

- Contributions to improved economic stability of families and communities

UNPLANNED PROGRAM BENEFITS

Partnerships were able to document multiple unplanned benefits as an added value that resulted from programming. These are categorized by program type in Table 12-1 below.

Table 12-1. Unplanned Value-Added Benefits

Parenting Programs	Provision of educational activities and books
	Inclusion and involvement of multiple or extended family members (and at times others community members) in some program activities
	Benefits accruing to multiple family members, including older siblings
	Increased awareness of risk factors, stages of child development, and community needs
	Linking young children and families to other available community programs and services
	Consistency in service provision
	Parent and family empowerment and advancement in education, skills, and opportunities; improvement in parent engagement in and advocacy within the education system
	Reduction in violence and abuse
	Increased professional development opportunities for service professionals in the community
	Unification of families
	Improved parenting resiliency and skills
Literacy Programs	Teen parents achieve or complete educations
	Clients indicate interest in or volunteer to serve on the Board
	Increased books and literacy activities in the home; family-based literacy activities and patterns
	Reduction of barriers within the community
	Parent and family empowerment; improved family and parent education; improved parenting
	Generates interest in the organization and services as well as participation in other community services; community support and advocacy
	Linking young children and families to other available community programs and services
	Serving a wide range of families within the community
	Increased awareness regarding the importance of child development, literacy in early childhood, and school readiness
	Benefits accruing to multiple family members, including older siblings
	Collaborations among service providers to ensure services and outreach activities are produced
	Donations of books within the community
Countdown to Kindergarten	Improves bonding between teachers and students; teacher awareness and understanding of individual student needs
	Produces additional funds and resources in support of training and technical assistance regarding Early Learning Standards
	Benefits accruing to multiple family members, including siblings
	Improved awareness of and information about other community resources
	Clients indicate interest in or volunteer to serve on the Board
	Links young children and families to other available community programs and services
	Improved academic success

	Inclusion and involvement of multiple or extended family members
	Establishes a base for parent/teacher relationships for the duration of the child's K-12 educational experience
	Improved parent engagement in educational activities and classrooms
Early Identification and Referral	Greater collaborations between First Steps and BabyNet
	Increases the number of children screened
	Greater awareness and collaboration among community programs and services in support of early intervention
	Reduction in stigmatization and isolation around early intervention
Child Care Training	Cost affordable professional development within the community
	Creation of associations and workgroups in support of professional development; professional networking and sharing
	Advancement of quality early education environments; increased enrollment in high quality early learning environments
	Parent attendance at trainings; parents receive resources provided or discussed during trainings
	Funds and resources generated in support of trainings
	Facilities are able to meet state licensing requirements; facilities can stay in business
	Technical assistance in support of training topics and objectives
	Linking young children and families to other available community programs and services
	Greater awareness of, demand for, and attendance at training and professional development
	Training participants share information and resources with other staff
	Reduction in facility turnover and improved confidence
	Improved relationships between child care professionals and the local school district
	Greater investment in and demand for high quality early learning environments among child care professionals
Early Education Programs	Parents can participate in the workforce or advance their education
	Improved quality of early learning environments
	Benefits accruing to multiple family members, including siblings
	Parents engagement in education and school environments
	Increased awareness of the importance of full-time early education
	Volunteers and community groups working on behalf of the program
Quality Enhancement Programs	Expansion of high quality early learning environments throughout sites and our community
	Advancing professional development and careers
	Sustainable, high quality, practices
	Improved sustainability of local child care facilities, which helps keep parent fees and tuitions affordable
	Greater awareness regarding the importance of high quality early learning
	Greater demand among parents for high quality early learning
	Creation of parenting resources at local child care facilities

Scholarships	Greater awareness of the need for and importance of scholarships
	Parent and family empowerment and advocacy; improved family stability
	Parents can participate in the workforce or advance their education
	Child Care facilities that do not participate in the DSS system may participate in scholarship programs
	Stable and consistent income for local child care facilities
	Increased quality of early learning environments in the community
	Facilitates the progress of teen parents who are learning to be parents while completing their education
	Benefits that accrue to the family and not just the child receiving the scholarship
	Workforce support
Health Programs	Linking young children and families to other available community programs and services
	Greater efficiency among community services; avoidance of duplication of services
	Benefits accruing to multiple family members, including siblings
	Expansion of services within and across counties
	Improved family and parent education and employment; improved family stability

SUMMARY

- Multiple partnerships reported generating "value-added" from services and collaborations. There is variation, however, in how partnerships conceptualize "value-added". First Steps may benefit from additional discussion regarding this concept, including means of more formalizing capturing and reporting value-added data.

- Value-added appears to be pervasive across program types as well as across First Steps' state and local organizations. Thus, there appears to be value generated above and beyond the direct results of programming, from most if not all partnership investments. These benefits merit additional discussion, especially within the context of a systems framework.

Chapter 13. Discussion and Conclusions

LIMITATIONS

Every evaluation or research project experiences methodological limitations of some form, often related to data   collection or aggregation activities. Limitations must be noted   as they affect interpretation of available data and identified findings and summary statements. Noting that the current evaluation was not intended or designed as an experimental or quasi-experimental study, but rather a descriptive accounting of state and local programming and value-added, the specific limitations attached to the current   evaluation include:

Non-experimental design:

- This evaluation did not randomly assign clients to treatment or control groups. Thus, this evaluation did not attempt to establish causal links between programming and outcomes.

- This evaluation is primarily descriptive in nature, describing the investments, service statistics, and outcomes that were reported for each program. Such data are limited in their power to prove the unique contributions of a program to desired changes or outcomes.

- Without additional data on clients served it is impossible to know what confounding factors also might account for program outcomes. Some clients, for example, may have been involved in other initiatives or services that also may have contributed to an outcome. The nature of First Steps as a collaborative and integrated system of agencies and services confounds the isolation of specific program effects.

Use of available data as submitted by local partnerships:

- The evaluation team engaged in a data verification process that involved dialogue and data checking with both the state First Steps office and local partnership staff. In some cases, however,

- some data could not be fully verified by the evaluation team at the time data were aggregated and analyzed.   Further, the use of available data means there were no opportunities for reliability checks and a limited ability to examine data quality.

- The evaluation's design incorporated a comprehensive and individualized local partnership survey, which captured many of the contextual and systems values of interest. However, the team was limited to available data on implementation, output, and outcome metrics.

- The evaluation team relied most heavily on the First Steps database. However, there were instances and evaluation questions for which the team used data generated from annual renewal

plans—these data are used by First Steps to annually review local partnership progress. However, renewal plan data are submitted prior to the close of each fiscal year and, as such, do not contain a full year's data. The team supplemented renewal plan data with available annual plan data. However, there were instances in which renewal plan and annual plan data did not agree (which can be expected, given the timing of renewal and annual plans). Thus, findings based in renewal plan data are limited, as the data are considered estimates.

Again, these limitations must be considered when reviewing the evaluation's findings, summarized below.

PRIMARY FINDINGS

In brief, the evaluation team finds that:

- First Steps' public-private structure and model of shared governance generate a high degree of value-added at both the state and local levels.
- First Steps is finding and serving the state's most high-need clients.
- First Steps is meeting legislated goals.
- First Steps has a statewide fiscal and programmatic accountability structure in place to guide and provide oversight to local partnerships. This structure supports the translation of state-level priorities into practice.
- At the state and local levels, First Steps serves as the "battery" powering many of the state's key early childhood conversations and practices.
- Findings are discussed in more detail, below.

- **First Steps' public-private structure and model of shared governance generate a high degree of value-added at both the state and local levels.**

The First Steps model leverages available talents and resources, including that of the Board of Trustees, across the state to discuss, inform, and decide on prudent investments that focus on and promote school readiness. The First Steps model combines the **structure of a state-operated system with local flexibility and autonomy in responding to needs**. Elements such as the non-supplantation of existing funds and the required collaboration and contributions of county and state partners helps ensure the model is both an effective and efficient means of (a) ensuring resources are aligned with the state's most at-risk children, (b) ensuring high quality, evidence-based programming is devoted to serving local needs, while (c) ensuring fiscal and programmatic accountability to high standards of performance.

There were multiple examples of value-added identified throughout the evaluation, ranging from systems efficiencies that result from non-duplication of services and the leveraging of available resources to support community needs to the benefits that accrue to multiple family members (including siblings, for families receiving family strengthening services) and the enhancement of professional capacities within the community as a result of partnership collaborations. These phenomena exist within a system that is carefully monitored; the guidance and oversight of bodies such as the Board of Trustees ensures a state-identity and -focus to First Steps investments, while respecting the individual needs of local counties.

- **First Steps is finding and serving the state's most high-need clients.**

As has been noted by several previous evaluations, First Steps enjoys considerable success in finding and serving the state's most high-risk children and families, with evidence suggesting a large percentage of current clients possess two or more readiness risk factors. In keeping with state requirements and protocols such as the use of research-driven risk factors, First Steps continues to find and serve "*the poorest of the poor and the neediest of the needy*". It is difficult to over-state the importance of early identification and services for at-risk children and their families. We encourage First Steps to continue its current practices for targeting and serving clients.

- **First Steps is meeting legislated goals.**

Evidence suggests that First Steps is meeting its legislative goals to:

- Provide parents with access to the support they might seek and want to strengthen their families and to promote the optimal development of their preschool children;
- Increase comprehensive services so children have reduced risk for major physical, developmental, and learning problems;
- Promote high quality preschool programs that provide a healthy environment that will promote normal growth and development;
- Provide services so all children receive the protection, nutrition, and health care needed to thrive in the early years of life so they arrive at school ready to learn; and
- Mobilize communities to focus efforts on providing enhanced services to support families and their young children so as to enable every child to reach school.

As regards Parenting and Family Strengthening, First Steps is investing a meaningful proportion of funds into family strengthening programs, noting the diversity across partnerships in the choice of strategies that best meet local needs. Available data suggest programs are successful in improving parenting and literacy outcomes.

It is less clear, from available data, the role of programs in increasing parent education levels, parental employability and employment, or involvement in primary and secondary educational settings. While these latter outcomes were included in First Steps authorization, they may exist as examples of value-added more so than outcomes directly attributable to programs funded through First Steps.

As regards increasing comprehensive services, First Steps invests in multiple efficient and evidence-based strategies for ensuring children have reduced risk for major physical, developmental, and learning problems and can enter school healthy and ready to succeed. For example, children's pre-literacy skills are being addressed through family strengthening programs and available data suggest progress in child and family outcomes.   The evaluation team also finds that Countdown to Kindergarten is producing positive results, as self-reported by teachers and parents. We encourage First Steps partnerships to continue to work to ensure all programs are implemented as designed.

Another important aspect of comprehensive services is the support or ancillary services necessary to ensure clients can fully participate in and realize the benefits of programming (e.g., transportation and translation assistance).   The development and provision of these services is one outcome that can be associated with the community mobilization and networking created at the local levels. Local partnerships are operating not only to fund specific programs but to ensure programs are networked and providing cross-referrals and enrollments, as appropriate and possible. Community networks and systems development are a critical aspect of the First Steps model, as families presents multiple and varied needs. Local programs must have the ability to work with children and families to identify their needs and then have the local networks and access to supplemental services to link with families.

As regards high quality preschool programs, First Steps is working to improve child care quality through direct interactions with and training of local and regional child care providers. Further, First Steps is collaborating with state and community partners to ensure high quality, and when necessary certified, services are available and incorporated into program designs. These efforts are resulting in quality improvements, as documented using tools such as the Environment Rating Scales, which have been linked to issues and practices that promote school readiness. We encourage First Steps to consider a definition for school readiness that might be applied across all programs and initiatives.

It is less clear how First Steps efforts are integrating with South Carolina's voluntary ABC quality rating system. Indeed, a review of ABC data suggests there is much ground to cover in encouraging participation in the ABC system and assisting providers in achieving A or A+ ratings, which can be a very costly endeavor for many if not all child care facilities.

First Steps also is assisting families with the affordability of high quality child care through its use of

Scholarship programs and its administration and investments in 4K and CDEPP, examples of how First Steps is drawing upon available resources to expand the number of children served in quality early education classrooms.   Further, the profession, an important collaboration and support for the profession. We encourage First Steps to consider any additional ways to further link Scholarship and subsidized 4K/CDEPP placements to high quality ratings and assessments systems.

As regards the provision of the protection, nutrition, and health care needed to ensure children arrive at school prepared to succeed, the evaluation team finds that these aspects of programming commonly are incorporated into family strengthening programs; complete implementation of these programs should ensure children served in these programs are receiving health services and benefits. Further, the use of Child Find activities such as Early Identification and Referral helps ensure children who may be in need of and qualify for early intervention services (such as are provided for under IDEA—Part C) are linked to the appropriate resources.

The provision of health and health-related services is particularly impacted by First Steps' prohibition against supplantation of alternative funding streams. State and local offices are charged with maximizing existing or available resources before allocating First Steps resources to meet community needs. At both the state and local levels, this requires knowledge and understanding of existing resources as well as the development or introduction of new partners, such as occurred with the state-philanthropic partnership to provide Nurse-Family Partnership in South Carolina. Another example is the merging of BabyNet services into First Steps administrative structure. There is a natural alignment of BabyNet/Part C objectives with First Steps goals and programs. This alignment of purpose and scope translates into the comprehensive and complementary provision of local services, such that federal, state, and local resources are maximized.

Finally, as regards its charge to mobilize communities and stakeholders, First Steps often serves as the spark or energy source driving local collaboration, knowledge-generation and dissemination, and maximization of local services and resources. In some cases, First Steps serves as a lead agency in the development of local capacity for finding and identifying children and families in need and the linking of at risk children to services, providing value-added to partnering agencies and professional staff. Such collaborations also ensure there is non-duplication of services and a system for supporting all young children and their primary caregivers, such that all children enter school healthy and ready to succeed.

The collaboration and partnership that exist at local levels also are found at the state level, for example in the contributions and investments generated by the Board of Trustees. This Board is comprised of state-leaders and experts in issues and services devoted to child development, health, and welfare. The Board functions not only to guide the development and funding of efficient and effective services but to

monitor progress towards readiness goals and to shape discourse on the alignment and management of services in support of readiness.

- **First Steps has a statewide fiscal and programmatic accountability structure in place to guide and provide oversight to local partnerships. This structure supports the translation of state-level priorities into practice.**

First Steps has developed and implements processes to track expenditures and to regularly communicate with local partnerships regarding their expenditures, to ensure fiscal accountability, full expenditure of funds, and important internal control measures. Further, the evaluation team finds that First Steps, in general, is meeting requirements for matching funds and for annual allocation of funds including administrative expenses.

We commend First Steps on its ability to leverage funds and resources from multiple and diverse sources. This is a key accomplishment for both the state and local partnerships. It is important to note that an increased diversity of programs and resource streams requires sufficient staffing, especially if First Steps also is engaging in a comprehensive system of evaluation, oversight, and technical assistance. We encourage First Steps at both state and local levels to identify necessary staff positions and qualifications and ensure staffing meets operational needs and goals.

As regards the quality of program implementation, the team commends First Steps on the development and use of Program Accountability Standards with its prevalent programs. The standards are comprehensive and aligned with best practices—programs adhering to the standards have every likelihood of generating desired outcomes, such as those demonstrated in the evaluation and generated by data from the First Steps web-based data system. The team encourages First Steps to consider ways to incorporate or use standards associated with non-prevalent programs, especially those for which an existing implementation model exists. The team also encourages both state and local partnerships to review and further standardize processes for monitoring program implementation, noting that the state office uses a standard renewal plan protocol for soliciting and reviewing annual implementation data. We encourage additional or more frequent monitoring of program implementation throughout the fiscal year.

- **At the state and local levels, First Steps serves as the "battery" powering many of the state's key early childhood conversations and practices.**

One of the greatest benefits generated by First Steps is the development of a state-local structure for thinking about, planning for, collaborating upon, and maximizing resources in services of early childhood development. First Steps requires inter-agency communication and collaboration but often goes beyond this requirement in fostering an interest in and knowledge about the importance of early childhood

development. First Steps often and in many ways reaches beyond a circle of agencies and administrators to engage local community stakeholders such as parents, educators, and the Community of Faith in investing in early childhood, with investments occurring on the family, caregiver, and neighborhood level. It is these investments that often make the difference for at-risk and high-need children, as these children often require attention and support from multiple sources.
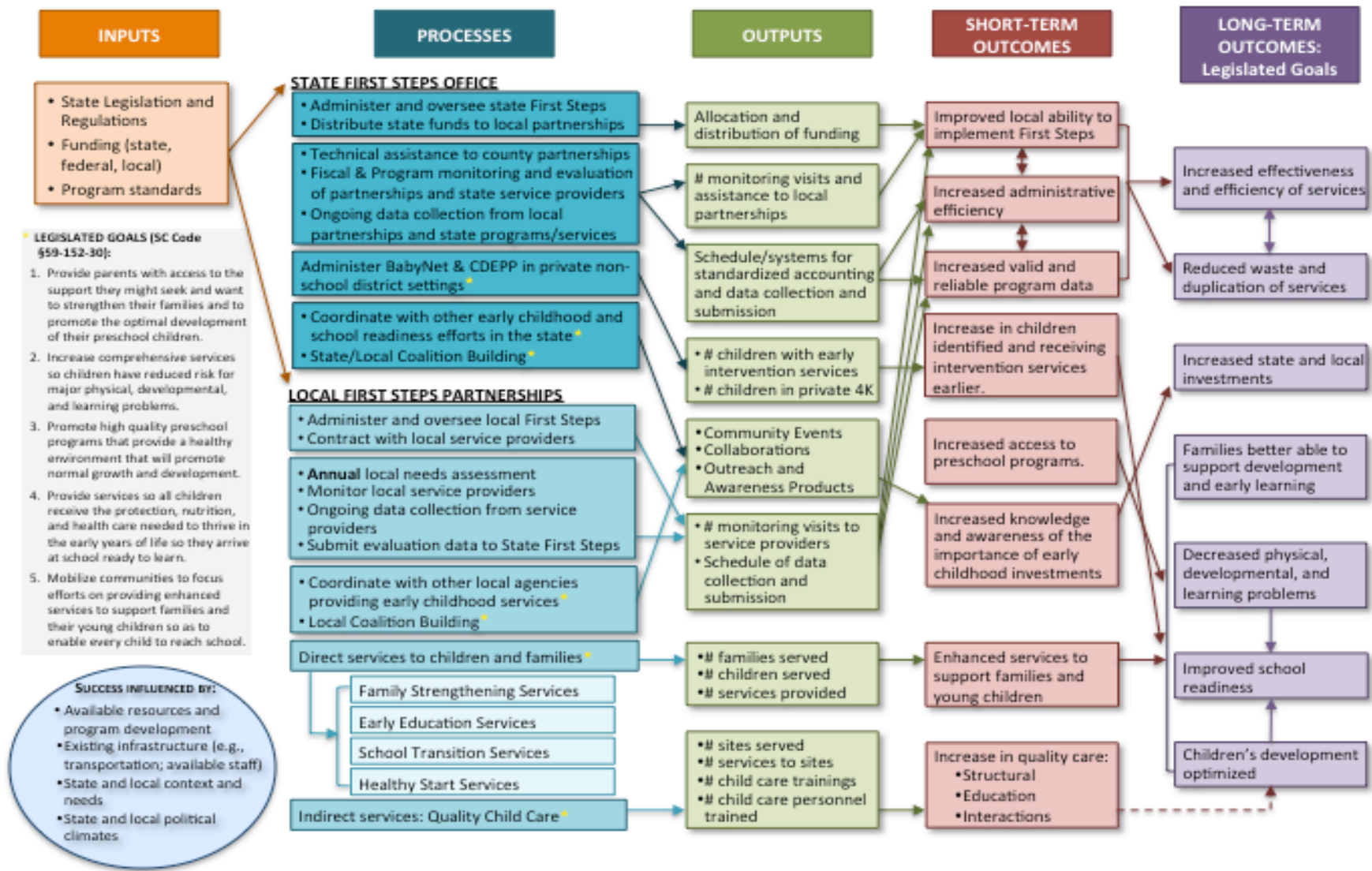
We encourage First Steps to continue its discussion regarding value-added, as there were multiple examples of value-add presented by local   partnerships and across programs. We recognize that not every aspect of   value-added can be captured, quantified, or described. We encourage First Steps to consider which, if any,   aspects of value-added merit additional efforts in standardized measurement and reporting.

RECOMMENDATIONS

The evaluation team respectfully submits the following recommendations for consideration:

Review and refine the First Steps evaluation design to align with new evaluative and accountability requirements. Ideally, this process would begin with a review or revision of a logic model or theory of change that   links program investments to strategies and processes and then to products such as outputs, short-term outcomes, and longer-term outcomes. A sample logic model is provided within the report. This model can serve as a guideline for the data necessary to comprehensively evaluate the initiative. For example, evaluation and accountability measures can exist for each of the items listed in the processes, outputs, and outcomes columns and, in fact, First Steps already has many of these metrics in place. Some metrics may require further review, revision, definition, measurement approaches, etc. Again, we recognize and commend First Steps for the multiple evaluative and accountability metrics that exist and the processes that exist to annually review and communicate with partnerships regarding their successes and challenges. Particularly in light of updated statutory requirements, the nature of this recommendation is   to ensure a comprehensive system of evaluation exists, with associated opportunities for technical assistance,   training, and data quality reviews. These opportunities also can be used to expand or enhance existing   monitoring efforts, to ensure high quality and verified data are available for evaluation and accountability   purposes.

Purpose of SC First Steps Initiative: To develop, promote, and assist efforts of agencies, private providers, and public and private organizations and entities, at the state level and the community level, to collaborate and cooperate in order to focus and intensify services, assure the most efficient use of all available resources, and eliminate duplication of efforts to serve the needs of young children and their families (SC Code §59-152-20).
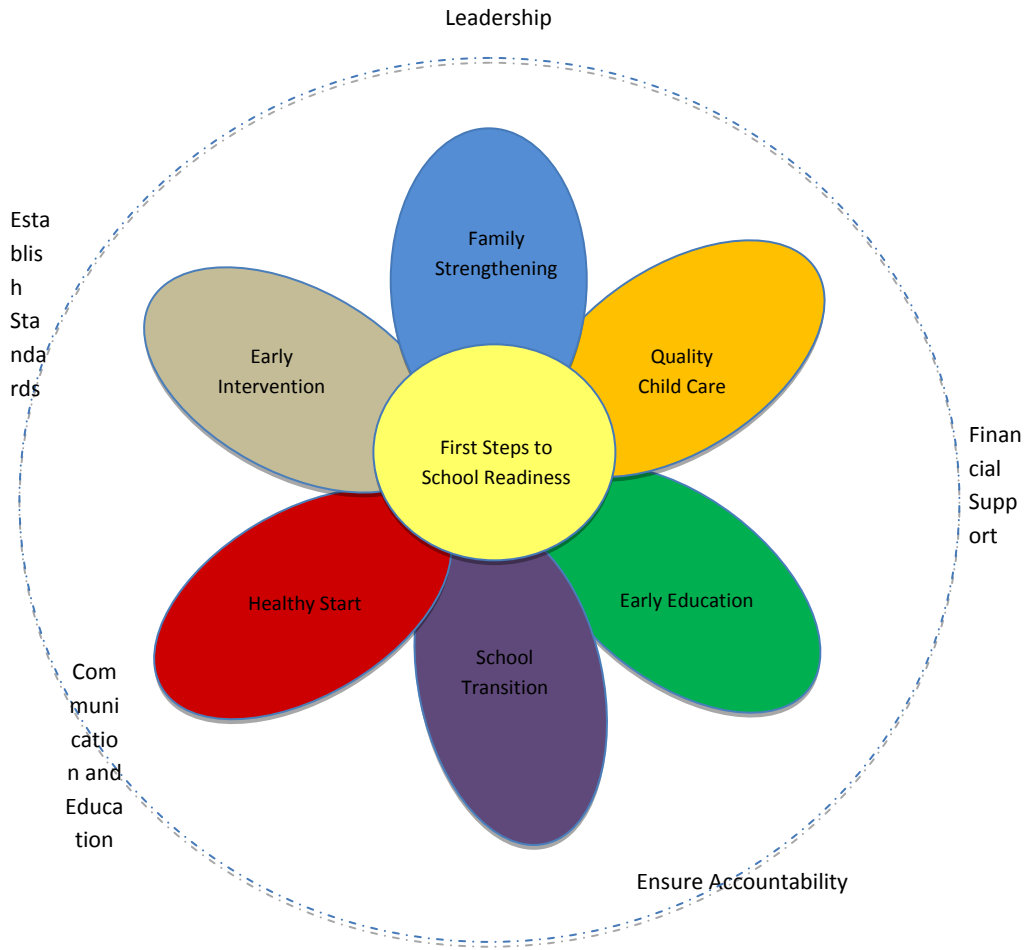
INPUTS

- State Legislation and Regulations
- Funding (state, federal, local)
- Program standards

LEGISLATED GOALS (SC Code §59-152-30):

1. Provide parents with access to the support they might seek and want to strengthen their families and to promote the optimal development of their preschool children.
2. Increase comprehensive services so children have reduced risk for major physical, developmental, and learning problems.
3. Promote high quality preschool programs that provide a healthy environment that will promote normal growth and development.
4. Provide services so all children receive the protection, nutrition, and health care needed to thrive in the early years of life so they arrive at school ready to learn.
5. Mobilize communities to focus efforts on providing enhanced services to support families and their young children so as to enable every child to reach school.

SUCCESS INFLUENCED BY:
- Available resources and program development
- Existing infrastructure (e.g., transportation; available staff)
- State and local context and needs
- State and local political climates

PROCESSES

STATE FIRST STEPS OFFICE
- Administer and oversee state First Steps
- Distribute state funds to local partnerships

- Technical assistance to county partnerships
- Fiscal & Program monitoring and evaluation of partnerships and state service providers
- Ongoing data collection from local partnerships and state programs/services

Administer BabyNet & CDEPP in private non-school district settings*

- Coordinate with other early childhood and school readiness efforts in the state*
- State/Local Coalition Building*

LOCAL FIRST STEPS PARTNERSHIPS
- Administer and oversee local First Steps
- Contract with local service providers

- **Annual** local needs assessment
- Monitor local service providers
- Ongoing data collection from service providers
- Submit evaluation data to State First Steps

- Coordinate with other local agencies providing early childhood services*
- Local Coalition Building*

Direct services to children and families*
- Family Strengthening Services
- Early Education Services
- School Transition Services
- Healthy Start Services

Indirect services: Quality Child Care*

OUTPUTS

Allocation and distribution of funding

monitoring visits and assistance to local partnerships

Schedule/systems for standardized accounting and data collection and submission

- # children with early intervention services
- # children in private 4K

- Community Events
- Collaborations
- Outreach and Awareness Products

- # monitoring visits to service providers
- Schedule of data collection and submission

- # families served
- # children served
- # services provided

- # sites served
- # services to sites
- # child care trainings
- # child care personnel trained

SHORT-TERM OUTCOMES

Improved local ability to implement First Steps

Increased administrative efficiency

Increased valid and reliable program data

Increase in children identified and receiving intervention services earlier.

Increased access to preschool programs.

Increased knowledge and awareness of the importance of early childhood investments

Enhanced services to support families and young children

Increase in quality care:
- Structural
- Education
- Interactions

LONG-TERM OUTCOMES: Legislated Goals

Increased effectiveness and efficiency of services

Reduced waste and duplication of services

Increased state and local investments

Families better able to support development and early learning

Decreased physical, developmental, and learning problems

Improved school readiness

Children's development optimized

Consider discussions and strategies for ongoing systems development. The data collected in this evaluation might allow state and local partnerships to engage in deeper conversation regarding what it means to have an early childhood system, how such a system might be conceptualized, and the different benefits that may result from continuing strengthening and development of the system However, this evaluation did not set out to establish a systems framework for South Carolina—we encourage First Steps to use these preliminary systems data to continue the conversation (see, for example, Figure 13-1).

It is clear that partnerships have engaged in this work for some time and are on the path towards community integration, serving as the hub or "energy source" that focuses attention on the critical needs for and benefits from early childhood investments. However, this evaluation did not set out to establish a systems framework for South Carolina—we encourage First Steps to use these preliminary systems data to continue the conversation.

Figure 13-1. SC First Steps Evaluation Early Childhood Systems Model

Leadership

Establish Standards

Financial Support

Communication and Education

Ensure Accountability

Family Strengthening

Quality Child Care

Early Intervention

First Steps to School Readiness

Healthy Start

Early Education

School Transition

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APPENDICES

APPENDIX A: 2014 LEGISLATION

1 ~~Indicates Matter Stricken~~
2 <u>Indicates New Matter</u>
3
4 AS PASSED BY THE SENATE
5 June 4, 2014
6

7 # H. 3428

8
9 Introduced by Reps. Allison, Erickson, M.S. McLeod, J.E. Smith, Spires, Hiott, Owens, Whitmire,
10 Douglas, Hamilton, Bannister, Neal, Alexander, Weeks, Powers Norrell, Bales, Anderson,
11 Robinson-Simpson, Williams, Henderson, Sottile, Munnerlyn, Rutherford, Vick, R.L. Brown, Whipper,
12 Branham, Govan, J.R. Smith, Hayes, George, Funderburk, W.J. McLeod, Bernstein, Felder, Wood,
13 Patrick and Jefferson
14
15 S. Printed 6/4/14--S.
16 Read the first time March 5, 2014.
17   ‾‾‾‾‾

A BILL

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 59-152-25 SO AS TO DEFINE TERMS CONCERNING THE FIRST STEPS TO SCHOOL READINESS INITIATIVE; BY ADDING SECTION 59-152-32 SO AS TO PROVIDE THE FIRST STEPS BOARD OF TRUSTEES SHALL DEVELOP A COMPREHENSIVE LONG-RANGE INITIATIVE AND STRATEGY FOR SCHOOL READINESS; BY ADDING SECTION 59-152-33 SO AS TO PROVIDE A STATEWIDE ASSESSMENT OF STUDENT SCHOOL READINESS; BY ADDING SECTION 63-11-1725 SO AS TO PROVIDE FOR THE COMPOSITION, FUNCTION, AND DUTIES OF THE SOUTH CAROLINA EARLY CHILDHOOD ADVISORY COUNCIL; BY ADDING SECTION 63-11-1735 SO AS TO PROVIDE FIRST STEPS SHALL ENSURE THE COMPLIANCE OF BABYNET WITH FEDERAL MAINTENANCE OF EFFORT REQUIREMENTS, AND TO DEFINE CERTAIN TERMS; TO AMEND SECTION 59-152-10, RELATING TO THE ESTABLISHMENT OF FIRST STEPS, SO AS TO REDESIGNATE COUNTY FIRST STEPS PARTNERSHIPS AS LOCAL FIRST STEPS PARTNERSHIPS; TO AMEND SECTION 59-152-20, RELATING TO THE PURPOSE OF FIRST STEPS, SO AS TO REDESIGNATE COUNTY PARTNERSHIPS AS LOCAL PARTNERSHIPS; TO AMEND SECTION 59-152-30, RELATING TO THE GOALS OF FIRST STEPS, SO AS TO RESTATE CERTAIN GOALS OF STUDENT READINESS; TO AMEND SECTION 59-152-40, RELATING TO OVERSIGHT OF THE INITIATIVE BY THE FIRST STEPS BOARD OF TRUSTEES, SO AS TO REQUIRE THE BOARD ALSO BE ACCOUNTABLE FOR THE INITIATIVE; TO AMEND SECTION 59-152-50, RELATING TO THE ESTABLISHMENT OF THE OFFICE OF FIRST STEPS TO SCHOOL READINESS, SO AS TO REVISE THE TIME FOR REQUIRED PERFORMANCE AUDITS AND TO CORRECT AN OBSOLETE REFERENCE; TO AMEND SECTION 59-152-60, RELATING TO FIRST STEPS PARTNERSHIPS, SO AS TO REQUIRE A LOCAL PARTNERSHIP IN EACH COUNTY, TO PROVIDE THAT MEETINGS AND ELECTIONS OF A LOCAL PARTNERSHIP ARE SUBJECT TO THE FREEDOM OF INFORMATION ACT AND CERTAIN DISCLOSURE REQUIREMENTS, TO SPECIFY AND REVISE REQUIREMENTS FOR THE COMPOSITION OF A LOCAL PARTNERSHIP BOARD AND TO CORRECT AN OBSOLETE REFERENCE; TO AMEND SECTION 59-152-70, RELATING TO THE POWERS AND DUTIES OF A LOCAL PARTNERSHIP BOARD, SO AS TO REVISE THE REQUIREMENTS CONCERNING COUNTY NEEDS ASSESSMENTS, RECORD KEEPING AND REPORTING, TO PROVIDE STAFFING PURSUANT TO LOCAL BYLAWS, AND TO PROVIDE MULTIPLE LOCAL PARTNERSHIPS MAY COLLABORATE TO MAXIMIZE EFFICIENT DELIVERY OF SERVICES AND THE EXECUTION OF THEIR DUTIES AND POWERS; TO AMEND SECTION 59-152-90, RELATING TO FIRST STEPS GRANTS, SO AS TO ESTABLISH THE GRANTS AS LOCAL PARTNERSHIP GRANTS, AND TO REVISE THE PROCESS FOR OBTAINING A GRANT AND THE METHOD OF ALLOCATING GRANT FUNDS; TO AMEND SECTION 59-152-100, RELATING TO USE OF FIRST STEPS GRANT FUNDS, SO AS TO PROVIDE THE SECTION APPLIES TO GRANTS EXPENDED BY A FIRST STEPS PARTNERSHIP, AND TO REVISE THE PERMISSIBLE USES OF GRANT FUNDS; TO AMEND SECTION 59-152-120, RELATING TO THE USE OF GRANT FUNDS FOR CAPITAL EXPENDITURES, SO AS TO REVISE THE PURPOSE FOR WHICH FUNDS MAY BE USED AND TO REQUIRE PRIOR APPROVAL OF THE BOARD OF TRUSTEES; TO AMEND SECTION 59-152-130, RELATING TO A MANDATORY MATCHING OF FUNDS BY LOCAL PARTNERSHIPS, SO AS TO REVISE THE MANDATORY AMOUNT, TO ENCOURAGE PRIVATE CONTRIBUTIONS TO HELP LOCAL PARTNERSHIPS MEET THEIR MANDATORY MATCHING REQUIREMENT, AND TO DELETE A PROVISION ALLOWING CERTAIN EXPENSES TO BE INCLUDED IN DETERMINING MATCHING FUNDS; TO AMEND SECTION 59-152-140, RELATING TO THE PERMISSIBILITY OF CARRY FORWARD FUNDS BY A LOCAL PARTNERSHIP, SECTION 59-152-150, RELATING TO ACCOUNTABILITY SYSTEMS, AND SECTION 59-152-160, RELATING TO PROGRESS EVALUATIONS, ALL SO AS TO DELETE OBSOLETE TERMS; TO AMEND SECTION 63-11-1720, RELATING TO THE FIRST STEPS BOARD OF TRUSTEES, SO AS TO REVISE THE COMPOSITION OF THE

BOARD; AND TO REPEAL SECTION 59-152-80 RELATING TO FIRST STEPS GRANTS AND SECTION 59-152-110 RELATING TO THE USE OF FIRST STEPS LOCAL PARTNERSHIP GRANT FUNDS.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. **Chapter 152, Title 59** of the 1976 Code is amended by **adding**:

"**Section 59-152-25**.   For the purposes of this title:

  (A) 'Evidence-based program' means a program based on a clear and consistent program model that is designated as such by the South Carolina First Steps to School Readiness Board of Trustees because the program:

     (1)(a)   is grounded in published, peer reviewed research that is linked to determined outcomes;

        (b)   employs well trained and competent staff to whom the program provides continual professional development that is relevant to the specific model being delivered;

        (c)   demonstrates strong linkages to other community based services; and

        (d)   is operated to ensure program fidelity; or

     (2)   is commonly recognized by experts in the field as such a program.

  (B) 'Board of trustees' or 'board' means the First Steps School to Readiness Board of Trustees pursuant to Article 17, Title 63."

  (C) 'Evidence-informed program' means a program that does not satisfy the criteria of an evidenced-based program model but that the South Carolina First Steps to School Readiness Board of Trustees determines is supported by research indicating its potential effectiveness.

  (D) 'Partnership' refers to a local First Steps organization designated as such by the South Carolina First Steps to School Readiness Board of Trustees, organized under Section 501(c)(3) of the Internal Revenue Code as a nonprofit corporation, and formed to further, within the coverage area, the purpose and goals of the First Steps initiative as stated in Sections 59-152-20 and 59-152-30.

  (E) 'Preschool child' means a child from the prenatal stage to entry into five-year-old kindergarten.

  (F) 'Prevalent program investment' means a program administered by a partnership and funded with state grant money, which accounts for at least ten percent of total programmatic spending in First Steps.

  (G) 'School readiness' means the level of child development necessary to ensure early school success as measured in the following domains: physical health and motor skills; emotional and social competence;

language and literacy development; and mathematical thinking and cognitive skills. School readiness is supported by the knowledge and practices of families, caregivers, healthcare providers, educators, and communities."

SECTION 2. **Chapter 152, Title 59** of the 1976 Code is amended by **adding**:

   "**Section 59-152-32**.   **(A)**   In **Section 63-11-1720**, the South Carolina First Steps to School Readiness Board of Trustees may carry out its assigned functions by developing a comprehensive long-range initiative for improving early childhood development, increasing school readiness and literacy, establishing results oriented measures and objectives, and assessing whether services provided by First Steps Partnerships to children and families are meeting the goals and achieving the results established in this chapter. The board shall do the following to fulfill these duties before July 1, 2015:

      (1)   in consultation with the State Board of Education, and with the advice and consent of that board, adopt a description of school readiness that includes specific:

         (a)   characteristics and development levels of a ready child that must include, but are not limited to, emerging literacy, numeracy, and physical, social, and emotional competencies;

         (b)   characteristics of school, educators, and caregivers that the board considers necessary to create an optimal learning environment for the early years of students' lives; and

         (c)   characteristics of the optimal environment which would lead to the readiness of students and their continued success;

      (2)   establish specific benchmarks and objectives for use by the board of trustees, local partnership boards, and any agency that administers a program to benefit preschool children;

      (3)   determine whether state and local programs and activities are effective and contribute to achieving the goals established in Section 59-152-30; and

      (4)   publish and distribute a list of approved evidence-based and evidence-informed programs.

   (B)   The board of trustees shall review the school readiness description, benchmarks, and objectives and adopt any revisions it considers appropriate before December 31, 2014, again before December 31, 2019, and every five years afterward."

SECTION 3. **Chapter 152, Title 59** of the 1976 Code is amended by **adding**:

   "**Section 59-152-33**.   **(A)**   Before July 1, 2015, the South Carolina Education Oversight Committee shall recommend an assessment to evaluate and measure the school readiness of students prior to their entrance

into a pre-kindergarten or kindergarten program per the goals pursuant to Section 59-152-30 to the State Board of Education. Prior to submitting the recommendation to the State Board, the Education Oversight Committee shall seek input from the South Carolina First Steps to School Readiness Board of Trustees and other early childhood advocates.   In making the recommendation, the South Carolina Education Oversight Committee shall consider assessments that are research-based, reliable, and appropriate for measuring readiness. The assessment chosen must evaluate each child's early language and literacy development, numeracy skills, physical well-being, social and emotional development, and approaches to learning. The assessment of academic readiness must be aligned with first and second grade standards for English language arts and mathematics. The purpose of the assessment is to provide teachers, administrators, and parents or guardians with information to address the readiness needs of each student, especially by identifying language, cognitive, social, emotional, and health needs, and providing appropriate instruction and support for each child. The results of the screenings and the developmental intervention strategies recommended to address the child's identified needs must be provided, in writing, to the parent or guardian. Reading instructional strategies and developmental activities for children whose oral language and emergent literacy skills are assessed to be below the national standards must be aligned with the district's reading proficiency plan for addressing the readiness needs of each student. The school readiness assessment adopted by the State Board of Education may not be used to deny a student admission or progress to kindergarten or first grade. Every student entering the public schools for the first time in prekindergarten and kindergarten must be administered a readiness screening by the forty fifth day of the school year.

   (B)   The results of individual students in a school readiness assessment may not be publicly reported.

   (C)   Following adoption of a school readiness assessment, the State Board of Education shall adopt a system for reporting population-level results that provides baseline data for measuring overall change and improvement in the skills and knowledge of students over time. The Department of Education shall house and monitor the system.

   (D)   The South Carolina First Steps of School Readiness Board of Trustees shall support the implementation of the school readiness assessment and must provide professional development to support the readiness assessment for teachers and parents of programs supported with First Steps funds. The board shall utilize the annual aggregate literacy and other readiness assessment information in establishing standards and practices to support all early childhood providers served by First Steps."

SECTION 4. **Article 17, Chapter 11, Title 63** of the 1976 Code is amended by **adding**:

   "**Section 63-11-1725. (A)**   For the purposes of this article, 'advisory council' means the South Carolina Advisory Council established by Executive Order Number 2010-06 in compliance with the Improving Head Start for School Readiness Act of 2007, 42 U.S.C. Section 9837b, et seq.

   (B)   The membership of the advisory council is exclusively composed of the membership of the Board of Trustees of the South Carolina First Steps to School Readiness Initiative. Each voting and nonvoting member shall serve as a voting member of the South Carolina Advisory Council, concurrent with his service on the board.

(C)   The advisory council is an entity distinct from the Board of Trustees and must act accordingly to fulfill its responsibilities under 42 U.S.C. Section 9837b(b)(1)(D)(i) of the Improving Head Start for School Readiness Act of 2007. The advisory council shall keep separate minutes that explicitly distinguish its actions and votes from those made when acting in the capacity of the board of trustees. The advisory council must officially adjourn before acting as the board of trustees, and the board of trustees shall adjourn before acting as the advisory council.

(D)   The State Director of First Steps shall coordinate the activities of the advisory council. Pursuant to 42 U.S.C. Section 9837b(b)(1)(D)(i), the advisory council shall:

(1)   conduct a periodic statewide needs assessment concerning the quality and availability of early childhood education and development programs and services for children from birth to the age of school entry, including an assessment of the availability of high quality prekindergarten services for low income children in the State;

(2)   identify opportunities for, and barriers to, collaboration and coordination among federally funded and state-funded child development, child care, and early childhood education programs and services, including collaboration and coordination among state agencies responsible for administering these programs;

(3)   develop recommendations for increasing the overall participation of children in existing federal, state, and local child care and early childhood education programs, including outreach to underrepresented and special populations;

(4)   develop recommendations regarding the establishment of a unified data collection system for public early childhood education and development programs and services throughout the State;

(5)   develop recommendations regarding statewide professional development and career advancement plans for early childhood educators in the State;

(6)   assess the capacity and effectiveness of two-year and four-year public and private institutions of higher education in the state for supporting the development of early childhood educators, including the extent to which these institutions have in place articulation agreements, professional development and career advancement plans, and practice or internships for students to spend time in a Head Start or prekindergarten program;

(7)   make recommendations for improvements in state early learning standards and undertake efforts to develop high quality comprehensive early learning standards, as appropriate;

(8)   develop and publish, using available demographic data, an indicators-based measure of school readiness at the state and community level;

(9)   incorporate, within the periodic statewide needs assessments required in 42 U.S.C. Section 9837(b), any data related to the capacity and efforts of private sector providers, Head Start providers, and local school districts to serve children from birth to age five, including fiscal, enrollment, and capacity data; and

(10) perform all other functions, as permitted under federal and state law, to improve coordination and delivery of early childhood education and development to children in this State.

(E)   The advisory council shall designate a meeting as its annual meeting. All of the chief executive officers of the State agencies represented on the Early Childhood Advisory Council must attend the annual meeting in person.

(F)   The advisory council shall prepare an annual report of its activities for presentation to the Governor and General Assembly."

SECTION 5. **Article 17, Chapter 11, Title 63** of the 1976 Code is amended by **adding**:

"**Section 63-11-1735. (A)**   For the purposes of this article:

(1)   'BabyNet' is the interagency early intervention system that is the Part C program in South Carolina.

(2)   'I.D.E.A.' means the Individuals with Disabilities Education Act, 20 U.S.C. Section 1400, et seq.

(3)   'Maintenance of effort' means the requirement of Part C that relevant state and local agencies maintain a specified level of financial support for early intervention services in compliance with 34 C.F.R. 303.124.

(4)   'Part C program' means an program of early intervention services to infants and toddlers with disabilities required in each state by I.D.E.A. and for which South Carolina First Steps to School Readiness is designated as the lead agency to administer the Part C program in South Carolina by Executive Order Number 2009-12 in compliance with Subchapter VIII, Chapter 33, Title 20, U.S. Code Annotated relating to Head Start programs, and as provided in Section 44-7-2520(A), which relates to definitions concerning the South Carolina Infants and Toddlers with Disabilities Act.

(B)   First Steps shall ensure that BabyNet complies with the maintenance of effort requirement by coordinating with all agencies that provide early intervention services in this State to ensure they each properly document all Part C expenditures annually."

SECTION 6. **Section 59-152-10** of the 1976 Code is **amended** to read:

"**Section 59-152-10**.   There is established South Carolina First Steps to School Readiness, a comprehensive, results-oriented initiative for improving early childhood development by providing, through ~~county~~ local partnerships, public and private funds and support for high-quality early childhood development and education services for children by providing support for their families' efforts toward enabling their children to reach school ready to ~~learn~~ succeed."

SECTION 7. **Section 59-152-20** of the 1976 Code is **amended** to read:

"**Section 59-152-20**.   The purpose of the First Steps initiative is to develop, promote, and assist efforts of agencies, private providers, and public and private organizations and entities, at the state level and the community level, to collaborate and cooperate in order to focus and intensify services, assure the most efficient use of all available resources, and eliminate duplication of efforts to serve the needs of young children and their families. First Steps funds must not be used to supplant or replace any other funds being spent on services but must be used to expand, extend, improve, or increase access to services or to enable a community to begin to offer new or previously unavailable services in their community. The South Carolina First Steps to School Readiness Board of Trustees, Office of First Steps to School Readiness, and the ~~County~~ local First Steps Partnerships shall ~~assure that collaboration, the development of partnerships, and the sharing and maximizing of resources are occurring before funding for the implementation/management grants, as provided for in this chapter, are made available~~ ensure that collaborations, the existence and continued development of partnerships, and the sharing and maximizing of resources occur so that the funding of grants and services, as provided in this chapter, may continue."

SECTION 8. **Section 59-152-30** of the 1976 Code is **amended** to read:

"**Section 59-152-30**.   The goals for South Carolina First Steps to School Readiness are to:

(1)   provide parents with access to the support they might seek and want to strengthen their families and to promote the optimal development of their preschool children;

(2)   increase comprehensive services so children have reduced risk for major physical, developmental, and learning problems;

(3)   promote high quality preschool programs that provide a healthy environment that will promote normal growth and development;

(4)   provide services so all children receive the protection, nutrition, and health care needed to thrive in the early years of life so they arrive at school ready to ~~learn~~ succeed; and

(5)   mobilize communities to focus efforts on providing enhanced services to support families and their young children so as to enable every child to reach school healthy and ready to ~~learn~~ succeed."

SECTION 9. **Section 59-152-40** of the 1976 Code is **amended** to read:

"**Section 59-152-40.**   The South Carolina First Steps to School Readiness Board of Trustees established in **Section 63-11-1720** shall oversee and be accountable for the South Carolina First Steps to School Readiness initiative."

SECTION 10. **Section 59-152-50** of the 1976 Code is **amended** to read:

"Section 59-152-50. ~~Within~~ Under supervision of the South Carolina First Steps to School Readiness Board of Trustees, there is created an Office of South Carolina First Steps to School Readiness ~~shall be established~~. The office shall:

(1)   provide to the board information on best practice, successful strategies, model programs, and financing mechanisms;

(2)   review the ~~county~~ local partnerships' plans and budgets in order to provide technical assistance and recommendations regarding local grant proposals and improvement in meeting statewide and local goals;

(3)   provide technical assistance, consultation, and support to ~~county~~ local partnerships to facilitate their success including, but not limited to, model programs, strategic planning, leadership development, best practice, successful strategies, collaboration, financing, and evaluation;

(4)   evaluate each program funded by the South Carolina First Steps to School Readiness Board of Trustees on a regular cycle to determine its effectiveness and whether it should continue to receive funding;

(4̶5)   recommend to the board the applicants meeting the criteria for First Steps partnerships and the grants to be awarded;

(5̶6)   submit an annual report to the board by December first which includes, but is not limited to, the statewide needs and resources available to meet the goals and purposes of the First Steps to School Readiness initiative, a list of risk factors the office considers to affect school readiness, identification of areas where client-level data is not available, an explanation of how First Steps programs reach the most at-risk children, the ongoing progress and results of the First Steps to School Readiness initiative statewide and locally, fiscal information on the expenditure of funds, and recommendations and legislative proposals to further implement the South Carolina First Steps to School Readiness initiative statewide;

(6)   ~~provide for on-going data collection and contract for an in-depth performance audit due January 1, 2003, and every three years thereafter, to ensure that statewide goals and requirements of the First Steps to School Readiness initiative are being met; and~~

(7)   provide for ongoing data collection. Before June 30, 2015, the board shall develop a response to the November 2014 external evaluation of each prevalent program and the overall goals of the initiative, as provided in Section 59-125-160. The office shall contract with an external evaluator to develop a schedule for an in-depth and independent performance audit designed to measure the success of each prevalent program in regard to its success in supporting the goals of the State Board and those set forth in Section 59-152-20 and Section 59-152-30. Results of all external performance audits must be published in the First Steps annual report; and

(~~7~~8) coordinate the First Steps to School Readiness initiative with all other state, federal, and local public and private efforts to promote good health and school readiness of young children and support for their families."

SECTION 11. Section 59-152-60 of the 1976 Code is amended to read:

"Section 59-152-60. (A) ~~The Office of First Steps to School Readiness, in collaboration with each county legislative delegation, shall initiate county forums for the purpose of bringing together stakeholders who are actively involved or interested in early childhood development and education so as to initiate a County First Steps Partnership. The times and locations of these forums and county-wide meetings must be publicized in the local print and broadcast media.~~

~~(B) At a countywide meeting the participants shall begin to select, to the extent possible within the area covered by the partnership:~~

~~(1) Not more than two members from each of these categories to sit on the First Steps partnership board:~~

~~(a) pre-kindergarten through primary educator;~~ Each county must be represented by a Local First Steps Partnership Board and each local board must provide services within every county it represents. A local partnership board must be comprised of individuals with resources, skills, knowledge, and interest in improving the readiness of young children for school. A list of all local partnership board members must be published in the partnership's annual report, be reported annually to the local legislative delegation, and be on file with the Office of First Steps.

(B) The South Carolina First Steps to School Readiness Board of Trustees must establish bylaws for use by each local partnership board. These bylaws must, in addition to other requirements provided in this section, require that a meeting or election of a local partnership board comply with all Freedom of Information Act and IRS disclosure requirements.

(C) In accordance with the bylaws established by the board of trustees, each local partnership board shall maintain a total minimum membership of twelve and a maximum membership of thirty elected, appointed, and designated individuals. Elected and appointed members shall comprise a voting majority of the board.

(1) No more than four from any of the following categories may be elected to sit on a First Steps Partnership Board:

(a) pre-kindergarten through primary educator;

(b) family education, training, and support provider;

(c) childcare ~~and~~ or early childhood development/education provider;

(d) healthcare provider;

(e) ~~transportation provider~~ local government;

(f) nonprofit organization that provides services to families and children;

(g) faith community; ~~and~~

(h) business community;

(i) philanthropic community; and

(j) parents of preschool children.

(2) ~~Three parents of pre-school children. After the first year of the implementation of the First Steps to School Readiness initiative, parents serving on the County First Steps Partnership Board must have pre-school children being served by First Steps programs; and~~

(3) ~~Four members from early childhood education.~~

~~(C)~~ ~~After the county partnership board has been formed, if necessary to~~ To assure that all areas of the county or multicounty region are adequately represented and reflect the diversity of the ~~county~~ coverage area, each county legislative delegation may appoint up to four ~~additional~~ members to a local partnership board. Of these members, two are appointed by the Senate members and two by the House of Representative members of the delegation from persons with resources, skills, or knowledge that have specific interests in improving the readiness of young children for school.

(~~D~~3) Each of the following entities located within a particular First Steps Partnership coverage area shall designate one member to serve as a member of ~~its County~~ the local First Steps Partnership Board:

(a) county department of social services;

(b) county department of health and environmental control;

(c) Head Start or early Head Start;

(d) county library; and

(e) each of the school districts in the county.

(D)   In conjunction with the independent external program evaluation established in Section 59-152-160, the South Carolina First Steps to School Readiness Board of Trustees shall conduct a formal review of the membership categories for First Steps Partnership Board composition. Upon completion of the review, the South Carolina First Steps to School Readiness Board of Trustees shall submit to the General Assembly a statement either verifying the continued applicability and appropriateness of the composition categories for First Steps Partnership Boards in place at that time, or recommending any appropriate and necessary changes.

(E)   Members who miss more than three consecutive meetings without excuse or members who resign must be replaced from the same categories as their predecessor. The terms of the members of a ~~County~~ local First Steps Partnership Board are for ~~two~~ four years; however, membership on the board may not exceed ~~six~~ eight consecutive years.

(F)   The chairman of a ~~County First Steps~~ local partnership board must be elected by majority vote of the board. The chairman shall serve a one-year term; however, the chairman may be elected to subsequent terms not to exceed a total of four consecutive years.

(G)   ~~County~~ A local First Steps ~~Partnerships~~ Partnership board must have policies and procedures for conducting meetings and disclosing records comparable to those provided for in the Freedom of Information Act. Prior to every vote taken by the board, members must abstain from voting if the issue being considered would result in a conflict of interest. The abstention must be noted in the minutes of the meeting."

SECTION 12.   Section 59-152-70 of the 1976 Code is amended to read:

"Section 59-152-70.   (A)   A First Steps Partnership Board shall, among its other powers and duties:

(1)   adopt by-laws as established by the First Steps to School Readiness Board to effectuate the provisions of this chapter which must include the creation of a periodic meeting schedule;

(2)   coordinate a collaborative effort at the county or ~~multi-county~~ multicounty level which will bring the community together to identify the area needs related to the goals of First Steps to School Readiness; develop a strategic long-term plan for meeting those needs; develop specific initiatives to implement the elements of the plan; and integrating service delivery where possible;

(3)   coordinate and oversee the implementation of the comprehensive strategic plan including, but not limited to, direct service provision, contracting for service provision, and organization and management of volunteer programs;

(4)   effective July 1, 2016, each partnership's comprehensive plan shall include the following core functions:

(a)   service as a local portal connecting families of preschool children to community-based services they may need or desire to ensure the school readiness of their children;

(b)   service as a community convener around the needs of preschool children and their families; and

(c)   support of state-level school readiness priorities as determined by the State Board.

(4~~5~~) ~~create and annually revise a county~~ update a needs assessment every three years;

(5~~6~~)   implement fiscal policies and procedures as required by the First Steps office and as needed to ensure fiscal accountability of all funds appropriated to the partnership;

(6~~7~~)   keep accurate records of the partnership's board meetings, board member's attendance, programs, and activities for annual submission to the First Steps to School Readiness Board of Trustees;

(7~~8~~)   collect information and submit an annual report by October ~~1~~ first to the First Steps to School Readiness Board of Trustees, and otherwise participate in the annual review and the three-year evaluation of

operations and programs. ~~The first annual report must be submitted October 1, 2000.~~ Reports must include but not be limited to:

(a)   determination of the current level and <u>data pertaining to the delivery and</u> effectiveness of services for young children and their families<u>, including the numbers of preschool children and their families served</u>;

(b)   strategic goals for increased availability, accessibility, quality, and efficiency of activities and services for young children and their families which will enable children to reach school ready to ~~learn~~ <u>succeed</u>;

(c)   monitoring of progress toward strategic goals;

(d)   report on implementation activities;

(e)   recommendations for changes to the strategic plan which may include new areas of implementation;

(f) evaluation and report of program effectiveness and client satisfaction before, during, and after the implementation of the strategic plan, where available; and

(g)   estimation of cost savings attributable to increased efficiency and effectiveness of delivery of services to young children and their families, where available.

(B)   Each ~~County First Steps~~ <u>local</u> partnership may, in the performance of its duties, employ or acquire ~~administrative, clerical, stenographic, and other personnel as may be necessary to effectuate the provisions of this section.   However, overhead~~ <u>staff pursuant to the local partnership bylaws established by the South Carolina First Steps School to Readiness Board of Trustees. Overhead</u> costs of ~~the partnership's~~ <u>a First Step partnership's</u> operations may not exceed eight percent of ~~its implementation/management grant allocation unless prior approval is received from the First Steps to School Readiness Board of Trustees~~ <u>the total state funds appropriated for partnership grants. The South Carolina First Steps to School Readiness Board of Trustees shall contract with an independent cost accountant to provide recommendations as to an adequate, and not excessive, overhead cost rate for individual partnerships no later than July 1, 2017. Once these recommendations are received, the First Steps to School Readiness Board of Trustees may adjust the overhead percentage for the local partnership</u>.

(C)   Each ~~County~~ First Steps partnership may apply for, receive, and expend federal, state, and local funds, grants, and other funding <u>in order to improve programs as provided in Section 59-152-25(A)</u>.

(D)   ~~Day care facilities receiving grants must first use a portion of their funds to achieve licensed status and then to achieve the equivalent status to that of enhanced ABC provider.~~

~~(E)~~   To be designated a ~~County~~ First Steps partnership, the ~~county or multi-county~~ <u>local</u> partnership must be a private nonprofit corporation organized under Section 501(c)(3) of the Internal Revenue Code. ~~However, developing partnerships which have not yet received 501(c)(3) status may qualify for grants if they have received a state charter for incorporation and meet other criteria as established by the board.~~

<u>(E)   Multiple First Steps local partnerships may collaborate in a manner they determine will maximize the efficient and effective provision of First Steps services and programs to children and their families and best</u>

enable the partnerships to execute their duties and powers established in this chapter. In such a collaboration, partnerships may merge or work in concert with one or more of their program, administrative, or development functions or establish multicounty partnerships. The decision to collaborate in the manner permitted in this subsection rests entirely with the local partnership boards of directors involved.

(F)   As a condition of receiving state funds, each local partnership must be subject to performance reviews by South Carolina First Steps, including, but not limited to, local board functioning and collaboration and compliance with state standards and fiscal accountability. If any significant operational deficiencies or misconduct are identified within the partnership, the South Carolina First Steps Board of Trustees must identify a remedy with input from the local legislative delegation."

SECTION 13.   Section 59-152-90 of the 1976 Code is amended to read:

"Section 59-152-90.   (A)   A local partnership's grant may be funded annually by the First Steps School to Readiness Board of Trustees and must be contingent on the General Assembly's appropriation of funds to use for offering grants.

(B)   To obtain a grant, a ~~County~~ First Steps partnership ~~or developing partnership~~ must qualify by meeting the grant requirements established pursuant to subsection (C). A First Steps Partnership shall submit an application to the Office of First Steps in a format specified by the First Steps to School Readiness Board. The application shall include~~, as appropriate to the level of grant applied for,~~ the level of funding requested, a description of needs of children and families; assets and resources available; and the proposed strategies to address needs as they relate to the goals of South Carolina First Steps to School Readiness.

~~(B)   To receive a Level One development of the collaborative effort, needs assessment, and strategic planning grant, the County First Steps Partnership must meet the criteria established by the First Steps to School Readiness Board including, but not limited to, total population covered by the partnership and quality of any pre-exiting needs assessment and/or strategic plans for that geographic area.~~

~~(C)   To receive a Level Two implementation/management grant for First Steps to School Readiness, a County First Steps Partnership must have completed a needs assessment and review by the First Steps to School Readiness Board and develop a comprehensive, long-range plan to provide high quality early childhood development and education services. The plan must identify the needs of children and their families in the local area; assets and resources available; explain how supports and services are to be organized and delivered; establish measurable objectives and interim goals for meeting the local and state goals for First Steps; and an evaluation plan.~~

~~(D)   In developing these plans, the First Steps Partnership must be given sufficient flexibility, but they must be accountable to the First Steps to School Readiness Board for fiscal management, program management, and program results.~~

(~~E~~C)(1) ~~The allocations for the grants shall take into consideration the quality of the grant proposal; the population of children birth to age five contained in the area served by the partnership; the percentage of~~

~~students in grades 1-3 who are eligible for the free and reduced price lunch program; average per capita income; and the area's ability to support the strategic plan initiative. The criteria also shall take into account the standing of the geographical area covered by a county partnership in relation to the statewide Kids Count indicators. Priority must be given to strategic plans that incorporate models with demonstrated success.~~ Pursuant to 63-11-1730, the South Carolina First Steps to School Readiness Board of Trustees shall establish the grant qualification requirements. The board shall develop and promulgate grant qualification requirements in regulation pursuant to the Administrative Procedures Act. These requirements must include, but not be limited to, the following:

(a)   adoption and adherence to bylaws promulgated by the South Carolina First Steps to School Readiness Board of Trustees, which includes, but is not limited to, compliance with the board composition, attendance, voting, and disclosure requirements;

(b)   utilization of the South Carolina First Steps to School Readiness benchmarks and objectives;

(c)   implementation of programs and activities, which are effective and contributing to state goals, and otherwise acceptable pursuant to the requirements of Chapter 152, Title 59; and

(d)   fulfillment of all the duties in Section 59-152-70.

(2)   The South Carolina First Steps to School Readiness Board of Trustees shall establish a formula, which includes the identification of the most relevant and effective factors, by which the allocations for qualifying Partnership grants are calculated. The board shall identify the factors, develop the funding formula, and promulgate both in regulation pursuant to the Administrative Procedures Act. The factors utilized in the funding formula, and the weight given to each factor by the formula, must reflect that the intent of the General Assembly is to ensure that the money allocated to each local partnership is in proportion to the following:

(a)   population of eligible children;

(b)   population of at-risk children; and

(c)   population with below average income.

(3)   First Steps shall include the grant qualification requirements and funding formula on its website. The website information shall include formula details, announcements regarding proposed changes to the formula, and directions for public input.

(E)   In conjunction with the independent external program evaluation established pursuant to Section 59-152-160, the board of trustees shall conduct a formal review of the grant qualification requirements and funding process adopted pursuant to subsections (C) and (D) and, upon completion of the review, shall submit to the General Assembly a statement either verifying the continued applicability and appropriateness of the grant qualification requirements and funding process in use at that time or recommending any appropriate and necessary changes

(F)   Funding must reflect the combined total allocations of the coverage area of a multicounty partnership."

SECTION 14.   Section 59-152-100 of the 1976 Code is amended to read:

   "Section 59-152-100. (A)   Grant funds expended by First Steps partnerships must be used to address the needs of young children and their families as identified in the partnerships' comprehensive plans. The funds must be used to expand, extend, or improve the quality of provided services if there is evidence as to existing programs' effectiveness; offer new or previously unavailable services in the area; or increase access to services. Partnership grant funds may not supplant comparable current expenditures by counties or state agencies on behalf of young children and their families, and may not be used where other state or federal funding sources are available. Partnerships are expected to collaborate with other community organizations or entities expending funds on early childhood services designed to impact school readiness in order to maximize impact and minimize duplication of efforts.

   (B)   At least seventy-five percent of state funds appropriated for programs must be used by the local partnership for evidence-based programs. Not more than twenty-five percent of state funds appropriated for programs to a local partnership may be used for evidence-informed programs.

   (C)   All activities and services provided by a ~~First Steps~~ local partnership must be made available to young children and families on a voluntary basis and must focus ~~on the following~~:

      ~~(1)   lifelong learning:~~

         ~~(a)   school readiness;~~

         ~~(b)   parenting skills;~~

         ~~(c)   family literacy; and~~

         ~~(d)   adult and continuing education.~~

      ~~(2)   health care:~~

         ~~(a)   nutrition;~~

         ~~(b)   affordable access to quality age-appropriate health care;~~

         ~~(c)   early and periodic screenings;~~

         ~~(d)   required immunizations;~~

         ~~(e)   initiatives to reduce injuries to infants and toddlers; and~~

         ~~(f)technical assistance and consultation for parents and child care providers on health and safety issues.~~

      ~~(3)   quality child care:~~

         ~~(a)   staff training and professional development incentives;~~

         ~~(b)   quality cognitive learning programs;~~

(c)   voluntary accreditation standards;

(d)   accessibility to quality child care and development resources; and

(e)   affordability.

(4)   transportation:

(a)   coordinated service;

(b)   accessibility;

(c)   increased utilization efficiency; and

(d)   affordability solely on 'school readiness' as defined in Section 59-152-25 by implementing programs geared specifically toward the achievement of First Steps goals pursuant to Section 59-152-30.

(BD) Any part of the initiative within the county strategic plan using local district resources within a school district must be conducted only with approval of the district's board of trustees."

SECTION 15.   Section 59-152-120 of the 1976 Code is amended to read:

"Section 59-152-120. Funds received for implementation of a county partnership's implementation/management grant by a local partnership may not be used for capital expenses for, new construction, or to renovate, refurbish, or upgrade existing facilities without prior approval by the South Carolina First Steps to School Readiness Board of Trustees. However, funds may be made available for renovating, refurbishing, or upgrading of existing facilities used to support First Steps to School Readiness activities and services for children, families, and providers from funds made available to the partnerships in Section 59-152-150(C) and Section 63-11-1750(A). The county partnership must demonstrate to the satisfaction of the First Steps to School Readiness Board that the capital expenditure is:

(1)   a priority need for the local initiative and other state or federal funds for such projects are insufficient; and

(2)   necessary to provide services to under-served children and families."

SECTION 16.   Section 59-152-130 of the 1976 Code is amended to read:

"Section 59-152-130. (A)   The County First Steps Local partnerships shall provide an annual match of at least fifteen percent, to include private donations, grant funds, and in-kind donated resources, or any combination of them. The South Carolina First Steps to School Readiness Board of Trustees may decrease this percentage

requirement for a partnership based on their capacity to provide that match. ~~Private~~ The First Step partnership shall encourage private individuals and groups ~~must be encouraged~~ to contribute to a partnership's efforts to meet its match. The match required of individual partnerships by the First Steps board should take into consideration such factors as:

    (1)   local wealth, using such indicators as the number and percentage of children eligible for free and reduced lunches in grades 1-3; and

    (2)   in-kind donated resources.

   Only in-kind donations, as defined by the standard fiscal accountability system provided for in Section 59-152-~~140~~150, which meet the criteria established by the South Carolina First Steps to School Readiness Board of Trustees and that are quantifiable may be applied to the in-kind match requirement. ~~Expenses, including those paid both by cash and through in-kind contributions, incurred by other nonstate entities participating in county partnerships may be included in determining matching funds.~~

   (B)   The Office of ~~the~~ South Carolina First Steps to School Readiness shall establish guidelines and reporting formats for ~~county~~ partnerships to document expenses to ensure they meet matching fund requirements. The office shall compile a report annually on the private cash and in-kind contributions received by the South Carolina First Steps to School Readiness Board of Trustees and ~~County~~ First Steps partnerships."

SECTION 17.   Section 59-152-140 of the 1976 Code is amended to read:

   "Section 59-152-140. To ensure effective use of funds, awards under contract for ~~County~~ First Steps Partnerships, with the approval of the Office of First Steps to School Readiness, may be carried forward and used in the following fiscal year.   Funds appropriated to South Carolina First Steps to School Readiness may also be carried forward into subsequent years."

SECTION 18.   Section 59-152-150 of the 1976 Code is amended to read:

   "Section 59-152-150. (A)   The Office of <u>South Carolina</u> First Steps to School Readiness shall develop and require <u>local</u> partnerships to adopt and implement a standard fiscal accountability system including, but not limited to, a uniform, standardized system of accounting, internal controls, payroll, fidelity bonding, chart of accounts, and contract management and monitoring.   Additionally, the accountability system shall require competitive bids for the purchase or procurement of goods and services of ten thousand dollars or more. A bid other than the lowest bid may be accepted by a majority vote of the ~~county~~ partnership board if other considerations outweigh the cost factor; however, written justification must be filed with the Office of First Steps. The Office of First Steps may contract with outside firms to develop and ensure implementation of this standard fiscal accountability system, and the Office of First Steps may inspect fiscal and program records of

county partnerships and developing partnerships to ensure their compliance with the required system. The Office of First Steps may contract with a state entity with existing means for developing contracts and disbursing funds in order to make use of the existing infrastructure, if it is efficient and not administratively burdensome to partnerships.

(B)   Each ~~County~~ local First Steps partnership shall expend funds through the South Carolina First Steps to School Readiness Board of Trustees or its fiscal designees until the capacity of the ~~County First Steps~~ local partnership to manage its fiscal and administrative responsibilities in compliance with the standard accountability system has been reviewed and certified by the South Carolina First Steps to School Readiness Board of Trustees or its designee.

(C)   All private and non-state funds sought by local partnerships must be used exclusively for meeting the goals and purpose of First Steps as specified in Section 59-152-20 and Section 59-152-30. Private funds received by a ~~County~~ First Steps partnership must be deposited in a separate fund subject to review by the Office of First Steps and the State Board.

(D)   Disbursements may be made only on the written authorization of the individual designated by the ~~county~~ partnership board and only for the purposes specified. A person violating this section is guilty of a misdemeanor and, upon conviction, must be fined five thousand dollars or imprisoned for six months, or both.

(E)   The offenses of misuse, misappropriation, and embezzlement of public funds, apply to this chapter."

SECTION 19.   Section 59-125-160 of the 1976 Code is amended to read:

"Section 59-125-160. (A)   The South Carolina First Steps to School Readiness Board of Trustees shall establish internal evaluation policies and procedures for ~~County First Steps~~ local partnerships for an annual review of the functioning of the partnership, implementation of strategies, and progress toward the interim goals and benchmarks. In instances where no progress has been made, the Office of First Steps to School Readiness shall provide targeted assistance and/or the South Carolina First Steps to School Readiness Board of Trustees may terminate the grant. ~~In addition, a program evaluation of The First Steps to School Readiness initiatives at the state and local levels must be conducted every three years~~ An independent evaluation of each prevalent program investment using valid and reliable measures must be completed and published by the First Steps Board of Trustees no less than every five years. The First Steps board shall adopt a cyclical evaluation calendar including each major program investment no later than June 30, 2015. After publication of a baseline report for each major program investment as defined in Section 59-152-25, subsequent reports will be published no later than five calendar years from the date of each prior publication. In addition to the independent evaluation of each prevalent program, an evaluation of the progress on the initiative's goals and purpose must be completed by November 1, 2014, and every five years thereafter by an independent, external evaluator under contract with the South Carolina First Steps to School Readiness Board of Trustees. ~~However, the selected evaluator shall be approved, and the evaluation overseen, by a committee consisting of three members, one appointed by the First Steps Board, one appointed by the President Pro Tempore of the Senate and one appointed by the Speaker of the House. These committee members must be professionally recognized as proficient in child development,~~

early childhood education, or a closely related field. The first report shall be provided no later than January 1, 2003. The purpose of this evaluation will be to gauge First Steps' progress in meeting the goals established in Section 59-152-20 and Section 59-52-30.

    (B) ~~County First Steps~~ Local partnerships must agree to participate in such an evaluation in order to receive a First Steps grant. Subsequent grant approval and grant allocations must be dependent, in part, on the results of the evaluations. If an evaluation finds no progress has been made in meeting local goals or implementing strategies as agreed to in the First Steps grant, the grant ~~must~~ may be terminated.

    (C) The purpose of the evaluation is to assess progress toward achieving the First Steps goals and to determine the impact of ~~the initiative on children and families at the state and local levels~~ each strategy in supporting improved school readiness as defined in Section 52-152-15. The impact assessment shall include, but is not limited to, school readiness measures; benefits from child development services; immunization status; low birth-weight rates; parent literacy; parenting skills; parental involvement; transportation; and developmental screening results. During the course of the evaluation, if an evaluator determines that any state agency has failed to comply with the coordination and collaboration provisions as required in this chapter, the final report must reflect that information. ~~Program~~ Each program evaluation ~~reports~~ report must be reported to the General Assembly no later than three months after conclusion of the evaluation. ~~All County First Steps~~ Local partnerships shall cooperate fully in collecting and providing data and information for the evaluation of their funded strategies."

SECTION 20. A.   Section 63-11-1720 of the 1976 Code is amended to read:

    "Section 63-11-1720. (A)   There is created the South Carolina First Steps to School Readiness Board of Trustees which must be chaired by the Governor, or his designee, and must include the State Superintendent of Education, or his designee, who shall serve as ex officio voting members of the board. ~~The board is composed of the twenty appointed, voting members as follows:~~

    (B)   In making the appointments specified in subsection (C)(1), (2), and (3) of this chapter, the Governor, President Pro Tempore of the Senate, and the Speaker of the House of Representatives shall seek to ensure diverse geographical representation on the board by appointing individuals from each congressional district as possible.

    (C)   The board shall include members appointed in the following manner:

      (1) ~~The~~ the Governor shall appoint ~~two members~~ one member from each of the following sectors:

        (a)   parents of young children;

        (b)   business community;

        (c)   early childhood educators;

        (d)   medical ~~or child care and development~~ providers; ~~and~~

(e)   child care and development providers; and

(e̶f)   the General Assembly, one member from the Senate and one member from the House of Representatives.̶;

(2)   T̶h̶e̶ the President Pro Tempore of the Senate shall appoint one member from each of the following sectors:

(a)   parents of young children;

(b)   business community;

(c)   early childhood educators; and

(d)   medical or child care and development providers.̶;

(3)   T̶h̶e̶ the Speaker of the House of Representatives shall appoint one member from each of the following sectors:

(a)   parents of young children;

(b)   business community;

(c)   early childhood educators; and

(d)   medical or child care and development.̶;

(4)   T̶h̶e̶ the chairman of the Senate Education Committee or his designee.̶;

(5)   T̶h̶e̶ the chairman of the House Education and Public Works Committee or his designee.̶; and

(6)   T̶h̶e̶ the chief executive officer of each of the following shall serve as an ex officio n̶o̶n̶v̶o̶t̶i̶n̶g̶ voting member:

(a)   Department of Social Services o̶r̶ ̶h̶i̶s̶ ̶d̶e̶s̶i̶g̶n̶e̶e̶;

(b)   Department of Health and Environmental Control o̶r̶ ̶h̶i̶s̶ ̶d̶e̶s̶i̶g̶n̶e̶e̶;

(c)   Department of Health and Human Services o̶r̶ ̶h̶i̶s̶ ̶d̶e̶s̶i̶g̶n̶e̶e̶;

(d)   D̶e̶p̶a̶r̶t̶m̶e̶n̶t̶ ̶o̶f̶ ̶M̶e̶n̶t̶a̶l̶ ̶H̶e̶a̶l̶t̶h̶ ̶o̶r̶ ̶h̶i̶s̶ ̶d̶e̶s̶i̶g̶n̶e̶e̶;

(e̶)̶   Department of Disabilities and Special Needs o̶r̶ ̶h̶i̶s̶ ̶d̶e̶s̶i̶g̶n̶e̶e̶;

(f)̶D̶e̶p̶a̶r̶t̶m̶e̶n̶t̶ ̶o̶f̶ ̶A̶l̶c̶o̶h̶o̶l̶ ̶a̶n̶d̶ ̶O̶t̶h̶e̶r̶ ̶D̶r̶u̶g̶ ̶A̶b̶u̶s̶e̶ ̶S̶e̶r̶v̶i̶c̶e̶s̶ ̶o̶r̶ ̶h̶i̶s̶ ̶d̶e̶s̶i̶g̶n̶e̶e̶;

(g̶)̶   D̶e̶p̶a̶r̶t̶m̶e̶n̶t̶ ̶o̶f̶ ̶T̶r̶a̶n̶s̶p̶o̶r̶t̶a̶t̶i̶o̶n̶ ̶o̶r̶ ̶h̶i̶s̶ ̶d̶e̶s̶i̶g̶n̶e̶e̶;

(h̶)̶   S̶t̶a̶t̶e̶ ̶B̶u̶d̶g̶e̶t̶ ̶a̶n̶d̶ ̶C̶o̶n̶t̶r̶o̶l̶ ̶B̶o̶a̶r̶d̶,̶ ̶D̶i̶v̶i̶s̶i̶o̶n̶ ̶o̶f̶ ̶R̶e̶s̶e̶a̶r̶c̶h̶ ̶a̶n̶d̶ ̶S̶t̶a̶t̶i̶s̶t̶i̶c̶s̶ ̶o̶r̶ ̶h̶i̶s̶ ̶d̶e̶s̶i̶g̶n̶e̶e̶;̶ ̶a̶n̶d̶

(i̶)̶   S̶t̶a̶t̶e̶ ̶B̶o̶a̶r̶d̶ ̶f̶o̶r̶ ̶T̶e̶c̶h̶n̶i̶c̶a̶l̶ ̶a̶n̶d̶ ̶C̶o̶m̶p̶r̶e̶h̶e̶n̶s̶i̶v̶e̶ ̶E̶d̶u̶c̶a̶t̶i̶o̶n̶

(e)   State Head Start Collaboration Officer; and

(f) Children's Trust of South Carolina.

(7)   The following organizations shall designate one member to serve as an ex officio nonvoting member:

(a)   South Carolina State Library;

(b)   Transportation Association of South Carolina; and

(c)   State Advisory Committee on the Regulation of Childcare Facilities.

(B<u>D</u>) The terms of the members are for four years and until their successors are appointed and qualify, except of those first appointed. When making the initial appointments, the Governor, the President Pro Tempore of the Senate, and the Speaker of the House of Representatives shall designate half of their appointments to serve two-year terms only. The appointments of the members from the General Assembly shall be coterminous with their terms of office.

(C<u>E</u>)   Vacancies for any reason must be filled in the manner of the original appointment for the unexpired term. A member may not serve more than two terms or eight years, whichever is longer. A member who misses more than three consecutive meetings without excuse or a member who resigns must be replaced in the same manner as his predecessor. Members may be paid per diem, mileage, and subsistence as established by the board not to exceed standards provided by law for boards, committees, and commissions. A complete report of the activities of the First Steps to School Readiness Board of Trustees must be made annually to the General Assembly.

<u>(F)(1)   There is created the Office of First Steps Study Committee to review the structure, responsibilities, governance by an organization exempt from federal income tax pursuant to Section 501(c)(3) of the Internal Revenue Code of 1986, and administration of the Office of First Steps. The goal of the study committee is to guarantee that children from birth to school-age receive needed services from the Office of First Steps in the most effective way through coordination with other agencies that serve the same population. Also, the study committee shall determine whether the services provided by the Office of First Steps are provided in the most cost-effective and direct manner to entities served by the Office of First Steps, including County First Steps Partnerships Boards. The study committee shall evaluate the structure and costs of the Office of First Steps becoming an independent agency and make a recommendation as to whether the Office of First Steps should become an agency, remain as a program at the Department of Education, be relocated within a state agency other than the Department of Education, or any other alternative structure the study committee deems fit. The study committee shall also address the issues concerning the governance of an organization exempt from federal income tax pursuant to Section 501(c)(3) of the Internal Revenue Code of 1986 relative to the structure recommended by the study committee. When making its recommendation as to the structure, the study committee must include an analysis of the costs associated with a change in structure. Such costs include, but are not limited to, personnel, data security, data management, and fiscal services.</u>

<u>(2)   The study committee shall be composed of:</u>

<u>(a)   four members of the Senate appointed by the Chairman of the Senate Education Committee. Of these members, one must be appointed upon the recommendation of the Senate Majority Leader, one must be</u>

appointed upon the recommendation of the Senate Minority Leader, and one must be a member of the South Carolina First Steps to School Readiness Board of Trustees;

    (b)   four members of the House of Representatives appointed by the Chairman of the House Education and Public Works Committee. Of these members, one must be appointed upon the recommendation of the House Majority Leader, one must be appointed upon the recommendation of the House Minority Leader, and one must be a member of the South Carolina First Steps to School Readiness Board of Trustees;

    (c)   one member appointed by the Governor, who shall serve as chairman;

    (d)   the President of the Institute for Child Success, or his designee;

    (e)   the Chairman of the Education Oversight Committee, or his designee; and

    (f)the Chairman of the Joint Citizens Legislative Committee on Children, or his designee.

    Except for the two members of South Carolina First Steps to School Readiness Board of Trustees appointed pursuant to subitems (a) and (b), no member of the study committee may be a member of the South Carolina First Steps to School Readiness Board of Trustees or a member of a County First Steps Partnership Board.

    (3)   The study committee must be staffed by the staff of the Senate Education Committee and the House Education and Public Works Committee.

    (4)   The study committee shall complete its review and submit its recommendation to the General Assembly no later than March 15, 2015. Upon submission of its recommendation, the study committee is dissolved."

    B.   Act 99 of 1999, South Carolina First Steps to School Readiness Act, is reauthorized until July 1, 2016.

SECTION 21.   Section 63-11-1730 of the 1976 Code is amended to read:

    "Section 63-11-1730. To ~~carry out its assigned functions, the board is authorized, but not limited to~~ oversee and be accountable for the South Carolina First Steps to School Readiness Initiative, in accordance with the APA, the board shall:

    (1)   develop and promulgate a comprehensive long-range initiative for improving early childhood development and increasing school readiness and literacy, which shall include the specific requirements of Chapter 152, Title 59;

    (2)   in accordance with the APA, promulgate regulations, establish guidelines, policies and procedures for the continued implementation of the South Carolina First Steps to School Readiness initiative;

(3)   provide oversight on the <u>continued</u> implementation <u>and evaluation</u> of the South Carolina First Steps to School Readiness initiative at the state and ~~county~~ <u>local</u> levels;

(4)   ~~facilitate and direct the establishment of developing County First Steps Partnerships and establish the criteria for designation of County First Steps Partnerships;~~

~~(5)~~   establish ~~criteria and procedures for awarding state First Steps grants to County First Steps Partnerships~~ <u>and promulgate grant qualification requirements and a formula by which allocations for qualifying partnership grants shall be calculated</u>;

(6<u>5</u>) ~~provide~~ <u>ensure the provision of</u> technical assistance, consultation services and support to ~~County~~ First Steps Partnerships including: the creation and annual revision of county needs assessments; the prioritization, implementation, and evaluation of each First Steps Partnership's strategic plans based on needs assessments; and the identification of assets from other funding sources;

(7<u>6</u>) assess and develop recommendations: for ensuring coordination and collaboration among service providers at both the state and county level, for increasing the efficiency and effectiveness of state programs and funding and other programs and funding sources, as allowable, as necessary to carry out the First Steps to School Readiness initiative, including additional fiscal strategies, redeployment of state resources, and development of new programs;

(8<u>7</u>) establish ~~results oriented~~ <u>and promulgate results-oriented</u> measures and objectives and assess whether services provided by ~~County~~ First Steps Partnerships to children and families are meeting the goals and achieving the results established for the First Steps initiative pursuant to Chapter 152, Title 59;

(9<u>8</u>) receive gifts, bequests, and devises for deposit for awarding grants to First Steps Partnerships; ~~and~~

(10<u>9</u>)   report annually to the General Assembly by January first on activities and progress to include recommendations for changes and legislative initiatives and results of program evaluations<u>;</u>

<u>(10) establish and promulgate internal policies and procedures to allow the board to operate optimally, which shall include, but not be limited to, an established and consistent process for decision making;</u>

<u>(11) develop, implement, and document an annual performance process for the Director of the Office of South Carolina First Steps;</u>

<u>(12) establish and promulgate bylaws for adoption by local First Steps Partnerships;</u>

<u>(13) establish and promulgate internal evaluation policies and procedures for local partnerships for annual review pursuant to Chapter 152, Title 59; and</u>

<u>(14) arrange for the conduction of an independent external program evaluation pursuant to Chapter 152, Title 59</u>."

SECTION 22.   Section 1-5-40(A) of the 1976 Code is amended by adding an item at the end to read:

"(107) South Carolina First Steps to School Readiness Board of Trustees."

SECTION 23.   Sections 59-152-80 and 59-152-110 of the 1976 Code are repealed.

SECTION 24.   This act takes effect upon approval by the Governor.

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APPENDIX B: LEGISLATIVE AUDIT COUNCIL FOLLOW-UP

1. In each of its annual reports, S.C. First Steps should report the percentage of those served who possess each risk factor, where client level data is available.	**OPERATIONAL RECOMMENDATION: CLIENT DATA PROTOCOL**– In 2006, First Steps commissioned research to determine which South Carolina children were deemed not successful in the early grades (PACT data, 2007). This research, completed by Dr. Baron Holmes with support from the Office of Research and Statistics and the SC Department of Education, resulted in South Carolina's first-ever targeted school readiness needs assessment statewide as it provide data on the potential school success "risk factors" during children's earliest years.

Young Children Not Succeeding in School
(Characteristics of Children Ages 0 – 3, Retained or Below Basic on PACT)

Percent of Children Not Succeeding (lowest quartile on PACT)	Risk	Total as % of Age Group (0-3)
53%	*Abused, Neglected, or in Foster Care*	3%
52%	*Very Low Birthweight (under 1500 grams)*	1.4%
48%	*Lower Educated Mother (under 12 grades)*	25%
45%	*TANF*	17%
43%	*Low Birthweight (1500 - 2000 grams)*	1.8%
43%	*Teen Mother (under 18)*	8%
42%	*Food Stamps*	32%
37%	*Mother (age 18 - 20)*	17%
36%	*Low Birthweight (2000 - 2500 grams)*	6%

Source: SC Department of Education, 2007. Research by Dr. Baron Holmes, SC Office of Research and Statistics, SC Budget and Control Board.

Brain research shows that the foundation for a child's lifelong learning and potential is formed during the first five years. The board utilized this research to set definitive "risk factor targeting" standards for all local partnerships in 2007.

Partnerships in every county collaborate with stakeholders to offer services and support to these vulnerable populations (above, by risk factor) at the earliest age possible. The board and staff examine results each year by program, by county This data is housed in the First Steps database, and can be utilized in annual reports (though this was not a requirement the enabling legislation).

	The First Steps database (managed by the Office of Research and Statistics) currently compares standards to results annually- by county, by program. As provided to the LAC, for example, First Steps Parents as Teachers FY 13 standards required that clients be identified with at least one board-approved risk factor at the time of enrollment, and that a majority of clients have two or more of these risk factors. In April 2013, a data report pulled for the LAC showed 1110 of 1116 First Steps' current PAT client cases (99.46%) with at least one approved risk factor. The system is capable of depicting this data at the case level and by individual risk factor. Across all PAT clients, 15.7% of clients in April 2013 possessed only one risk factor, 51% had two risk factors and 32.8% possessed three or more. This data allows the state staff and board monitor effective targeting by local partnerships. Section 59-152-50 (6) of H.3428 sets forth new specifications for SC First Steps annual reports. The staff and evaluation committee of the board will develop new annual report data protocol to meet legal requirements.
2. In its annual reports, S.C. First Steps should state where client-level data is not available and explain how these programs reach the most at-risk children.	**CODIFIED WITHIN H.3428** – Section 59-152-50 (6) Client-level data is currently maintained for all prevalent First Steps strategies, however some First Steps programs serve clients that are not children (ie, teacher training, child care quality enhancement, parent home visitation). *"…submit an annual report to the board by December first which includes, but is not limited to, the statewide needs and resources available to meet the goals and purposes of the First Steps to School Readiness initiative, a list of risk factors the office considers to affect school readiness, identification of areas where client-level data is not available, an explanation of how First Steps programs reaches the most at-risk children, the ongoing progress and results of the First Steps to School Readiness initiative statewide and locally, fiscal information on the expenditure of funds, and recommendations and legislative proposals to further implement the South Carolina First Steps to School Readiness initiative statewide;"* H.3428 clarifies the expectation to add detail to future annual reports. The staff and evaluation committee of the board will develop new annual report protocols to meet legal requirements.
3. S.C. First Steps should model its annual report on the accountability report used by South Carolina departments and agencies.	**OPERATIONAL RECOMMENDATION: ANNUAL REPORT FORMAT –** First Steps has not previously utilized this reporting format and is exploring the pros and cons of using it as an annual report to the public.
4. The General Assembly should amend state law to establish a statewide definition of school readiness.	**CODIFIED WITHIN H.3428** - Section 59-152-25 (G) At the recommendation of the SC First Steps board, staff, local partnerships and other stakeholders, South Carolina has first-ever legal definition of school readiness, enabling all stakeholders to work together to affect the same outcomes/indicators. This definition is codified in H.3428. *"'School readiness' means the level of child development necessary to ensure early school success as measured in the following domains: physical health and motor skills; emotional and social competence; language and literacy development; and mathematical thinking and cognitive skills. School readiness is supported by the knowledge and practices of families, caregivers, healthcare provide educators, and communities."*

5. The General Assembly should amend state law to authorize the South Carolina Department of Education to adopt a statewide readiness assessment of children entering the formal education system.	**CODIFIED WITHIN H. 3428-** Section 59-152-33 (A) and **S.516 (READ TO SUCCEED)-** Section 59-155-150 (A) **The state's former assessments (Cognitive Skills Assessment Battery, 1977-2002, and South Carolina Readiness Assessment, 2002-2008) each provided certain data pertaining to a child's readiness for first grade or kindergarten. Since 2008, there has been no uniform school entry measure in South Carolina. The First Steps board, the SC Kindergarten Entry Assessment Steering Committee, the Education Oversight Committee, the Early Literacy Working Group, and numerous statewide stakeholders worked from January to June 2014 to support the introduction of a developmentally appropriate assessment for children in publicly-funded 4K and 5K, beginning with an early literacy assessment. This recommendation was codified in June 2014 in both H. 3428 and S.516.** **H.3428 - Section 59-152-33 (A)** "Before July 1, 2015, the South Carolina Education Oversight Committee shall recommend an assessment to evaluate and measure t school readiness of students prior to their entrance into a prekindergarten or kindergarten program per the goals pursuant to Section 152-30 to the State Board of Education. Prior to submitting the recommendation to the State Board, the Education Oversight Committee shall seek input from the South Carolina First Steps to School Readiness Board of Trustees and other early childhood advocates. In making the recommendation, the South Carolina Education Oversight Committee shall consider assessments that are research-based reliable, and appropriate for measuring readiness. The assessment chosen must evaluate each child's early language and literacy development, numeracy skills, physical well-being, social and emotional development, and approaches to learning. The assessment of academic readiness must be aligned with first and second grade standards for English language arts and mathematics. The purpose the assessment is to provide teachers, administrators, and parents or guardians with information to address the readiness needs of e student, especially by identifying language, cognitive, social, emotional, and health needs, and providing appropriate instruction and support for each child. The results of the screenings and the developmental intervention strategies recommended to address the child identified needs must be provided, in writing, to the parent or guardian. Reading instructional strategies and developmental activities for children whose oral language and emergent literacy skills are assessed to be below the national standards must be aligned with the district's reading proficiency plan for addressing the readiness needs of each student. The school readiness assessment adopted by t State Board of Education may not be used to deny a student admission or progress to kindergarten or first grade. Every student enter the public schools for the first time in prekindergarten and kindergarten must be administered a readiness screening by the forty-fifth d of the school year."

S.516 - Section 59-155-150 (A)
"With the enactment of this chapter, the State Superintendent of Education shall ensure that every student entering publicly-Funded   prekindergarten and kindergarten beginning in Fiscal Year 2014-2015 will be administered a readiness assessment by the forty-fifth d   of the school year. Initially the assessment shall focus on early language and literacy development. Beginning in Fiscal Year 2016-20   the assessment must assess each child's early language and literacy development, mathematical thinking, physical well-being, and social-emotional development. The assessment may include multiple assessments, all of which must be approved by the board. The approved assessments of academic readiness must be aligned with first and second grade standards for English/language arts and mathematics. The purpose of the assessment is to provide teachers and parents or guardians with information to address the readiness needs of each student, especially by identifying language, cognitive, social, emotional, health problems, and concerning appropriate instruction for ea child.ch"

| 6. The General Assembly should amend Section 59-152-70 (A)(7)(1) of the Code of Laws to eliminate the requirement that county partnerships annually evaluate programs for effectiveness. | **CODIFIED WITHIN H.3428 -** Section 59-152-70 (A)

First Steps believes each local partnership should be accountable for results. In H.3428, the local partnership responsibility is outlined clearly, including new duties effective July 2016.

A First Steps Partnership Board shall, among its other powers and duties:
(1) adopt bylaws as established by the First Steps to School Readiness Board to effectuate the provisions of this chapter which must include the creation of a periodic meeting schedule;
(2) coordinate a collaborative effort at the county or multicounty level which will bring the community together to identify the area ne related to the goals of First Steps to School Readiness; develop a strategic long-term plan for meeting those needs; develop specific initiatives to implement the elements of the plan; and integrate service delivery where possible;
(3) coordinate and oversee the implementation of the comprehensive strategic plan including, but not limited to, direct service provision, contracting for service provision, and organization and management of volunteer programs;
(4) effective July 1, 2016, each partnership's comprehensive plan shall include the following core functions:
(a) service as a local portal connecting families of preschool children to community-based services they may need or desire to ensure the school readiness of their children;
(b) service as a community convener around the needs of preschool children and their families; and
(c) support of state-level school readiness priorities as determined by the State Board;
(5) update a needs assessment every three years;
(6) implement fiscal policies and procedures as required by the First Steps office and as needed to ensure fiscal accountability of all funds appropriated to the partnership;
(7) keep accurate records of the partnership's board meetings, board member's attendance, programs, and activities for annual submission to the First Steps to School Readiness Board of Trustees;
(8) collect information and submit an annual report by October first to the First Steps to School Readiness Board of Trustees, and otherwise participate in the annual review and the three-year evaluation of operations and programs. Reports must include, but not be limited to:
(a) determination of the current level and data pertaining to the delivery and effectiveness of services for young children and the families, including the numbers of preschool children and their families served;
(b) strategic goals for increased availability, accessibility, quality, and efficiency of activities and services for young children and their families which will enable children to reach school ready to succeed;
(c) monitoring of progress toward strategic goals;
(d) report on implementation activities;
(e) recommendations for changes to the strategic plan which may include new areas of implementation;
(f) evaluation and report of program effectiveness and client satisfaction before, during, and after the implementation of the strategic plan, where available; and
(g) estimation of cost savings attributable to increased efficiency and effectiveness of delivery of services to young children and their families, where available. |
| 7. South Carolina First Steps should independently evaluate each publicly-funded program individually on a regular basis to determine effectiveness and continued funding. | **CODIFIED WITHIN H.3428 -** Section 59-152-50 (4) and (7) and Section 59-125-160

First Steps supports continuous and ongoing evaluation of the initiative and funded strategies. H.3428 establishes a cyclical evaluation schedule for each prevalent program investment.
"(4) evaluate each program funded by the South Carolina First Steps to School Readiness Board of Trustees on a regular cycle to |

	determine its effectiveness and whether it should continue to receive funding; *(7) provide for ongoing data collection. Before June 30, 2015, the board shall develop a response to the November 2014 external evaluation of each prevalent program and the overall goals of the initiative, as provided in Section 59-125-160. The office shall contract with an external evaluator to develop a schedule for an in-depth and independent performance audit designed to measure the success each prevalent program in regard to its success in supporting the goals of the State Board and those set forth in Section 59-152-20 a Section 59-152-30. Results of all external performance audits must be published in the First Steps annual report;"*
8. The General Assembly should amend Section 59-152-50(6) and 59-152-160(B) of the South Carolina Code of Laws to clarify the period of time addressed by the external evaluation.	**CODIFIED WITHIN H.3428 -** Section 59-125-160 (A) First Steps' enabling legislation required a triennial external evaluation. H.3428 amends the evaluation timeframe and ad a new cyclical prevalent program evaluation (no less than every five years per prevalent program). *"(A) The South Carolina First Steps to School Readiness Board of Trustees shall establish internal evaluation policies and procedures local partnerships for an annual review of the functioning of the partnership, implementation of strategies, and progress toward the interim goals and benchmarks. In instances where no progress has been made, the Office of First Steps to School Readiness shall provide targeted assistance and/or the South Carolina First Steps to School Readiness Board of Trustees may terminate the grant. An independent evaluation of each prevalent program investment using valid and reliable measures must be completed and published by the First Steps Board of Trustees no less than every five years. The First Steps board shall adopt a cyclical evaluation calendar including each major program investment no later than June 30, 2015. After publication of a baseline report for each major program investment defined in Section 59-152-25, subsequent reports will be published no later than five calendar years from the date of each prior publication. In addition to the independent evaluation of each prevalent program, an evaluation of the progress on the initiative's goals and purpose must be completed by November 1, 2014, and every five years thereafter by an independent, external evaluator under contract with the South Carolina First Steps to School Readiness Board of Trustees. The purpose of this evaluation will be to gauge F Steps' progress in meeting the goals established in Section 59-152-20 and Section 59-52-30.* *(B) Local partnerships must agree to participate in such an evaluation in order to receive a First Steps grant. Subsequent grant approval and grant allocations must be dependent, in part, on the results of the evaluations. If an evaluation finds no progress has be made in meeting local goals or implementing strategies as agreed to in the First Steps grant, the grant may be terminated.* *(C) The purpose of the evaluation is to assess progress toward achieving the First Steps goals and to determine the impact of each strategy in supporting improved school readiness as defined in Section 52-152-15. The impact assessment shall include, but is not limited to, school readiness measures; benefits from child development services; immunization status; low birth-weight rates; parent literacy; parenting skills; parental involvement; transportation; and developmental screening results. During the course of the evaluation if an evaluator determines that any state agency has failed to comply with the coordination and collaboration provisions as required in this chapter, the final report must reflect that information. Each program evaluation report must be reported to the General Assembly later than three months after conclusion of the evaluation. Local partnerships shall cooperate fully in collecting and providing data and information for the evaluation of their funded strategies."*
9. South Carolina First Steps should comply with state law and ensure performance evaluations are published by the due date.	**OPERATIONAL RECOMMENDATION: DATA DELAY –** As noted by the external evaluation panels in both 2006 and 2010, these prior reports were delayed due to partner agency data issues outside of First Steps' direct control. First Steps' next external evaluation is due November 15, 2014 (budget proviso 1.74).

10. South Carolina First Steps should ensure that it uses valid and reliable methods in determining the effectiveness of its programs.	**CODIFIED WITHIN H.3428 -** 59-125-160 (A) inserts language on valid and reliable measures. *"An independent evaluation of each prevalent program investment using valid and reliable measures must be completed and published by the First Steps Board of Trustees no less than every five years. The First Steps board shall adopt a cyclical evaluation calendar including each major program investment no later than June 30, 2015."*
11. The S.C. First Steps Board of Trustees should define the terms "evidence-based programs" and "promising programs" and promulgate these terms in regulation.	**CODIFIED WITHIN H.3428 -** Section 59-152-25 (A) and (E) clarifies these definitions in law. *"(C) 'Evidence-informed program' means a program that does not satisfy the criteria of an evidenced-based program model but that South Carolina First Steps to School Readiness Board of Trustees determines is supported by research indicating its potential effectiveness.* *(F) 'Prevalent program investment' means a program administered by a partnership and funded with state grant money, which accounts for at least ten percent of total programmatic spending in First Steps."*
12. The S.C. First Steps should develop a list of approved evidence-based and promising programs.	**CODIFIED WITHIN H.3428 -** Section 59-152-32 (A) mandates the Board *"publish and distribute a list of approved evidence-based and evidence-informed programs"* by July 1, 2015. The First Steps Reauthorization Programs Work Team considered this recommendation of the LAC in its Fall 2013 work Recommendations were offered to the board at its annual retreat in October 2013. The Program and Grants Committee the board began its deliberations and national scan for similar state and national program criteria between October and December 2013. These findings will form the basis of the work for the board in support of the legal requirement in H.342
13. S.C. First Steps should limit state funding to a board-approved list of evidence-based and promising programs.	**CLARIFICATION IN H. 3428 -** After careful consideration by the First Steps Reauthorization Program Work Team and state board during fall 2013, First Steps believes existing methodology meets the needs of local communities. (Current board practice permits local partnerships to propose innovative strategies and evaluation plans for detailed review and approval.) However, H.3428- Section 59-152-100 does offer guidance to the board for state funding of programs: *"(B) At least seventy-five percent of state funds appropriated for programs must be used by the local partnership for evidence-based programs. Not more than twenty-five percent of state funds appropriated for programs to a local partnership may be used for evidence-informed programs."*
14. The General Assembly should amend state law to limit the number of state-funded First Steps programs.	**H. 3428 DOES NOT ADDRESS EXPLICITLY.** First Steps will continue to evaluate this recommendation for future legislation. Limitations were placed on program expenditures in H.3428 Section 59-152-100 (see above). No amendment to limit the number of state-funded First Steps programs was addressed in law.
15. S.C. First Steps should allocate staff resources sufficient to provide the technical assistance required by S.C. Code 49-152-50(3).	**COMPLETED.** First Steps restructured the technical assistance function to provide for more assistance to local partnerships, effective January 2014.

16. The S.C. First Steps Board of Trustees should refrain from taking action in the absence of a quorum.	**OPERATIONAL RECOMMENDATION: BOARD QUORUM -** H.3428 Section 63-11-1720 changes the composition of the state board, giving all trustees voting privileges (effectively creating an "early childhood public-private cabinet" structure). First Steps' enabling legislation provided agency heads (or their designees) voice but no vote, creating potential quorum issues when legislative or Constitutional trustees were excused or absent. H.3428 Section 63-11-1720 enables dialogue and full participation, and minimizes potential quorum issues.
17. The S.C. First Steps Board of Trustees should enforce its attendance policy.	**OPERATIONAL RECOMMENDATION: BOARD ATTENDANCE –** Following the passage of H. 3428, the Board is reviewing and updating its bylaws, including the standing attendance policy.
18. The General Assembly should amend SC Code 63-11-1720 (A) to allow the Governor and Superintendent of Education to designate a person to attend and vote at First Steps board meetings.	**CODIFIED WITHIN H.3428 –** Section 63-11-1720 permits designees for Governor and Superintendent. Both designee roles are filled as of October 2014.
19. If the General Assembly does not amend SC Code 63-11-1720 (A) to allow the Governor and Superintendent of Education to have designees to the board, the Governor and Superintendent of Education should attend the meetings.	**CODIFIED WITHIN H.3428 -** See #18 above.
20. The Governor should and members of the General Assembly should appoint trustees when their terms expire, as required by state law.	**RECOMMENDATION TO GOVERNOR AND GENERAL ASSEMBLY** – Both have filled vacancies in the past several months. As of October 2014, only one vacancy exists on the state First Steps board.
21. The General Assembly should amend SC Code 1-5-40 to add First Steps to the list of boards and commissions that the Secretary of State monitors.	**CODIFIED WITHIN H.3428 -** Section 1-5-40 South Carolina First Steps is currently listed on the Secretary of State website.
22. The S.C. First Steps Board of Trustees should develop, implement, and document an	**OPERATIONAL RECOMMENDATION: DIRECTOR EVALUATION** This process is spelled out in agency bylaws and is the current practice of the board.

annual performance evaluation process for the S.C. First Steps director.	
23. The SC First Steps Board of Trustees executive committee should discuss and act only on items requiring attention prior to the next board meeting.	**OPERATIONAL RECOMMENDATION: EXECUTIVE COMMITTEE** This is the current practice of the Executive Committee.
24. The Executive committee of the S.C. First Steps board should comply with Section VI(j)(2) of the bylaws, and distribute minutes if its meetings to the entire board. The S.C. First Steps board should add a report from the executive committee to the committee reports section of each board meeting agenda.	**OPERATIONAL RECOMMENDATION: EXECUTIVE COMMITTEE** This is the current practice of the Executive Committee and full board.
25. The General Assembly should amend S.C. Code 63-11-1720(A)(1-3) to ensure that geographic areas not close to urban centers are represented on the S.C. First Steps Board of Trustees.	**CODIFIED WITHIN H.3428-** Section 63-11-1720 (B) *"(B) In making the appointments specified in subsection (C)(1), (2), and (3) of this chapter, the Governor, President Pro Tempore of t Senate, and the Speaker of the House of Representatives shall seek to ensure diverse geographical representation on the board by appointing individuals from each congressional district as possible."*
26. The General Assembly should re-examine SC Code 63-11-1720 which establishes the number of trustees on the S.C. First Steps board.	**CODIFIED WITHIN H.3428 -** Section 63-11-1720 (C) 6 H. 3428 reduces the number of state board trustees, includes 5 agency heads as ex-officio members with voting status.
27. The South Carolina Department of Education should work with the South Carolina Office of the Comptroller General and South Carolina First Steps to accurately and consistently report the	**COMPLETED.** This has been an historic challenge for First Steps. Due to the existing budget structure, certain First Steps funds were difficult to isolate within the larger SC Department of Education budget. Following the LAC June 2013 recommendation, however, First Steps was pleased to work with the SC Department of Education and Comptroller Gen to segregate First Steps funds from the SC Department of Education funds.

expenditures and revenues of South Carolina First Steps.	
28. South Carolina First Steps should comply with South Carolina Regulation 19-712.02.B and ensure that all leave taken by all South Carolina First Steps employees is recorded accurately within the state employee database.	**COMPLETED.** This has always been the practice of SC First Steps. All leave is up-to-date within SCEIS.
29. S.C. First Steps should contract with an independent cost accountant to determine an adequate and not excessive overhead cost rate for county partnerships. The issues addressed in this independent review should include but not be limited to: A definition of overhead costs; Overhead costs incurred by county partnerships versus those incurred by outsourced service providers; Overhead costs versus indirect programming costs; A methodology for calculating overhead cost rates, including the funding sources on which the rates are based.	**CODIFIED WITHIN H.3428:** Section 59-152-70 (B) *"(B) Each local partnership may, in the performance of its duties, employ or acquire staff pursuant to the local partnership bylaws established by the South Carolina First Steps School to Readiness Board of Trustees. Overhead costs of a First Step partnership's operations may not exceed eight percent of the total state funds appropriated for partnership grants. The South Carolina First Steps t School Readiness Board of Trustees shall contract with an independent cost accountant to provide recommendations as to an adequ and not excessive, overhead cost rate for individual partnerships no later than July 1, 2017. Once these recommendations are receiv the First Steps to School Readiness Board of Trustees may adjust the overhead percentage for the local partnership."*
30. The South Carolina General Assembly should amend Section 59-152-70(B) of the S.C. Code of Laws to establish an adequate but not excessive cost rate limit for county partnerships based on a review by an independent cost accountant.	**CODIFIED WITHIN H.3428 -** Section 59-152-70 (B) *"(B) Each local partnership may, in the performance of its duties, employ or acquire staff pursuant to the local partnership bylaws established by the South Carolina First Steps School to Readiness Board of Trustees. Overhead costs of a First Step partnership's operations may not exceed eight percent of the total state funds appropriated for partnership grants. The South Carolina First Steps t School Readiness Board of Trustees shall contract with an independent cost accountant to provide recommendations as to an adequ and not excessive, overhead cost rate for individual partnerships no later than July 1, 2017. Once these recommendations are receive the First Steps to School Readiness Board of Trustees may adjust the overhead percentage for the local partnership."*

31. When implementing Section 59- 152-70(B) of the S.C. Code of Laws regarding county partnership overhead costs, S.C. First Steps should promulgate regulations with a clear methodology for calculating county partnership overhead cost rates.	**SEE #30 ABOVE -** Section 59-152-70 (B) provides the necessary groundwork for such action.
32. South Carolina First Steps should promulgate its funding formula in state regulation.	**CODIFIED WITHIN H.3428 -** Section 59-152-90 (C) sets forth updated demographics for the First Steps formula. *" (2) The South Carolina First Steps to School Readiness Board of Trustees shall establish a formula, which includes the identification of the most relevant and effective factors, by which the allocations for qualifying Partnership grants are calculated. Th board shall identify the factors, develop the funding formula, and promulgate both in regulation pursuant to the Administrative Procedures Act. The factors utilized in the funding formula, and the weight given to each factor by the formula, must reflect that the intent of the General Assembly is to ensure that the money allocated to each local partnership is in proportion to the following:* *(a) **population of eligible children;*** *(b) population of at-risk children; and* *(c) population with below average income."* Both the board and the First Steps Reauthorization Funding Work Team examined the existing factors and set forth a draft work plan for consideration (Fall 2013). The state board will re-examine these findings as First Steps plans for the promulgation process called for in H.3428.
33. The funding formula and any subsequent changes should be included in the South Carolina First Steps Board of Trustees' bylaws to provide a clear guide to current and future trustees on how to allocate funds.	**OPERATIONAL RECOMMENDATION: FUNDING FORMULA ADDITION TO BYLAWS** SC First Steps to School Readiness bylaws are currently under review by First Steps legal counsel following the passage of H.3428. Revisions to the bylaws will include the methodology of the current First Steps funding formula (found current in the finance operations manual) until further updates are promulgated. Upon adoption by the Board, this information will also be recorded in board meeting minutes.
34. South Carolina First Steps Board of Trustees should accurately record the funding formula and any subsequent changes within the full state board minutes for the relevant meeting.	**OPERATIONAL RECOMMENDATION: FUNDING FORMULA CHANGES IN MINUTES** The First Steps funding formula, passed by the state board in 2000 (developed per enabling legislation, with consultation by senior officials at the SC Department of Health and Environmental Control), has been changed only twice by the board since 2000 (in 2005 and in 2009, both times to reflect changes in the state's standardized tests, which were reflected in KidsCount data). In both cases, the minutes of the board meetings reflect these discussions and changes.

	A recent analysis of the current funding formula -and related factors- was conducted by the First Steps Reauthorization Funding Work Team and state board (September-October 2013).
	The formula review was facilitated by former Budget and Control Board and DHEC officials, with recommendations offer to the full board in October 2013. The state board will re-examine these findings as First Steps plans for the promulgation process called for in H.3428.
35. South Carolina First Steps should include a funding formula page on its website which outlines full formula details (including factors, weights, and sources of data) posts announcements regarding upcoming changes to the formula, and provides direction for public input.	**OPERATIONAL RECOMMENDATION: FUNDING FORMULA DETAILS ON WEBSITE** First Steps launched an updated website in February 2014. The website is still being phased in as resources are available (through the remainder of the 2014 calendar year). When complete, formula information will be readily available and prominently displayed for the public. Currently, all staff and volunteers are offered a one-on-one training and analysis of their partnership funding allocation by the Office of First Steps. This has been the practice since the introduction of the formula in 2000.
36. In the annual state appropriation for South Carolina First Steps, the South Carolina General Assembly should specify the allocation to county partnerships.	**COMPLETED BY GENERAL ASSEMBLY.** With assistance from Executive, House and Senate staff, and analysts at the Office of the SC State Budget, SC First Steps to School Readiness FY14 appropriation include a specific line for First Steps local partnerships (and other specific programs at First Steps). This increases transparency and accountability to the public; we are seeking this clarity in the FY16 budget structure.
37. South Carolina First Steps Board of Trustees should not make allocations outside the funding formula.	**OPERATIONAL RECOMMENDATION –** Minimum allocations made outside of the funding formula relate to rural county partnership needs/minimum partnership funding since May 2003 (note the "resource availability" issue contemplated in # below). A recent analysis of the current funding formula -and related factors- was conducted by the First Steps Reauthorization Funding Work Team and state board as a result of the LAC recommendations (September-October 2013). The formula review was facilitated by former Budget and Control Board and DHEC officials, with recommendations offered to the full board in October 2013. The state board will re-examine these findings as First Steps plans for the promulgation process called for in H.3428.

38. The South Carolina First Steps Board of Trustees should add a resource availability factor to the funding formula to account for the resource disparity between counties.	**OPERATIONAL RECOMMENDATION –** H.3428 codified the Board's responsibility to promulgate the partnership funding formula. As part of this process, the Board will weigh the pros and cons of a resource availability factor – recognizing that any modification of existing methodology will result in "winners and losers" from a funding perspective. A recent analysis of the current funding formula -and related factors, including the "resource availability " question- was conducted by the First Steps Reauthorization Funding Work Team and state board as a result of the LAC recommendations (September-October 2013). The formula review was facilitated by former Budget and Control Board and DHEC officials, with recommendations offered to the full board in October 2013. The state board will re-examine these findings as First Steps plans for the promulgation process called for in H.3428.
39. The South Carolina General Assembly should amend South Carolina Code 59-152-90(E) to delete the requirement that South Carolina First Steps should take into consideration the subjective factors as they relate to the funding process.	**CODIFIED WITHIN H.3428 –** Section 63-11-1730 clarifies grant qualification requirements. Pursuant to 63-11-1730, the South Carolina First Steps to School Readiness Board of Trustees shall establish the grant qualification requirements. The board shall develop and promulgate grant qualification requirements in regulation pursuant to the Administrative Procedures Act. These requirements must include, but not be limited to, the following: **(a) adoption and adherence to bylaws promulgated by the South Carolina First Steps to School Readiness Board of Trustees, which includes, but is not limited to, compliance with the board composition, attendance, voting, and disclosure requirements;** (b) utilization of the South Carolina First Steps to School Readiness benchmarks and objectives; (c) implementation of programs and activities, which are effective and contributing to state goals, and otherwise acceptable pursuant to the requirements of Chapter 152, Title 59; and (d) fulfillment of all the duties in Section 59-152-70. (2) The South Carolina First Steps to School Readiness Board of Trustees shall establish a formula, which includes the identification of the most relevant and effective factors, by which the allocations for qualifying Partnership grants are calculated. The board shall identify the factors, develop the funding formula, and promulgate both in regulation pursuant the Administrative Procedures Act. The factors utilized in the funding formula, and the weight given to each factor by the formula, must reflect that the intent of the General Assembly is to ensure that the money allocated to each local partners is in proportion to the following: (a) population of eligible children; (b) population of at-risk children; and (c) population with below average income. (3) First Steps shall include the grant qualification requirements and funding formula on its website. The website information shall include formula details, announcements regarding proposed changes to the formula, and directions for public input. (E) In conjunction with the independent external program evaluation established pursuant to Section 59-152-160, the board of trustees shall conduct a formal review of the grant qualification requirements and funding process adopted pursuant to subsections (C) and (D) and, upon completion of the review, shall submit to the General Assembly a statement either verifying the continued applicability and appropriateness of the grant qualification requirements and funding process in use at that time or recommending any appropriate and necessary changes.

40. South Carolina should implement internal controls to ensure partnership awards are accurate	**COMPLETED.** This operational recommendation has been addressed, with two staff now charged with independently preparing formula allocations as an additional crosscheck.
41. The South Carolina General Assembly should amend state law to define the age limit for children and their families eligible to receive S.C. First Steps funding according to months, rather than years.	**CODIFIED WITHIN H.3428 –** Section 59-152-25 clarifies ages served under First Steps law. *"(E) 'Preschool child' means a child from the prenatal stage to entry into five-year-old kindergarten."*
42. The General Assembly should amend all references to "county partnerships" to "local partnerships" in the S.C. Code of Laws.	**CODIFIED WITHIN H.3428 –** Section 59-152-25 defines partnership. References to "county partnerships" are changed from the enabling legislation to "local partnership" throughout H.3428. *(D) 'Partnership' refers to a local First Steps organization designated as such by the South Carolina First Steps to School Readiness Board of Trustees, organized under Section 501(c)(3) of the Internal Revenue Code as a nonprofit corporation and formed to further, within the coverage area, the purpose and goals of the First Steps initiative as stated in Sections 152-20 and 59-152-30.*

APPENDIX C: LOCAL PROFILE FRONT PAGES

Demographics and Summary Measures

Total Population:[1] **25,387**

Population under 5 years: **1,524**

Population in poverty:[2] 15.4%

Population under 5 years in poverty: 26.5%

Births to Mothers without High School diploma:[3] 17.4%

Births to Teen Mothers: 3.2%

Teen Birth Rate: 44
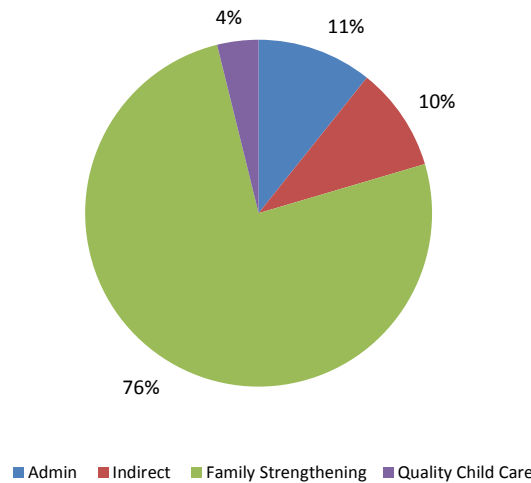
Low Birth Weight: 10.7%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	**1.06%**	**3**	**9**
Eligible for services - 13-24 months	**2.56%**	**7**	**7**
Eligible for services - 25-36 months	**4.68%**	**12**	**20**

Total Allocation 2013-14[4]: **$211,239.00**

State Allocation (including carry forward)	$140,743.00
Private Match	$13,982.00
In Kind Donations	$56,514.00
Federal Grants	--
E.I.A.	--
COE Appropriation	--

Bar chart:
- 2010-11: $162,534.14
- 2011-12: $171,667.70
- 2012-13: $179,475.93
- 2013-14: $211,239.00
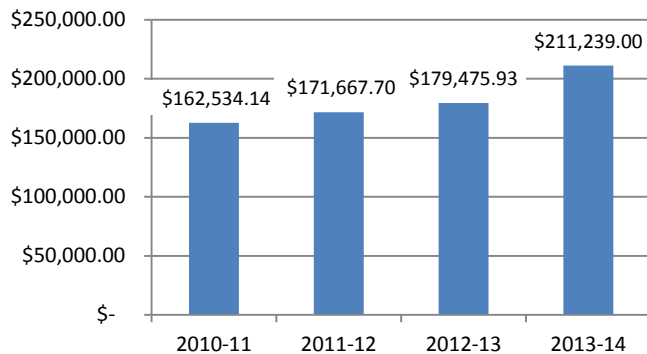
Total Major Expenditures 2013-14: **$146,688.28**

Pie chart:
- Admin 11%
- Indirect 10%
- Family Strengthening 76%
- Quality Child Care 4%

Admin	$15,733.90
Indirect	$14,236.21
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$111,069.37
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$5,648.80
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	--
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: **14**

ABC Child Care Facilities 2013-14[5]: **1 (7.1% of All Facilities)**

Centers: **6**

Family Homes: **7**

Group Homes: **--**

Head Start: **1**

Rating	#	%
A+	0	--
A	0	--
B+	0	--
B	1	100%
C	0	--

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[1] Source: U.S. Census, 2012 population estimate, www.census.gov
[2] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[3] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[4] South Carolina First Steps
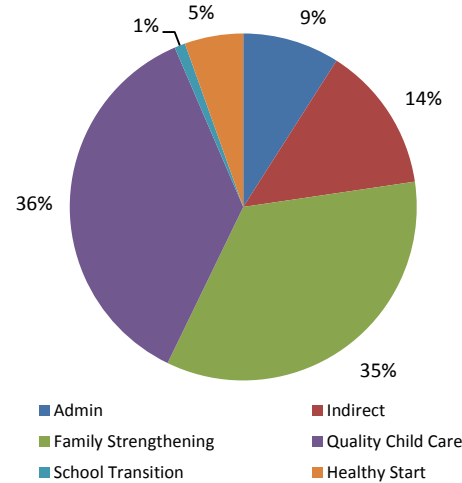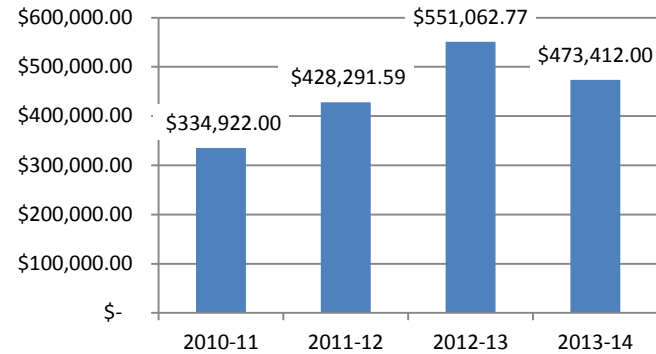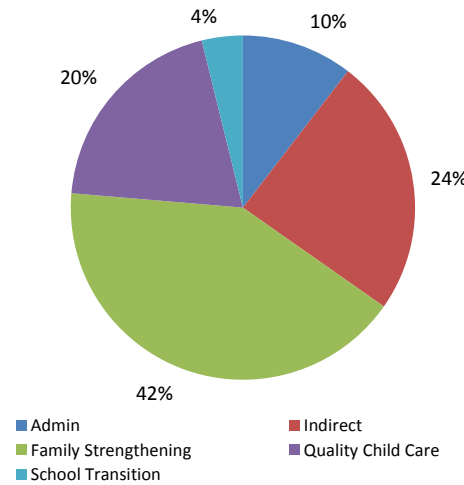[5] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

Total Population:[6]   160,169

Population under 5 years: 9,826

Population in poverty:[7]   14.7%

Population under 5 years in poverty: 37.3%

Births to Mothers without High School diploma:[8]   21.5%

Births to Teen Mothers: 3.2%

Teen Birth Rate: 60

Low Birth Weight: 9.1%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	**1.06%**	**20**	**30**
Eligible for services - 13-24 months	**2.56%**	**48**	**62**
Eligible for services - 25-36 months	**4.68%**	**94**	**85**

Total Allocation 2013-14[9]**:**   **$473,412.00**

State Allocation (including carry forward)	$403,298.00
Private Match	$5,134.00
In Kind Donations	$62,321.00
Federal Grants	--
E.I.A.	$2,659.00
COE Appropriation	--

Bar chart:
- 2010-11: $334,922.00
- 2011-12: $428,291.59
- 2012-13: $551,062.77
- 2013-14: $473,412.00

Total Major Expenditures 2013-14:   **$321,238.95**

Pie chart:
- Admin 9%
- Indirect 14%
- Family Strengthening 35%
- Quality Child Care 36%
- School Transition 1%
- Healthy Start 5%

Admin	$29,017.00
Indirect	$43,804.91
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$110,869.73
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$116,784.38
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	$3,214.29
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	$17,548.64
Other Programs (Community Education)	--

Total Child Care Facilities: 67

ABC Child Care Facilities 2013-14[10]**:**   26 (38.8% of All Facilities)

Centers: 35

Family Homes: 26

Group Homes: 3

Head Start: 3

Rating	#	%
A+	1	3.9%
A	0	--
B+	10	38.5%
B	4	15.4%
C	9	34.6%

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[6] Source: U.S. Census, 2012 population estimate, www.census.gov
[7] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[8] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[9] South Carolina First Steps
[10] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

Total Population:[11]   **10,399**

Population under 5 years: **597**

Population in poverty:[12]   28.8%

Population under 5 years in poverty: 56.4%

Births to Mothers without High School diploma:[13]   23.2%

Births to Teen Mothers: 4.2%

Teen Birth Rate: 39.5
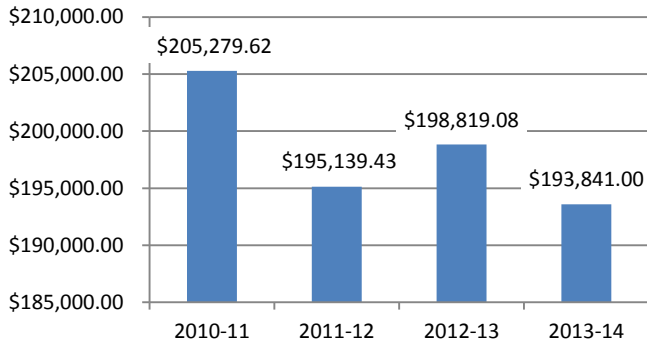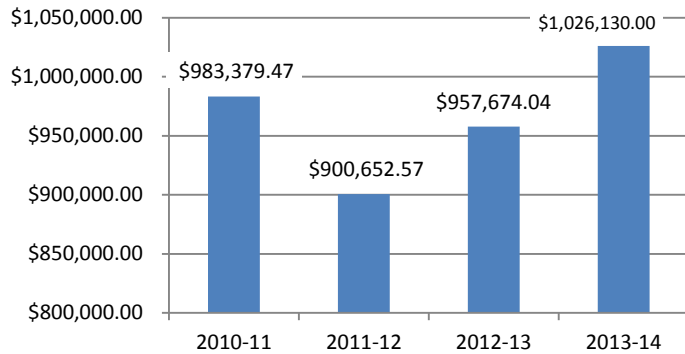
Low Birth Weight: 9.5%

Early Intervention 2013-2014:

	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	1	--
Eligible for services - 13-24 months	2.56%	3	1
Eligible for services - 25-36 months	4.68%	6	9

Total Allocation 2013-14[14]:   **$193,841.00**

State Allocation (including carry forward)	$151,021.00
Private Match	$6,934.00
In Kind Donations	$33,160.00
Federal Grants	--
E.I.A.	$2,726.00
COE Appropriation	--

Total Major Expenditures 2013-14:   **$142,249.30**

Pie chart legend: Admin, Indirect, Family Strengthening, Quality Child Care, School Transition
Values shown: 10%, 24%, 42%, 20%, 4%

Bar chart: 2010-11 $205,279.62; 2011-12 $195,139.43; 2012-13 $198,819.08; 2013-14 $193,841.00

Admin	$14,852.41
Indirect	$34,562.22
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$59,169.43
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$28,185.05
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	$5,479.19
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: **6**

ABC Child Care Facilities 2013-14[15]:   **2 (33.3% of All Facilities)**

Centers: **4**

Family Homes: **1**

Group Homes: **--**

Head Start: **1**

Rating	#	%
A+	0	--
A	1	50%
B+	0	--
B	1	50%
C	0	--

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[11] Source: U.S. Census, 2012 population estimate, www.census.gov
[12] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[13] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[14] South Carolina First Steps
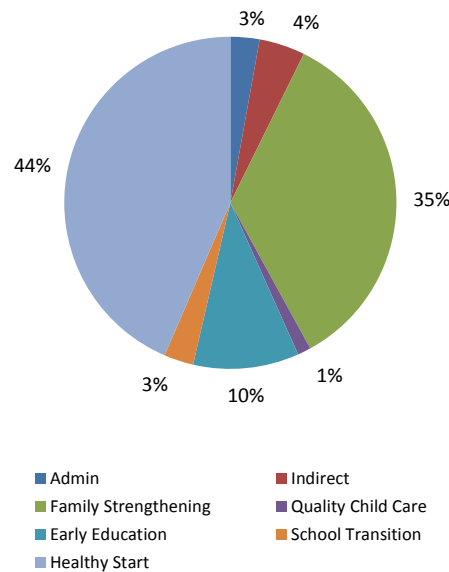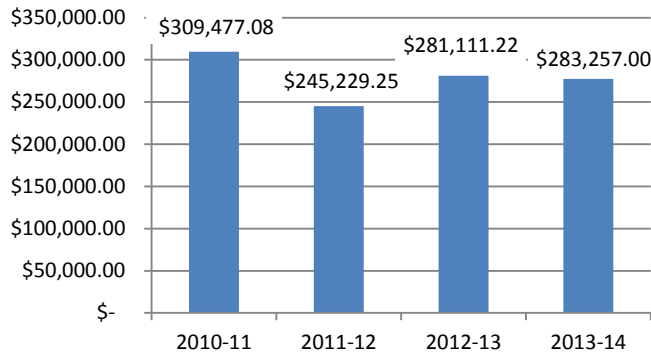[15] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

		Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Total Population:[16]	187,228				
Population under 5 years:	**11,826**	Eligible for services - 0-12 months	1.06%	22	39
Population in poverty:[17]	13.0%	Eligible for services - 13-24 months	2.56%	57	58
Population under 5 years in poverty:	26.7%	Eligible for services - 25-36 months	4.68%	105	79

Births to Mothers with no High School diploma:[18] 2.0%

Births to Teen Mothers: 3.1%

Teen Birth Rate: 15.7

Low Birth Weight: 9.0%

Total Allocation 2013-14[19]: **$ 1,026,130.00**

State Allocation (including carry forward)	$	438,873.00
Private Match	$	464,507.00
In Kind Donations	$	116,522.00
Federal Grants	$	--
E.I.A.	$	6,228.00
COE Appropriation	$	--

Total Major Expenditures 2013-14 : $931,927.74

Pie chart legend:
- Admin (3%)
- Indirect (4%)
- Family Strengthening (35%)
- Quality Child Care (1%)
- Early Education (10%)
- School Transition (3%)
- Healthy Start (44%)

Bar chart:
- 2010-11: $983,379.47
- 2011-12: $900,652.57
- 2012-13: $957,674.04
- 2013-14: $1,026,130.00

Admin	$26,356.37
Indirect	$41,670.85
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$323,464.60
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$12,089.11
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	$95,952.00
School Transition Programs (Countdown to Kindergarten, Summer Programs)	$26,845.52
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	$404,549.29
Other Programs (Community Education)	$ --

Total Child Care Facilities: 121

ABC Child Care Facilities 2013-14[20]: **45 (37.2% of All Facilities)**

Centers: **50**

Family Homes: **60**

Group Homes: **6**

Head Start: **5**

Rating	#	%
A+	2	4.4%
A	0	--
B+	1	2.2%
B	7	15.6%
C+	0	--
C	11	24.4%

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[16] Source: U.S. Census, 2012 population estimate, www.census.gov
[17] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[18] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
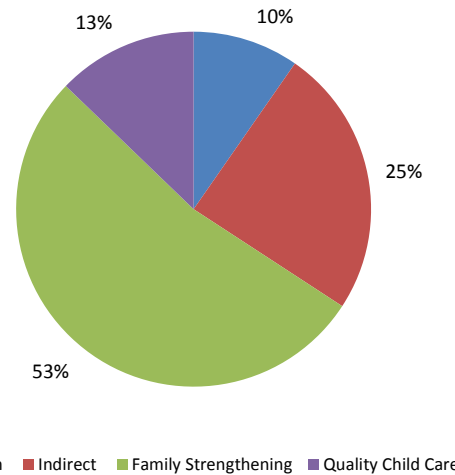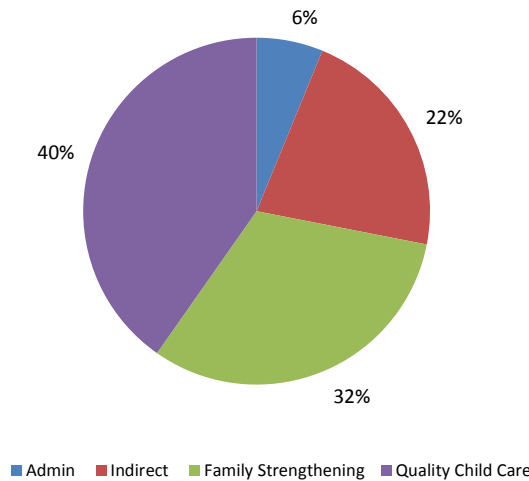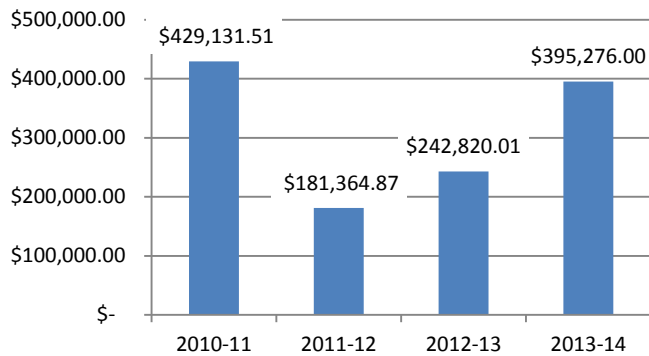[19] South Carolina First Steps
[20] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

Total Population:[21]   **15,941**

Population under 5 years: **918**

Population in poverty:[22]   23.2%

Population under 5 years in poverty: 17.1%

Births to Mothers without High School diploma:[23]   15.1%

Births to Teen Mothers: 2.6%

Teen Birth Rate: 58.6

Low Birth Weight: 9.2%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	**1.06%**	**2**	--
Eligible for services - 13-24 months	**2.56%**	**4**	**1**
Eligible for services - 25-36 months	**4.68%**	**8**	**7**

Total Allocation 2013-14[24]:   **$283,257.00**

State Allocation (including carry forward)	$140,196.00
Private Match	$11,781.00
In Kind Donations	$131,280.00
Federal Grants	--
E.I.A.	--
COE Appropriation	--

Total Major Expenditures 2013-14:   **$293,682.15**

Pie chart: Admin 10%, Indirect 25%, Family Strengthening 53%, Quality Child Care 13%

Legend: ■ Admin ■ Indirect ■ Family Strengthening ■ Quality Child Care

Bar chart values: 2010-11: $309,477.08; 2011-12: $245,229.25; 2012-13: $281,111.22; 2013-14: $283,257.00

Admin	$28,411.90
Indirect	$72,028.06
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$155,668.77
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$37,573.42
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	--
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: **15**

ABC Child Care Facilities 2013-14[25]:   **4 (26.7% of All Facilities)**

Centers: **8**

Family Homes: **3**

Group Homes: **1**

Head Start: **3**

Rating	#	%
A+	0	--
A	0	--
B+	1	25%
B	1	25%
C	2	50%

Demographics and Summary Measures

Total Population:[26] **22,523**

Population under 5 years: **1,460**

Population in poverty:[27] 23.2%

Population under 5 years in poverty: 51.7%

Births to Mothers without High School diploma:[28] 24.7%

Births to Teen Mothers: 5.0%

Teen Birth Rate: 31.4

Low Birth Weight: 9.4%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	**1.06%**	**3**	**7**
Eligible for services - 13-24 months	**2.56%**	**8**	**10**
Eligible for services - 25-36 months	**4.68%**	**13**	**18**

Total Allocation 2013-14[29]: **$395,276.00**

State Allocation (including carry forward)	$139,201.00
Private Match	$161,724.00
In Kind Donations	$94,351.00
Federal Grants	--
E.I.A.	--
COE Appropriation	--

Bar chart:
- 2010-11: $429,131.51
- 2011-12: $181,364.87
- 2012-13: $242,820.01
- 2013-14: $395,276.00

Total Major Expenditures 2013-14: **$274,643.38**

Pie chart:
- Admin 6%
- Indirect 22%
- Family Strengthening 32%
- Quality Child Care 40%

Admin	$17.012.86
Indirect	$60,100.52
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$86,949.82
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$110,580.18
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	--
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: **18**

ABC Child Care Facilities 2013-14[30]: **6 (33.3% of All Facilities)**

Centers: **8**

Family Homes: **6**

Group Homes: **1**

Rating	#	%
A+	0	--
A	0	--
B+	1	16.7%
B	3	50%
C	2	33.3%

[26] Source: U.S. Census, 2012 population estimate, www.census.gov
[27] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[28] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
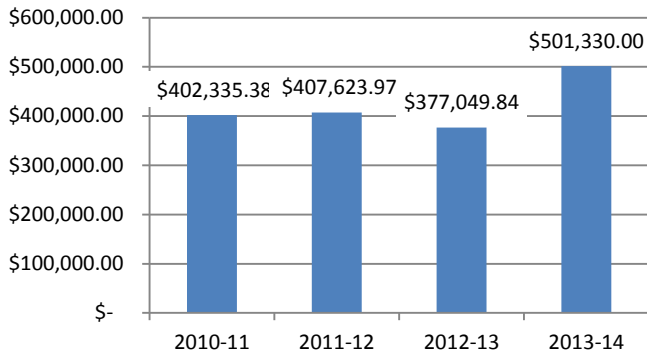[29] South Carolina First Steps
[30] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

Total Population:[31]   162,316

Population under 5 years: 10,687

Population in poverty:[32]   8.%

Population under 5 years in poverty: 17.1%

Births to Mothers without High School diploma:[33]   17.1%

Births to Teen Mothers: 1.8%

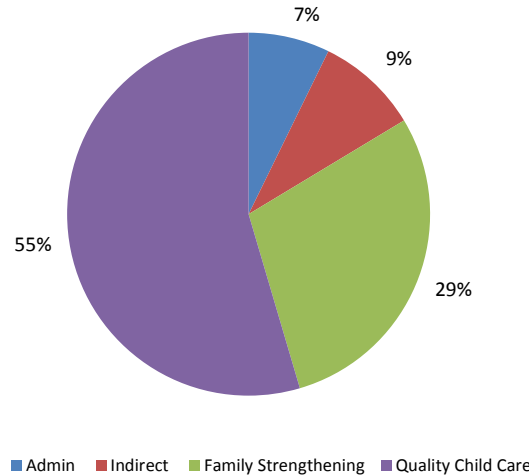**Teen Birth Rate:**   34.2

Low Birth Weight: 8.9%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	**1.06%**	**20**	**23**
Eligible for services - 13-24 months	**2.56%**	**52**	**33**
Eligible for services - 25-36 months	**4.68%**	**101**	**59**

Total Allocation 2013-14[34]:   **$501,330.00**

State Allocation (including carry forward)	$372,859.00
Private Match	$86,271.00
In Kind Donations	$42,200.00
Federal Grants	--
E.I.A.	--
COE Appropriation	--

Total Major Expenditures 2013-14:   **$443,177.98**

Pie chart: Admin 7%, Indirect 9%, Family Strengthening 29%, Quality Child Care 55%

Bar chart:
2010-11 $402,335.38
2011-12 $407,623.97
2012-13 $377,049.84
2013-14 $501,330.00

Admin	$32,122.69
Indirect	$40,392.91
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$128,867.66
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$241,794.72
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	--
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: 93

ABC Child Care Facilities 2013-14[35]:   **19 (20.4%of All Facilities)**

Centers: 44

Family Homes: 38

Group Homes: 4

Head Start: 7

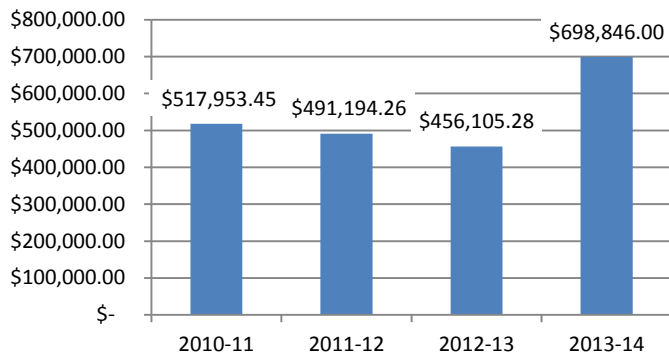| Rating	#	%
A+	3	15.8%
A	0	--
B+	0	--
B	8	42.1%
C	8	42.1%

Demographics and Summary Measures

Total Population:[36]   179,773

Population under 5 years: 13,142

Population in poverty:[37]   11.3%

Population under 5 years in poverty: 15.8%

Births to Mothers without High School diploma:[38]   13.6%

Births to Teen Mothers: 1.7%

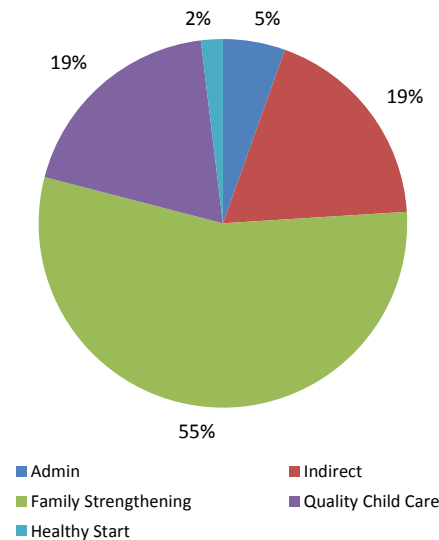**Teen Birth Rate:**   32.6

Low Birth Weight: 8.0%

Early Intervention 2013-2014:

	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	26	20
Eligible for services - 13-24 months	2.56%	65	58
Eligible for services - 25-36 months	4.68%	118	94

Total Allocation 2013-14[39]: $698,846.00

State Allocation (including carry forward)	$582,272.00
Private Match	$15,100.00
In Kind Donations	$101,474.00
Federal Grants	--
E.I.A.	--
COE Appropriation	--

Total Major Expenditures 2013-14: $618,593.77

Bar chart:
- 2010-11: $517,953.45
- 2011-12: $491,194.26
- 2012-13: $456,105.28
- 2013-14: $698,846.00

Pie chart:
- Admin 5%
- Indirect 19%
- Family Strengthening 55%
- Quality Child Care 19%
- Healthy Start 2%

Admin	$33,787.72
Indirect	$114,730.69
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$340,403.61
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$117,809.75
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	--
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	$11,863.00
Other Programs (Community Education)	--

Total Child Care Facilities: 120

ABC Child Care Facilities 2013-14[40]:   20 (16.7% of All Facilities)

Centers: **58**

Family Homes: **53**

Group Homes: **2**

Head Start: **7**

Rating	#	%
A+	1	5%
A	0	--
B+	4	20%
B	5	25%
C	9	45%

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[36] Source: U.S. Census, 2012 population estimate, www.census.gov
[37] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[38] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
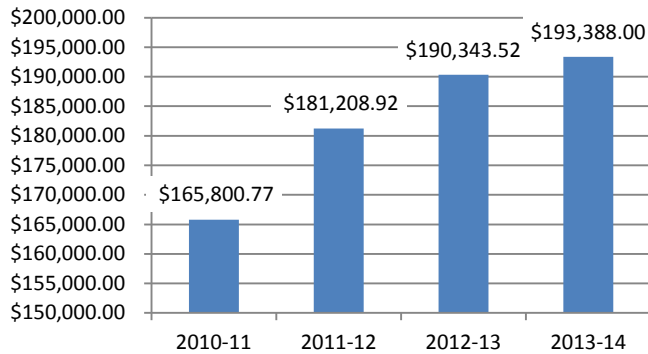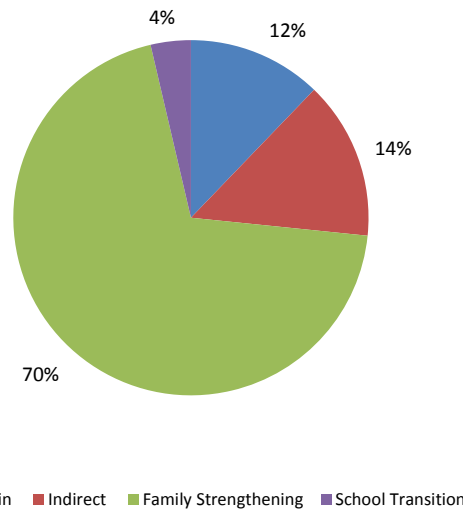[39] South Carolina First Steps
[40] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

Total Population:[41]   **15,134**

Population under 5 years: **890**

Population in poverty:[42]   14.%

Population under 5 years in poverty: 26.5%

Births to Mothers without High School diploma:[43]   18.4%

Births to Teen Mothers: 3.4%

Teen Birth Rate: 24.5

Low Birth Weight: 8.2%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	1	3
Eligible for services - 13-24 months	2.56%	4	3
Eligible for services - 25-36 months	4.68%	7	9

Total Allocation 2013-14[44]**:**   **$193,388.00**

State Allocation (including carry forward)	$138,000.00
Private Match	$28,729.00
In Kind Donations	$23,640.00
Federal Grants	--
E.I.A.	$3,019.00
COE Appropriation	--

Total Major Expenditures 2013-14:   **$185,222.60**

Pie chart: Admin 12%, Indirect 14%, Family Strengthening 70%, School Transition 4%

■Admin ■Indirect ■Family Strengthening ■School Transition

Bar chart:
- 2010-11: $165,800.77
- 2011-12: $181,208.92
- 2012-13: $190,343.52
- 2013-14: $193,388.00

Admin	$22,592.76
Indirect	$26,706.60
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$129,152.83
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	--
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	$6,770.41
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: **9**

ABC Child Care Facilities 2013-14[45]**:**   **0**

Centers: **4**

Family Homes: **4**

Group Homes: **--**

Head Start: **1**

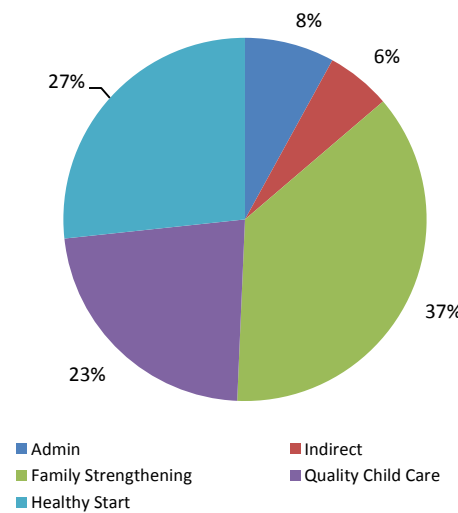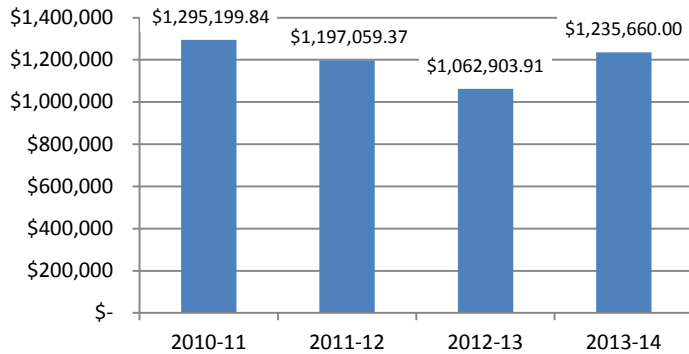| Rating	#	%
A+	0	--
A	0	--
B+	0	--
B	0	--
C+	0	--
C	0	--

Demographics and Summary Measures

Total Population:[46] 352,548

Population under 5 years: 22,909

Population in poverty:[47] 13.4%

Population under 5 years in poverty: 23.9%

Births to Mothers without High School diploma:[48] 14.5%

Births to Teen Mothers: 1.4%

Teen Birth Rate: 59.7

Low Birth Weight: 8.6%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	47	59
Eligible for services - 13-24 months	2.56%	122	101
Eligible for services - 25-36 months	4.68%	227	134

Total Allocation 2013-14[49]**:** $1,235,660.00

State Allocation (including carry forward)	$774,926.00
Private Match	$321,535.00
In Kind Donations	$22,999.00
Federal Grants	$116,200.00
E.I.A.	--
COE Appropriation	--

Bar chart:
- 2010-11: $1,295,199.84
- 2011-12: $1,197,059.37
- 2012-13: $1,062,903.91
- 2013-14: $1,235,660.00

Total Major Expenditures 2013-14: $1,157,191.39

Pie chart:
- Admin 8%
- Indirect 6%
- Family Strengthening 37%
- Quality Child Care 23%
- Healthy Start 27%

Admin	$92,483.00
Indirect	$66,622.45
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$427,424.30
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$261,907.46
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	--
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	$308,754.18
Other Programs (Community Education)	--

Total Child Care Facilities: 234

ABC Child Care Facilities 2013-14[50]: 90 (38.5% of All Facilities)

Centers: 125

Family Homes: 85

Group Homes: 6

Head Start: 18

Rating	#	%
A+	0	--
A	0	--
B+	7	7.8%
B	23	25.6%
C	26	28.9%

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[46] Source: U.S. Census, 2012 population estimate, www.census.gov
[47] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[48] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[49] South Carolina First Steps
[50] http://www.abcqualitycare.org/providers
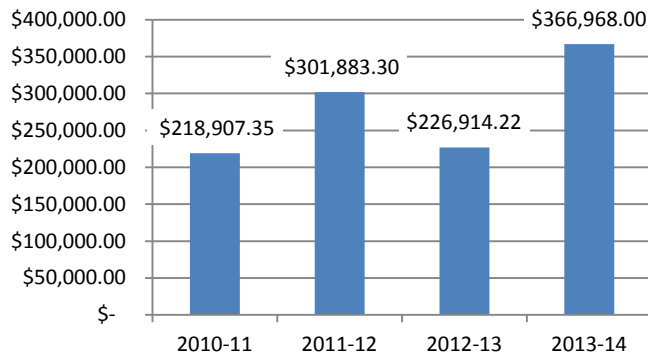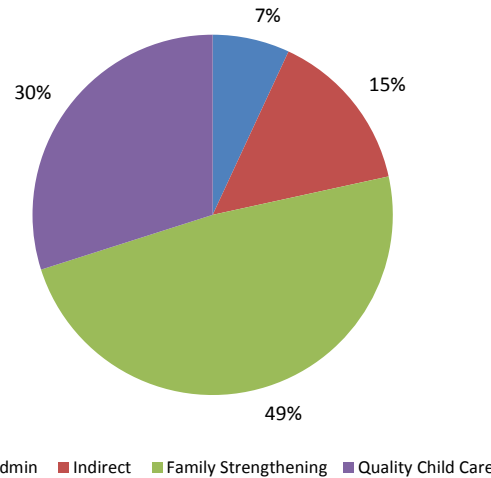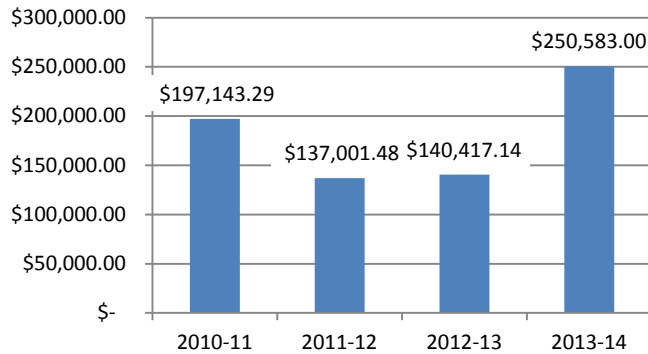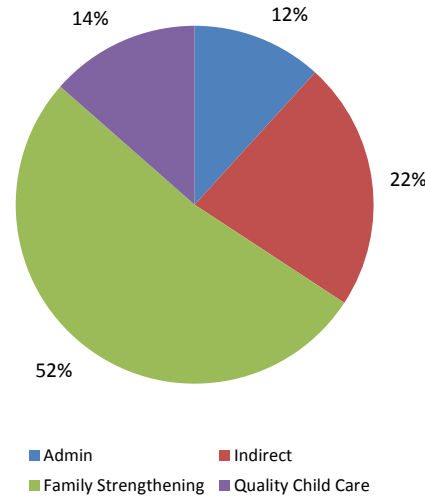
Demographics and Summary Measures

Total Population:[51]   **55,351**

Population under 5 years: **3,664**

Population in poverty:[52]   18.%

Population under 5 years in poverty: 40.5%

Births to Mothers without High School diploma:[53]   27.5%

Births to Teen Mothers: 5.0%

Teen Birth Rate: 64.6

Low Birth Weight: 11.8%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	7	7
Eligible for services - 13-24 months	2.56%	18	18
Eligible for services - 25-36 months	4.68%	33	24

Total Allocation 2013-14[54]:   **$366,968.00**

State Allocation (including carry forward)	$211,918.00
Private Match	$26,550.00
In Kind Donations	$128,500.00
Federal Grants	--
E.I.A.	--
COE Appropriation	--

Bar chart: 2010-11 $218,907.35; 2011-12 $301,883.30; 2012-13 $226,914.22; 2013-14 $366,968.00

Total Major Expenditures 2013-14: $383,149.13

Pie chart: Admin 7%, Indirect 15%, Family Strengthening 49%, Quality Child Care 30%

Admin	$26,514.22
Indirect	$56,163.29
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$185,835.92
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$114,635.70
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	--
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: 29

ABC Child Care Facilities 2013-14[55]:   **8 (27.6% of All Facilities)**

Centers: **16**

Family Homes: **8**

Group Homes: **3**

Head Start: **2**

Rating	#	%
A+	0	--
A	0	--
B+	0	--
B	4	50%
C	3	37.5%

Demographics and Summary Measures

Total Population:[56] **33,028**

Population under 5 years: **2,126**

Population in poverty:[57] 20.6%

Population under 5 years in poverty: 32.7%

Births to Mothers without High School diploma:[58] 23.8%

Births to Teen Mothers: 3.6%

Teen Birth Rate: 50

Low Birth Weight: 11.1%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	4	5
Eligible for services - 13-24 months	2.56%	10	10
Eligible for services - 25-36 months	4.68%	18	9

Total Allocation 2013-14[59]**:** **$250,583.00**

State Allocation (including carry forward)	$155,906.00
Private Match	$7,463.00
In Kind Donations	$87,214.00
Federal Grants	--
E.I.A.	--
COE Appropriation	--

Total Major Expenditures 2013-14: **$229,531.54**

Bar chart:
- 2010-11: $197,143.29
- 2011-12: $137,001.48
- 2012-13: $140,417.14
- 2013-14: $250,583.00

Pie chart:
- Admin 12%
- Indirect 22%
- Family Strengthening 52%
- Quality Child Care 14%

Admin	$26,976.36
Indirect	$51,597.75
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$119,925.69
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$31,031.74
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	--
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: **24**

ABC Child Care Facilities 2013-14[60]: **7 (29.2% of All Facilities)**

Centers: **11**

Family Homes: **9**

Group Homes: **2**

Head Start: **2**

Rating	#	%
A+	1	14.3%
A	0	--
B+	0	--
B	1	14.3%
C	4	57.1%

[56] Source: U.S. Census, 2012 population estimate, www.census.gov
[57] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[58] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
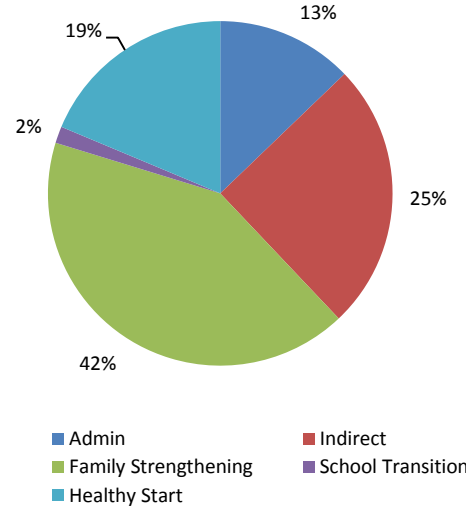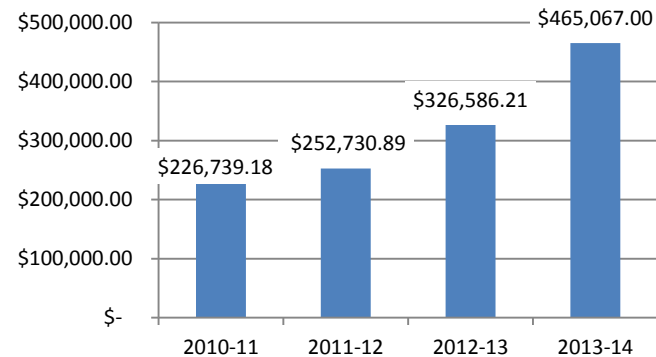[59] South Carolina First Steps
[60] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

Total Population:[61] 46,462

Population under 5 years: 2,900

Population in poverty:[62] 18.4%

Population under 5 years in poverty: 50.7%

Births to Mothers without High School 26.5%

Births to Teen Mothers: 4.2%

Teen Birth Rate: 38.1

Low Birth Weight: 10.2%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	**1.06%**	**5**	**9**
Eligible for services - 13-24 months	**2.56%**	**13**	**9**
Eligible for services - 25-36 months	**4.68%**	**25**	**18**

Total Investment 2013-14[64]: $465,067.00

State Allocation (including carry forward)	$185,097.00
Private Match	$157,719.00
In Kind Donations	$116,720.00
Federal Grants	$2,160.00
E.I.A.	$3,371.00
COE Appropriation	--

Bar chart: 2010-11 $226,739.18; 2011-12 $252,730.89; 2012-13 $326,586.21; 2013-14 $465,067.00

Total Major Expenditures 2013-14 (as of July 10, 2014): $164,064.83

Pie chart: Admin 13%, Indirect 25%, Family Strengthening 42%, School Transition 2%, Healthy Start 19%

Admin	$21,029.43
Indirect	$41,207.81
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$68,598.81
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	--
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	$2,565.13
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	$30,663.65
Other Programs (Community Education)	--

Total Child Care Facilities: 34

ABC Child Care Facilities 2013-14[65]: 10 (32.30% of All Facilities)

Centers: 15

Family Homes: 18

Group Homes: 1

Rating	#	%
A+	0	--
A	0	--
B+	1	10%
B	3	30%
C	4	40%

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[61] Source: U.S. Census, 2012 population estimate, www.census.gov
[62] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[63] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[64] South Carolina First Steps
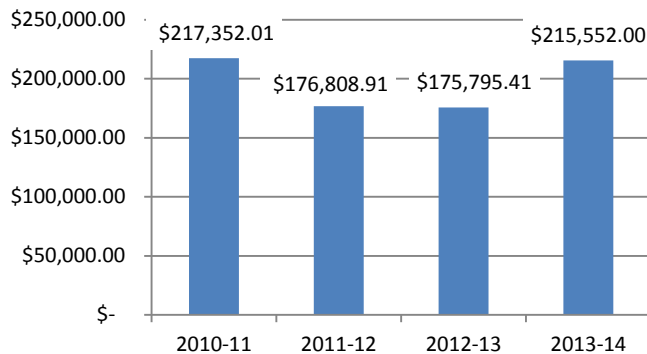[65] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

Total Population:[66] **34,746**

Population under 5 years: **2,053**

Population in poverty:[67] 18.%

Population under 5 years in poverty: 31.1%

Births to Mothers without High School 21.%

Births to Teen Mothers: 2.8%
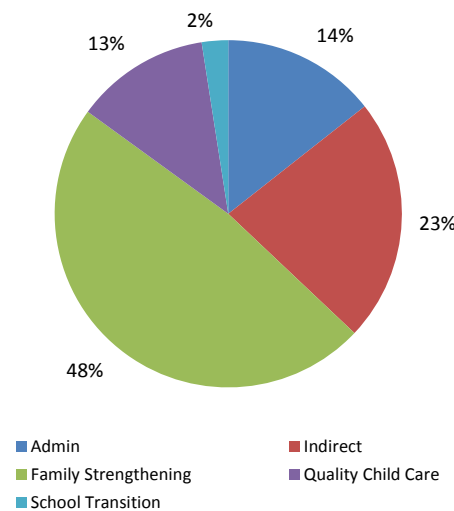
Teen Birth Rate: 60.3

Low Birth Weight: 9.4%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	**1.06%**	**4**	**6**
Eligible for services - 13-24 months	**2.56%**	**9**	**12**
Eligible for services - 25-36 months	**4.68%**	**17**	**15**

Total Allocation 2013-14[69]: **$215,552.00**

State Allocation (including carry forward)	$161,260.00
Private Match	$4,000.00
In Kind Donations	$38,932.00
Federal Grants	$9,469.00
E.I.A.	$1,891.00
COE Appropriation	--

Bar chart:
- 2010-11: $217,352.01
- 2011-12: $176,808.91
- 2012-13: $175,795.41
- 2013-14: $215,552.00

Total Major Expenditures 2013-14: **$190,525.63**

Pie chart:
- Admin 14%
- Indirect 23%
- Family Strengthening 48%
- Quality Child Care 13%
- School Transition 2%

Admin	$27,402.77
Indirect	$43,188.65
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$91,352.38
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$23,899.58
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	$4,682.25
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: **28**

ABC Child Care Facilities 2013-14[70]: **8 (28.6% of All Facilities)**

Centers: **8**

Family Homes: **14**

Group Homes: **3**

Head Start: **3**

Rating	#	%
A+	2	25%
A	0	--
B+	0	--
B	1	12.5%
C	4	50%

[66] Source: U.S. Census, 2012 population estimate, www.census.gov
[67] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[68] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
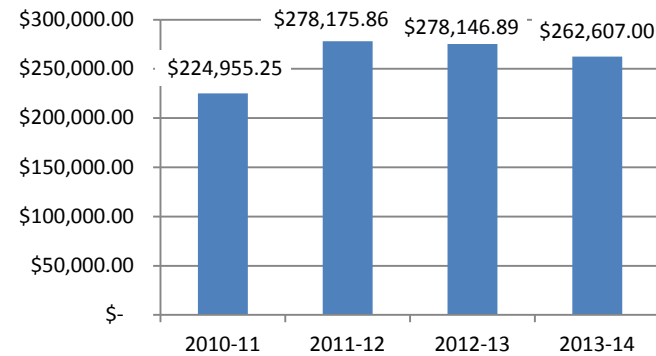[69] South Carolina First Steps
[70] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

Total Population:[71]   38,665

Population under 5 years: **2,475**

Population in poverty:[72]   17.9%

Population under 5 years in poverty: 27.1%

Births to Mothers without High School diploma:[73]   28.2%

Births to Teen Mothers: 4.8%

Teen Birth Rate: 54.6
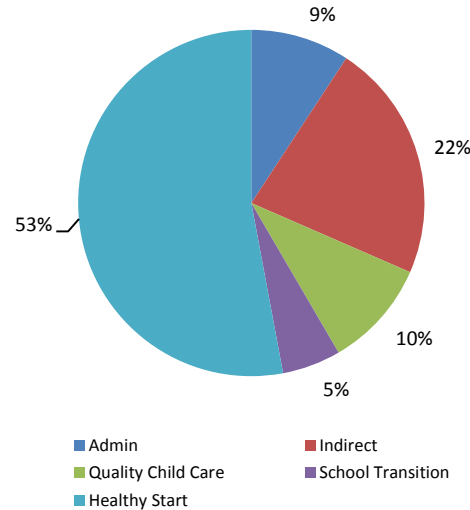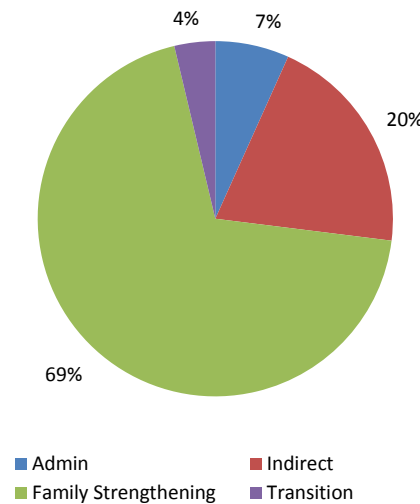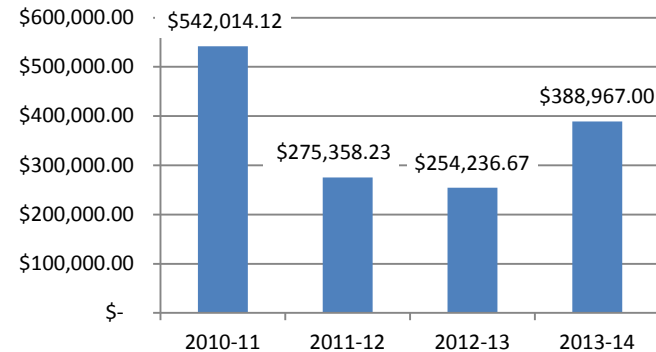
Low Birth Weight: 9.0%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	**1.06%**	**5**	**9**
Eligible for services - 13-24 months	**2.56%**	**11**	**12**
Eligible for services - 25-36 months	**4.68%**	**22**	**26**

Total Allocation 2013-14[74]**:**   **$262,607.00**

State Allocation (including carry forward)	$171,514.00
Private Match	$30,413.00
In Kind Donations	$51,481.00
Federal Grants	$6,140.00
E.I.A.	$3,059.00
COE Appropriation	--

Bar chart:
- 2010-11: $224,955.25
- 2011-12: $278,175.86
- 2012-13: $278,146.89
- 2013-14: $262,607.00

Total Major Expenditures 2013-14 :   **$210,845.20**

Pie chart:
- Admin 9%
- Indirect 22%
- Quality Child Care 10%
- School Transition 5%
- Healthy Start 53%

Admin	$19,476.58
Indirect	$47,016.18
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	--
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$21,201.48
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	$11,525.96
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	$111,625.00
Other Programs (Community Education)	--

Total Child Care Facilities: **32**

ABC Child Care Facilities 2013-14[75]:   **5 (15.6% of All Facilities)**

Centers: **10**

Family Homes: **15**

Group Homes: **6**

Head Start: **1**

Rating	#	%
A+	0	--
A	0	--
B+	1	20%
B	2	40%
C	2	40%

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[71] Source: U.S. Census, 2012 population estimate, www.census.gov
[72] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[73] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[74] South Carolina First Steps
[75] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

Demographics		Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Total Population:[76]	**68,500**				
Population under 5 years:	**4,240**	**Eligible for services - 0-12 months**	**1.06%**	**8**	**16**
Population in poverty:[77]	18.%	**Eligible for services - 13-24 months**	**2.56%**	**20**	**16**
Population under 5 years in poverty:	30.6%	**Eligible for services - 25-36 months**	**4.68%**	**38**	**45**

Births to Mothers without High School diploma:[78]   23.7%

Births to Teen Mothers: 4.7%

Teen Birth Rate: 67.3

Low Birth Weight: 13.5%

Total Allocation 2013-14[79]:   **$388,967.00**

State Allocation (including carry forward)	$227,876.00
Private Match	$53,864.00
In Kind Donations	$26,819.00
Federal Grants	$78,382.00
E.I.A.	$2,026.00
COE Appropriation	--

Bar chart values:
- 2010-11: $542,014.12
- 2011-12: $275,358.23
- 2012-13: $254,236.67
- 2013-14: $388,967.00

Total Major Expenditures 2013-14 :   **$292,999.00**

Pie chart:
- Admin 7%
- Indirect 20%
- Family Strengthening 69%
- Transition 4%

Admin	$19,701.00
Indirect	$59,323.00
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$203,089.00
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	--
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	$10,885.00
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: **66**

ABC Child Care Facilities 2013-14[80]:   **25 (37.9% of All Facilities)**

Centers: **27**

Family Homes: **25**

Group Homes: **8**

Head Start: **6**

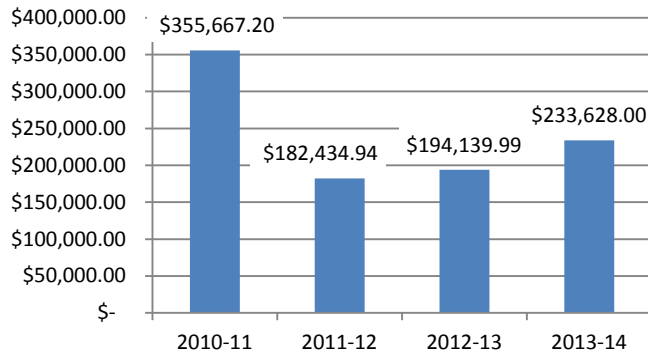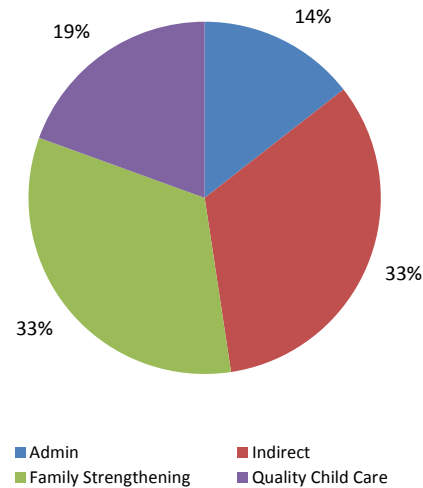| Rating	#	%
A+	0	--
A	0	--
B+	1	4%
B	10	40%
C	5	20%

Demographics and Summary Measures

Total Population:[81]   31,733

Population under 5 years: 2,345

Population in poverty:[82]   28.%

Population under 5 years in poverty: 65.2%

Births to Mothers without High School diploma:[83]   31.6%

Births to Teen Mothers: 6.4%

Teen Birth Rate: 26.6

Low Birth Weight: 11.9%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	4	1
Eligible for services - 13-24 months	2.56%	11	6
Eligible for services - 25-36 months	4.68%	22	11

Total Allocation 2013-14[84]**:**   **$233,628.00**

State Allocation (including carry forward)	$178,674.00
Private Match	$34,720.00
In Kind Donations	$20,234.00
Federal Grants	--
E.I.A.	--
COE Appropriation	--

Total Major Expenditures 2013-14 :   **$212,714.78**

Bar chart:
- 2010-11: $355,667.20
- 2011-12: $182,434.94
- 2012-13: $194,139.99
- 2013-14: $233,628.00

Pie chart:
- Admin 14%
- Indirect 33%
- Family Strengthening 33%
- Quality Child Care 19%

Admin	$30,740.88
Indirect	$70,522.37
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$70,052.12
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$41,399.41
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	--
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: **33**

ABC Child Care Facilities 2013-14[85]:   **6 (18.2% of All Facilities)**

Centers: **10**

Family Homes: **15**

Group Homes: **8**

Head Start: **2**

Rating	#	%
A+	0	--
A	0	--
B+	0	--
B	3	50%
C	3	50%

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[81] Source: U.S. Census, 2012 population estimate, www.census.gov
[82] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[83] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[84] South Carolina First Steps
[85] http://www.abcqualitycare.org/providers

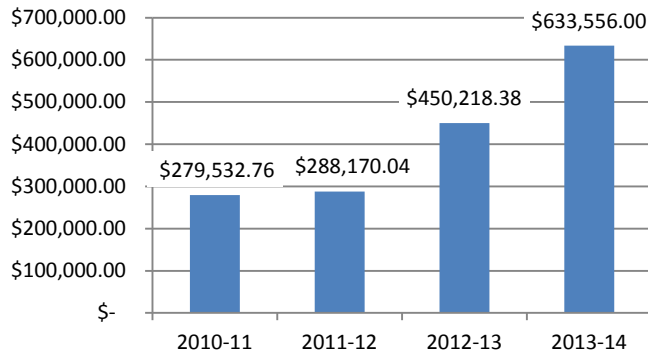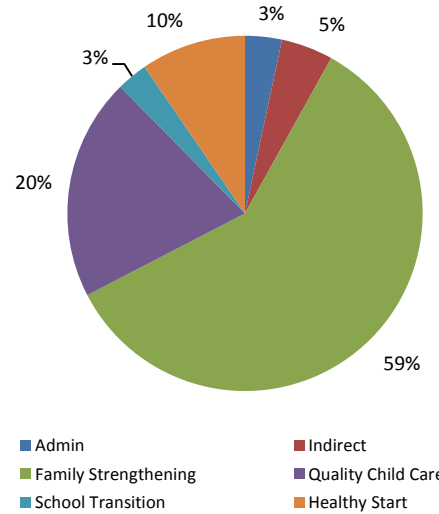## Demographics and Summary Measures
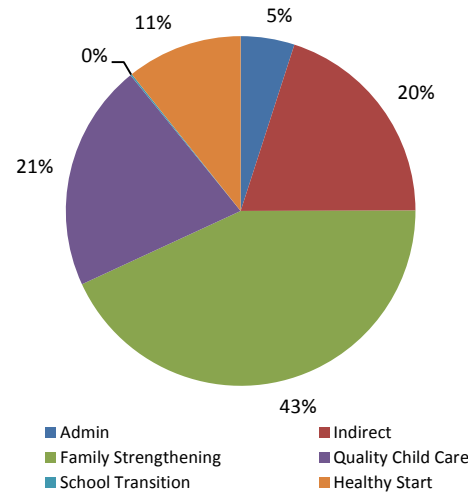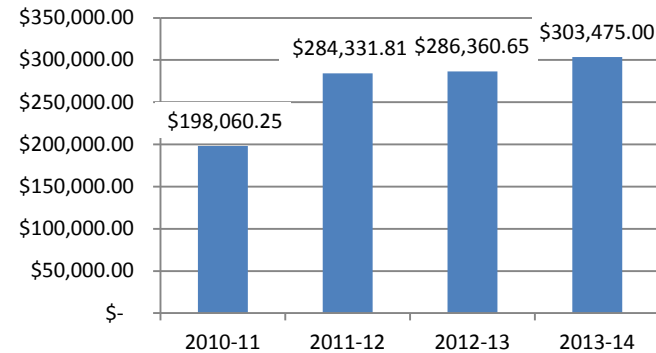
Total Population:[86]   136,836

Population under 5 years: 9,700

Population in poverty:[87]   9.1%

Population under 5 years in poverty: 16.2%

Births to Mothers without High School diploma:[88]   12.9%

Births to Teen Mothers: 2.0%

Teen Birth Rate: 26

Low Birth Weight: 8.5%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	18	21
Eligible for services - 13-24 months	2.56%	45	32
Eligible for services - 25-36 months	4.68%	87	35

Total Allocation 2013-14[89]:   **$633,556.00**

State Allocation (including carry forward)	$514,786.00
Private Match	$3,400.00
In Kind Donations	$111,591.00
Federal Grants	--
E.I.A.	$3,779.00
COE Appropriation	--

Total Major Expenditures 2013-14 : $474,546.05

Pie chart: Admin 3%, Indirect 5%, Family Strengthening 59%, Quality Child Care 20%, School Transition 3%, Healthy Start 10%

Bar chart:
2010-11 $279,532.76
2011-12 $288,170.04
2012-13 $450,218.38
2013-14 $633,556.00

Admin	$15,879.22
Indirect	$22,431.65
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$281,467.33
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$96,016.78
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	$13,355.78
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	$45,395.29
Other Programs (Community Education)	--

Total Child Care Facilities: 87

ABC Child Care Facilities 2013-14[90]:   **15 (17.2% of All Facilities)**

Centers: **33**

Family Homes: **45**

Group Homes: **3**

Head Start: **6**

Rating	#	%
A+	0	--
A	0	--
B+	3	20%
B	4	26.7%
C	6	40%

[86] Source: U.S. Census, 2012 population estimate, www.census.gov
[87] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[88] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[89] South Carolina First Steps
[90] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

		Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Total Population:[91]	26,763				
Population under 5 years:	1,352	Eligible for services - 0-12 months	1.06%	2	4
Population in poverty:[92]	17.3%	Eligible for services - 13-24 months	2.56%	4	5
Population under 5 years in poverty:	37.4%	Eligible for services - 25-36 months	4.68%	8	15
Births to Mothers without High School diploma:[93]	19.5%				
Births to Teen Mothers:	3.9%				
Teen Birth Rate:	39.2				
Low Birth Weight:	7.3%				

Total Allocation 2013-14[94]: **$303,475.00**

State Allocation (including carry forward)	$153,542.00
Private Match	$41,139.00
In Kind Donations	$108,510.00
E.I.A.	$284.00

Bar chart values:
- 2010-11: $198,060.25
- 2011-12: $284,331.81
- 2012-13: $286,360.65
- 2013-14: $303,475.00

Total Major Expenditures 2013-14 : $286,413.04

Pie chart: Admin 5%, Indirect 20%, Family Strengthening 43%, Quality Child Care 21%, School Transition 0%, Healthy Start 11%

Admin	$14,253.04
Indirect	$57,259.40
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$123,583.82
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$60,252.12
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	$426.56
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	$30,648.10
Other Programs (Community Education)	--

Total Child Care Facilities: 12
ABC Child Care Facilities 2013-14[95]: **4 (33.3% of All Facilities)**
Centers: **2**
Family Homes: **7**
Group Homes: **2**
Head Start: **1**

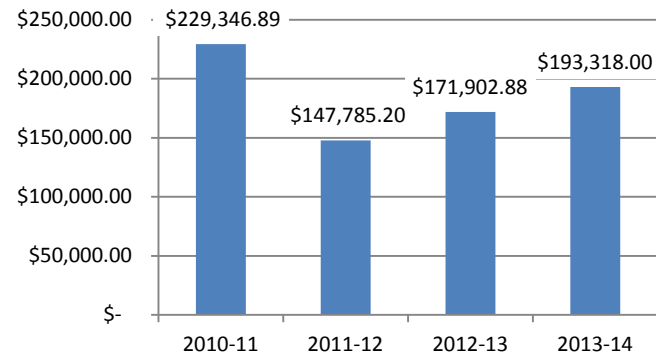| Rating	#	%
A+	0	--
A	0	--
B+	0	--
B	2	50%
C	0	--
Not Rated	2	50%

Demographics and Summary Measures
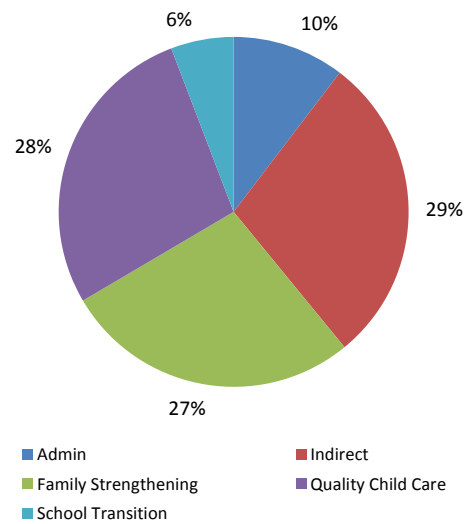
Total Population:[96]   23,804

Population under 5 years: 1,380

Population in poverty:[97]   17.5%

Population under 5 years in poverty: 44.6%

Births to Mothers without High School diploma:[98]   18.3%

Births to Teen Mothers: 2.3%

Teen Birth Rate: 49.1

Low Birth Weight: 11.3%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	2	4
Eligible for services - 13-24 months	2.56%	7	8
Eligible for services - 25-36 months	4.68%	11	2

Total Investment 2013-14[99]:   **$193,318.00**

State Allocation (including carry forward)	$162,948.00
Private Match	$8,842.00
In Kind Donations	$19,644.00
Federal Grants	--
E.I.A.	$1,884.00
COE Appropriation	--

Total Major Expenditures 2013-14 :   **$164.898.17**

Pie chart: Admin 10%, Indirect 29%, Family Strengthening 27%, Quality Child Care 28%, School Transition 6%

Legend: ■ Admin ■ Indirect ■ Family Strengthening ■ Quality Child Care ■ School Transition

Bar chart: 2010-11 $229,346.89; 2011-12 $147,785.20; 2012-13 $171,902.88; 2013-14 $193,318.00

Admin	$17,092.36
Indirect	$47.344.25
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$45,273.83
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$45,622.10
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	$9,565.63
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: **11**

ABC Child Care Facilities 2013-14[100]:   **3 (27.3% of All Facilities)**

Centers: **1**

Family Homes: **8**

Group Homes: **1**

Head Start: **1**

Rating	#	%
A+	0	--
A	0	--
B+	0	--
B	1	33.3%
C	2	66.7%

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[96] Source: U.S. Census, 2012 population estimate, www.census.gov

[97] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov

[98] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
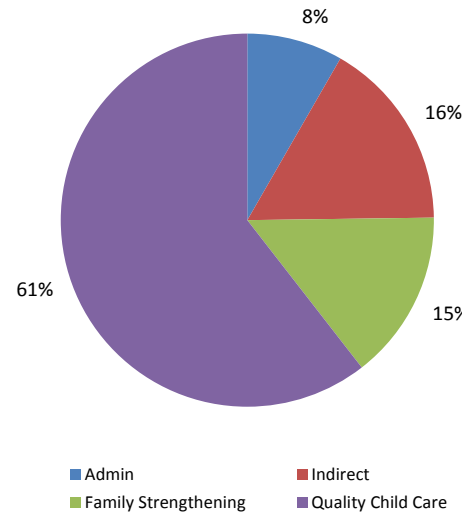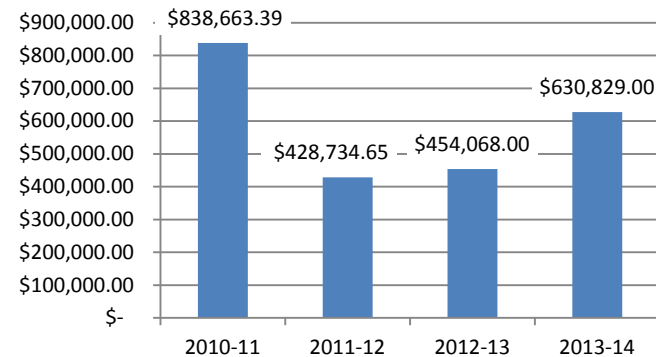
[99] South Carolina First Steps

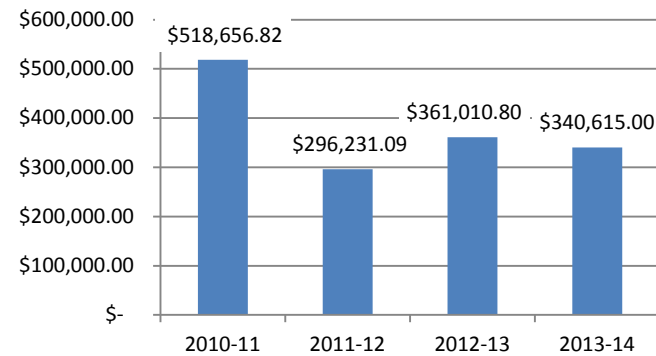[100] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

			Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Total Population:[101]	136,714		**Eligible for services - 0-12 months**	1.06%	18	40
Population under 5 years:	9,244		**Eligible for services - 13-24 months**	2.56%	47	54
Population in poverty:[102]	15.8%		**Eligible for services - 25-36 months**	4.68%	84	114
Population under 5 years in poverty:	29.3%					
Births to Mothers without High School diploma:[103]	17.2%					
Births to Teen Mothers:	2.6%					
Teen Birth Rate:	39.4					
Low Birth Weight:	13.0%					

Total Allocation 2013-14[104]: $630,829.00

State Allocation (including carry forward)	$427,024.00
Private Match	$104,786.00
In Kind Donations	$33,250.00
Federal Grants	$65,769.00
E.I.A.	--
COE Appropriation	--

Total Major Expenditures 2013-14 : $477,933.28

Bar chart:
- 2010-11: $838,663.39
- 2011-12: $428,734.65
- 2012-13: $454,068.00
- 2013-14: $630,829.00

Pie chart: Admin 8%, Indirect 16%, Family Strengthening 15%, Quality Child Care 61%

Admin	$39,749.52
Indirect	$78,696.25
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$70,282.00
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$289,205.50
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	--
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: 220
ABC Child Care Facilities 2013-14[105]:   430 (19.5% of All Facilities)
Centers: 63
Family Homes: 136
Group Homes: 12
Head Start: 9

Rating	#	%
A+	1	2.3%
A	3	7%
B+	3	7%
B	11	25.6%
C	11	25.6%

Demographics and Summary Measures

Total Population:[106] **60,285**

Population under 5 years: **3,287**

Population in poverty:[107] 14.3%

Population under 5 years in poverty: 31.6%

Births to Mothers without High School diploma:[108] 17.%

Births to Teen Mothers: 2.6%

Teen Birth Rate: 33.2
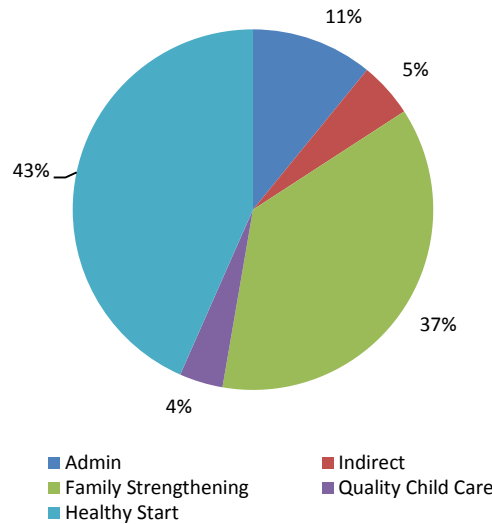
Low Birth Weight: 10.4%

Early Intervention 2013-2014:

	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	6	7
Eligible for services - 13-24 months	2.56%	15	20
Eligible for services - 25-36 months	4.68%	28	19

Total Allocation 2013-14[109]: **$340,615.00**

State Allocation (including carry forward)	$179,321.00
Private Match	$59,525.00
In Kind Donations	$100,982.00
Federal Grants	$367.00
E.I.A.	--
COE Appropriation	$420.00

Bar chart:
- $518,656.82 — 2010-11
- $296,231.09 — 2011-12
- $361,010.80 — 2012-13
- $340,615.00 — 2013-14

Total Major Expenditures 2013-14: $284,219.11

Pie chart legend:
- Admin (11%)
- Indirect (5%)
- Family Strengthening (37%)
- Quality Child Care (4%)
- Healthy Start (43%)

Admin	$30,964.98
Indirect	$14,038.93
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$104,812.00
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$11,090.01
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	--
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	$123,313.19
Other Programs (Community Education)	--

Total Child Care Facilities: 56

ABC Child Care Facilities 2013-14[110]: **19 (33.9% of All Facilities)**

Centers: **25**

Family Homes: **23**

Group Homes: **5**

Head Start: **3**

Rating	#	%
A+	0	--
A	0	--
B+	1	5.3%
B	8	42.1%
C	1	5.3%

[106] Source: U.S. Census, 2012 population estimate, www.census.gov
[107] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[108] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[109] South Carolina First Steps
[110] http://www.abcqualitycare.org/providers

## Demographics and Summary Measures

Total Population:[111] 452,931

Population under 5 years: 31,129

Population in poverty:[112] 52,993 (11.7%)

Population under 5 years in poverty: 6,755 (21.7%)

Births to Mothers without High School diploma:[113] 1,003 (17.5%)

Births to Teen Mothers: 117 (2.3%)

Teen Birth Rate: 41.3

Low Birth Weight: 487 (7.8%)

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	62	80
Eligible for services - 13-24 months	2.56%	155	173
Eligible for services - 25-36 months	4.68%	285	298

Total Allocation 2013-14[114]: **$2,720,933.00**

State Allocation (including carry forward)	$1,238,318.00
Private Match	$1,127,174.00
In Kind Donations	$246,400.00
Federal Grants	$104,070.00
E.I.A.	$4,971.00
COE Appropriation	--

Total Major Expenditures 2013-14: 2,152,172.30
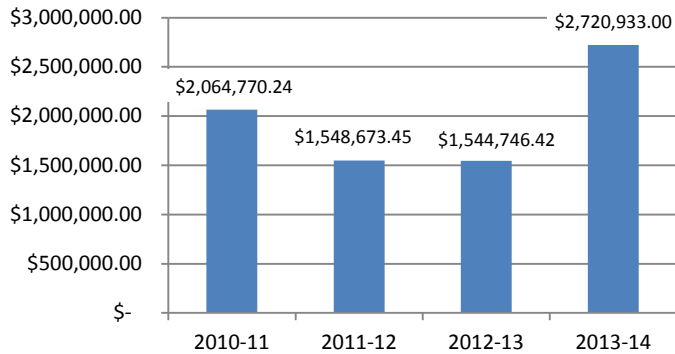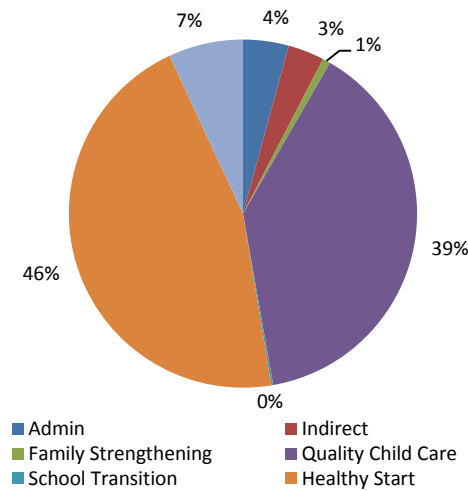
Admin	$91,222.01
Indirect	$72,567.73
Family Strengthening Programs (Parents as Teachers, Other Family Literacy)	$15,528.29
Quality Child Care Programs (Child Care Training & Professional Development, Scholarships)	$836,926.21
Early Education Programs (4-K – Perry Preschool Project)	--
School Transition Programs (Countdown to Kindergarten)	$3,597.00
Healthy Start Programs (Nurse Family Partnership)	$983,221.00
Other Programs (Community Mobilization)	$149,110.06

Bar chart: 2010-11 $2,064,770.24; 2011-12 $1,548,673.45; 2012-13 $1,544,746.42; 2013-14 $2,720,933.00

Total Child Care Facilities: 211

ABC Child Care Facilities 2013-14[115]: **73 (34.6% of All Facilities)**

Centers: **136**

Family Homes: **61**

Group Homes: **2**

Head Start: **12**

Rating	#	%
A+	8	11%
A	0	--
B+	11	15.1%
B	22	30.1%
C	23	31.5%

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[111] Source: U.S. Census, 2012 population estimate, www.census.gov
[112] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[113] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[114] South Carolina First Steps
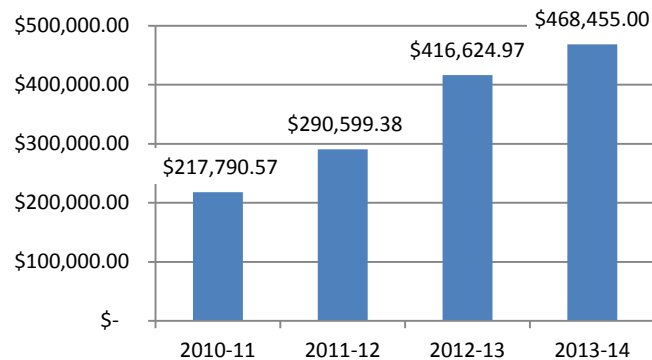[115] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

Total Population:[116] **69,531**

Population under 5 years: **4,669**

Population in [117] 15.9%

Population under 5 years in poverty: 34.2%

Births to Mothers without High School diploma:[118] 22.8%

Births to Teen Mothers: 3.8%

Teen Birth Rate: 50.7
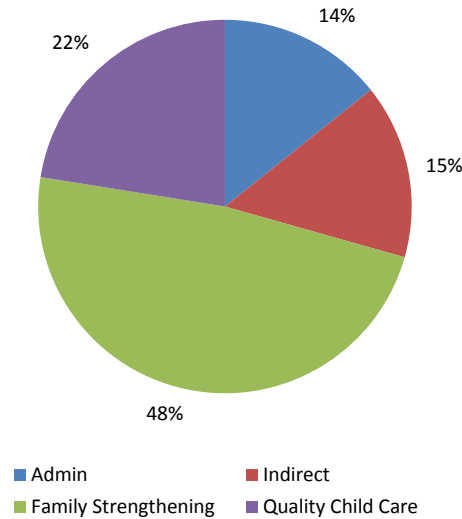
Low Birth Weight: 10.4%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	9	14
Eligible for services - 13-24 months	2.56%	23	29
Eligible for services - 25-36 months	4.68%	43	52

Total Allocation 2013-14[119]: **$468,455.00**

State Allocation (including carry forward)	$240,386.00
Private Match	$10,952.00
In Kind Donations	$217,117.00
Federal Grants	--
E.I.A.	--
COE Appropriation	--

Bar chart:
- 2010-11: $217,790.57
- 2011-12: $290,599.38
- 2012-13: $416,624.97
- 2013-14: $468,455.00

Total Major Expenditures 2013-14: **$234,729.41**

Pie chart:
- Admin 14%
- Indirect 15%
- Family Strengthening 48%
- Quality Child Care 22%

Admin	$33,482.42
Indirect	$35,488.60
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$112,996.66
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$52,761.73
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	--
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: **30**

ABC Child Care Facilities 2013-14[120]: **11 (36.7% of All Facilities)**

Centers: **19**

Family Homes: **8**

Group Homes: **1**

Head Start: **2**

Rating	#	%
A+	0	--
A	0	--
B+	1	9.1%
B	3	27.3%
C	7	63.6%

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[116] Source: U.S. Census, 2012 population estimate, www.census.gov
[117] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[118] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
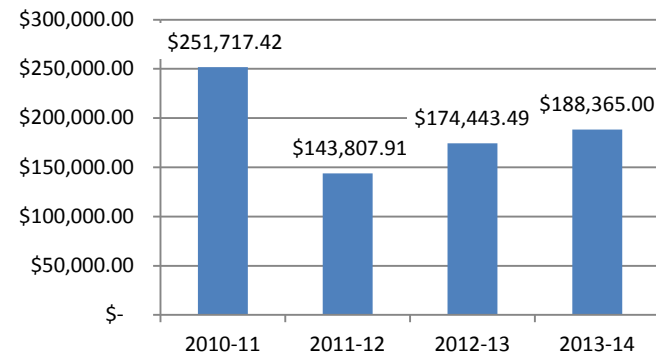[119] South Carolina First Steps
[120] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

Total Population:[121] **20,987**

Population under 5 years: **1,347**

Population in poverty:[122] 20.9%

Population under 5 years in poverty: 51.5%

Births to Mothers without High School diploma:[123] 21.7%

Births to Teen Mothers: 5.2%

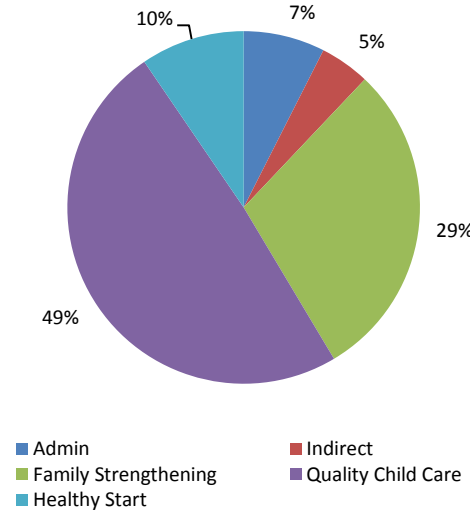**Teen Birth Rate:** 35.1

Low Birth Weight: 10.0%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	**1.06%**	**2**	**5**
Eligible for services - 13-24 months	**2.56%**	**5**	**4**
Eligible for services - 25-36 months	**4.68%**	**12**	**9**

Total Allocation 2013-14[124]: **$188,365.00**

State Allocation (including carry forward)	$144,724.00
Private Match	$22,996.00
In Kind Donations	$20,645.00
Federal Grants	--
E.I.A.	--
COE Appropriation	--

Total Major Expenditures 2013-14 : **$168,597.76**

Admin	$12,605.96
Indirect	$7.726.12
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$49,523.89
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$82,677.00
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	--
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	$16,064.79
Other Programs (Community Education)	--

Total Child Care Facilities: **16**

ABC Child Care Facilities 2013-14[125]: **6 (37.5% of All Facilities)**

Centers: **8**

Family Homes: **6**

Group Homes: **1**

Head Start: **1**

Rating	#	%
A+	0	--
A	0	--
B+	1	16.7%
B	4	66.7%
C	1	16.7%

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[121] Source: U.S. Census, 2012 population estimate, www.census.gov
[122] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[123] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[124] South Carolina First Steps
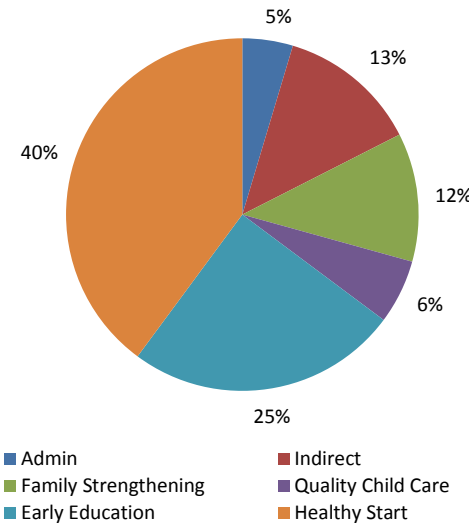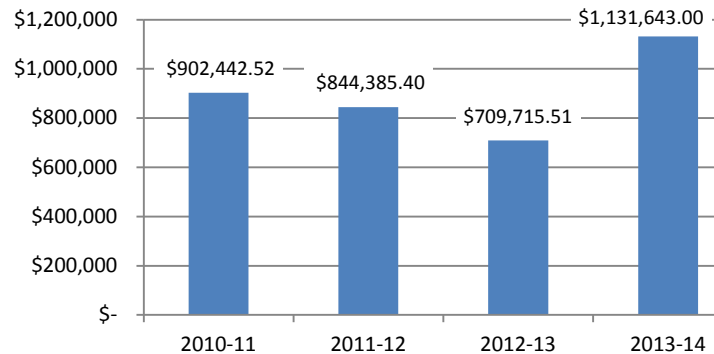[125] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

Total Population:[126]   270,943

Population under 5 years: 15,407

Population in poverty:[127]   12.9%

Population under 5 years in poverty: 25.2%

Births to Mothers without High School diploma:[128]   19.5%

Births to Teen Mothers: 3.1%

Teen Birth Rate: 50.7

Low Birth Weight: 9.2%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	29	28
Eligible for services - 13-24 months	2.56%	79	77
Eligible for services - 25-36 months	4.68%	144	123

Total Allocation 2013-14[129]:   **$1,131,643.00**

State Allocation (including carry forward)	$711,500.00
Private Match	$418,693.00
In Kind Donations	$1,450.00
Federal Grants	--
E.I.A.	--
COE Appropriation	--

Total Major Expenditures 2013-14 :   **$1,056,674.78**

Pie chart:
- Admin 5%
- Indirect 13%
- Family Strengthening 12%
- Quality Child Care 6%
- Early Education 25%
- Healthy Start 40%

Bar chart:
- 2010-11: $902,442.52
- 2011-12: $844,385.40
- 2012-13: $709,715.51
- 2013-14: $1,131,643.00

Admin	$48,948.55
Indirect	$136,063.37
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$124,677.79
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$62,246.68
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	$263,403.08
School Transition Programs (Countdown to Kindergarten, Summer Programs)	--
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	$421,335.31
Other Programs (Community Education)	--

Total Child Care Facilities: 100

ABC Child Care Facilities 2013-14[130]:   **58 (58% of All Facilities)**

Centers: **66**

Family Homes: **27**

Group Homes: **3**

Head Start: **4**

Rating	#	%
A+	0	--
A	0	--
B+	3	5%
B	26	44.8%
C	17	29%

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[126] Source: U.S. Census, 2012 population estimate, www.census.gov
[127] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[128] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[129] South Carolina First Steps
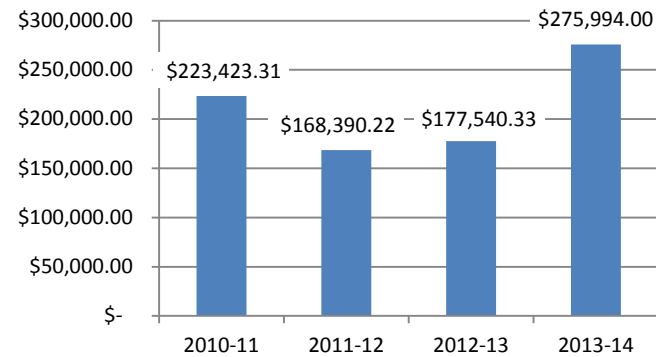[130] http://www.abcqualitycare.org/providers
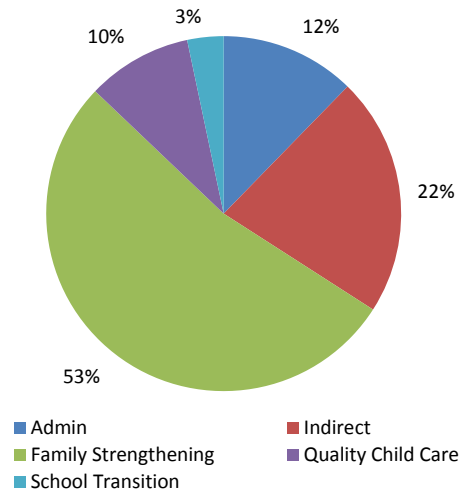
Demographics and Summary Measures

Total Population:[131] **24,792**

Population under 5 years: **1,903**

Population in poverty:[132] 13.1%

Population under 5 years in poverty: 21.3%

Births to Mothers without High School diploma:[133] 28.3%

Births to Teen Mothers: 3.2%

Teen Birth Rate: 39.9

Low Birth Weight: 11.0%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	**1.06%**	**3**	**6**
Eligible for services - 13-24 months	**2.56%**	**9**	**5**
Eligible for services - 25-36 months	**4.68%**	**16**	**7**

Total Allocation 2013-14[134]: **$275,994.00**

State Allocation (including carry forward)	$159,969.00
Private Match	$40,003.00
In Kind Donations	$70,850.00
Federal Grants	--
E.I.A.	$2,458.00
COE Appropriation	$2,714.00

Bar chart: 2010-11 $223,423.31; 2011-12 $168,390.22; 2012-13 $177,540.33; 2013-14 $275,994.00

Total Major Expenditures 2013-14: **$205,905.41**

Pie chart: Admin 12%, Indirect 22%, Family Strengthening 53%, Quality Child Care 10%, School Transition 3%

Admin	$25,321.56
Indirect	$44,863.43
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$109,195.85
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$19,721.36
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	$6,803.21
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: **46**

ABC Child Care Facilities 2013-14[135]: **5 (10.9% of All Facilities)**

Centers: **11**

Family Homes: **31**

Group Homes: **1**

Head Start: **3**

Rating	#	%
A+	0	--
A	0	--
B+	1	20%
B	0	--
C	4	80%

[131] Source: U.S. Census, 2012 population estimate, www.census.gov
[132] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[133] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[134] South Carolina First Steps
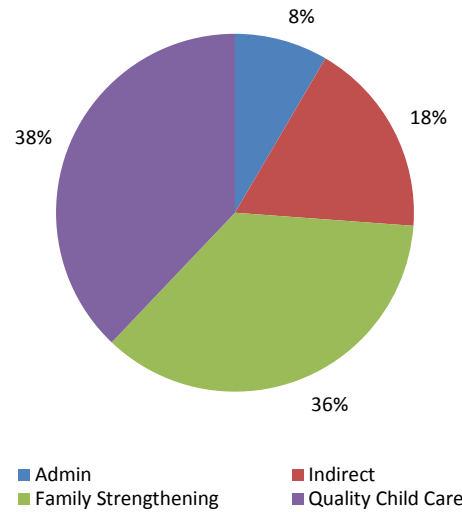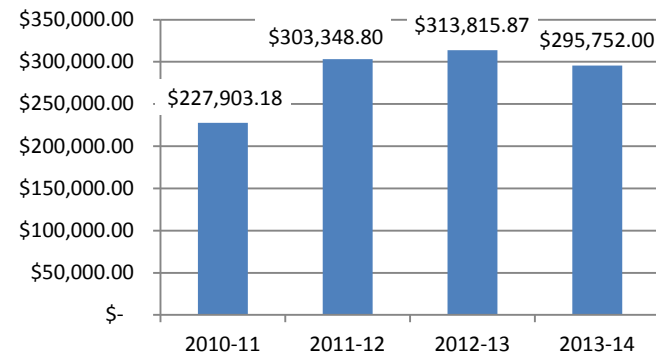[135] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

Total Population:[136] **61,583**

Population under 5 years: **4,095**

Population in poverty:[137] 12.6%

Population under 5 years in poverty: 17.6%

Births to Mothers without High School diploma:[138] 18.4%

Births to Teen Mothers: 3.0%

Teen Birth Rate: 50

Low Birth Weight: 11.2%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	**1.06%**	**7**	**11**
Eligible for services - 13-24 months	**2.56%**	**18**	**18**
Eligible for services - 25-36 months	**4.68%**	**35**	**36**

Total Allocation 2013-14[139]: **$295,752.00**

State Allocation (including carry forward)	$190,151.00
Private Match	$105,601.00
In Kind Donations	--
Federal Grants	--
E.I.A.	--
COE Appropriation	--

Bar chart:
- 2010-11: $227,903.18
- 2011-12: $303,348.80
- 2012-13: $313,815.87
- 2013-14: $295,752.00

Total Major Expenditures 2013-14 : $277,783.49

Pie chart:
- Admin 8%
- Indirect 18%
- Family Strengthening 36%
- Quality Child Care 38%

Program	Amount
Admin	$23,417.74
Indirect	$49,263.24
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$99,815.53
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$105,286.98
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	--
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: 29

ABC Child Care Facilities 2013-14[140]:   **17 (58.6% of All Facilities)**

Centers: **19**

Family Homes: **9**

Group Homes: **--**

Head Start: **1**

Rating	#	%
A+	1	5.9%
A	0	--
B+	1	5.9%
B	4	23.5%
C	4	23.5%

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[136] Source: U.S. Census, 2012 population estimate, www.census.gov
[137] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[138] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[139] South Carolina First Steps
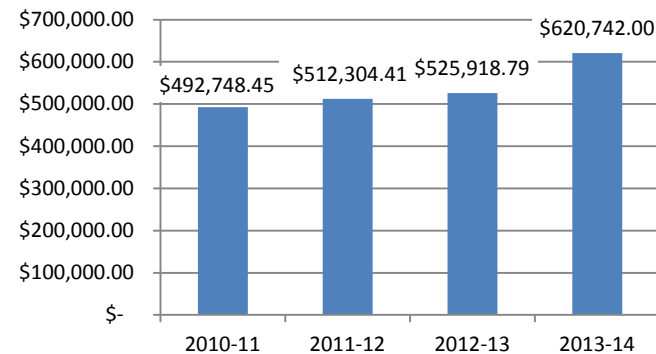[140] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

Total Population:[141]   76,364

Population under 5 years: 5,012

Population in poverty:[142]   16.%

Population under 5 years in poverty: 24.4%

Births to Mothers without High School diploma:[143]   17.5%

Births to Teen Mothers: 3.3%

Teen Birth Rate: 48.6%
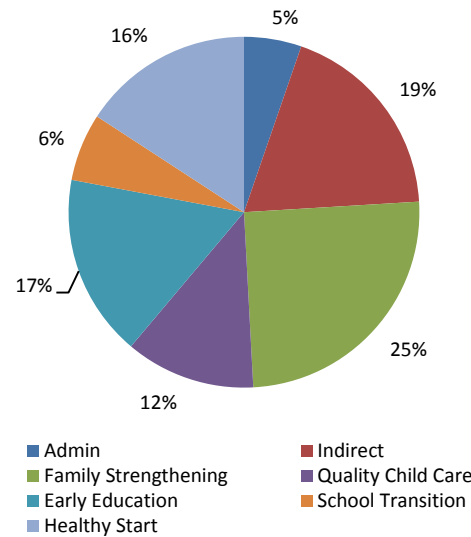
Low Birth Weight: 10.2%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	9	11
Eligible for services - 13-24 months	2.56%	22	16
Eligible for services - 25-36 months	4.68%	41	37

Total Allocation 2013-14[144]:   **$620,742.00**

State Allocation (including carry forward)	$225,389.00
Private Match	$158,006.00
In Kind Donations	$234,321.00
Federal Grants	--
E.I.A.	$3,026.00
COE Appropriation	--

Total Major Expenditures 2013-14 :   **$558,426.55**

Bar chart: 2010-11 $492,748.45; 2011-12 $512,304.41; 2012-13 $525,918.79; 2013-14 $620,742.00

Pie chart: Admin 5%, Indirect 19%, Family Strengthening 25%, Quality Child Care 12%, Early Education 17%, School Transition 6%, Healthy Start 16%

Admin	$29,557.00
Indirect	$104,689.00
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$140,245.24
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$66,949.78
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	$93,886.00
School Transition Programs (Countdown to Kindergarten, Summer Programs)	$34,818.81
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	$88,280.72
Other Programs (Community Education)	--

Total Child Care Facilities: **30**

ABC Child Care Facilities 2013-14[145]:   **15 (50% of All Facilities)**

Centers: **18**

Family Homes: **10**

Group Homes: **--**

Head Start: **2**

Rating	#	%
A+	0	--
A	0	--
B+	5	33.3%
B	3	20%
C	6	40%
Not rated	1	6.7%

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[141] Source: U.S. Census, 2012 population estimate, www.census.gov
[142] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[143] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[144] South Carolina First Steps
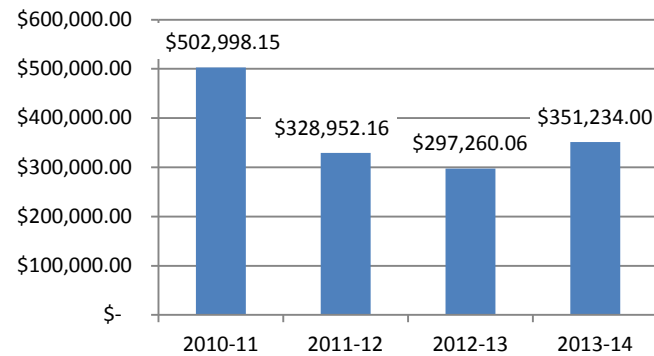[145] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

Total Population:[146] **66,623**

Population under 5 years: **4,296**

Population in poverty:[147] 16.1%

Population under 5 years in poverty: 31.8%

Births to Mothers without High School diploma:[148] 25.3%

Births to Teen Mothers: 3.3%

Teen Birth Rate: 60
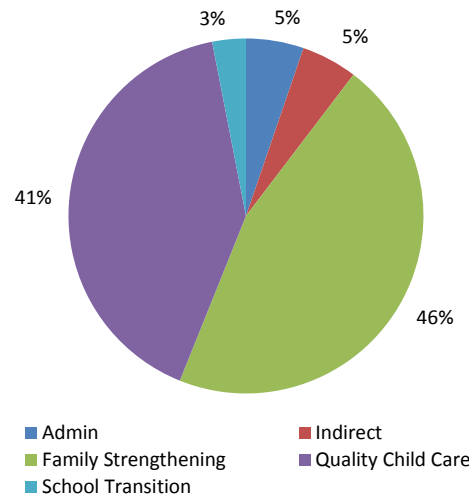
Low Birth Weight: 9.8%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	8	17
Eligible for services - 13-24 months	2.56%	21	29
Eligible for services - 25-36 months	4.68%	39	47

Total Allocation 2013-14[149]**:** **$351,234.00**

State Allocation (including carry forward)	$220,028.00
Private Match	$54,691.00
In Kind Donations	$73,496.00
Federal Grants	--
E.I.A.	$3,019.00
COE Appropriation	--

Total Major Expenditures 2013-14 : **$306,253.62**

Pie chart: Admin 5%, Indirect 5%, Family Strengthening 46%, Quality Child Care 41%, School Transition 3%

Bar chart:
- 2010-11: $502,998.15
- 2011-12: $328,952.16
- 2012-13: $297,260.06
- 2013-14: $351,234.00

Admin	$16,099.40
Indirect	$15,616.84
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$140,031.94
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$125,134.61
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	$9,370.83
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: **28**

ABC Child Care Facilities 2013-14[150]: **10 (35.7% of All Facilities)**

Centers: **20**

Family Homes: **6**

Group Homes: **1**

Head Start: **1**

Rating	#	%
A+	0	--
A	0	--
B+	3	30%
B	2	20%
C	3	30%

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[146] Source: U.S. Census, 2012 population estimate, www.census.gov
[147] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[148] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[149] South Carolina First Steps
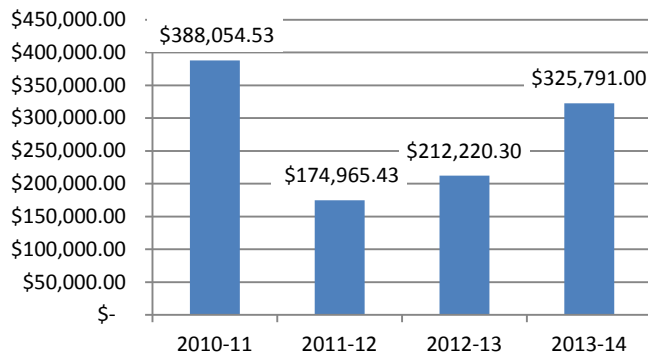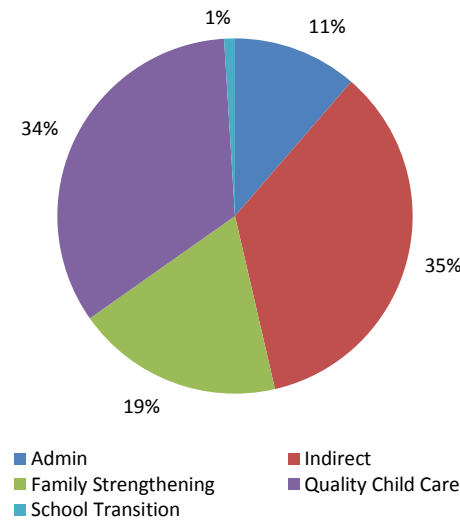[150] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

Total Population:[151]   19,160

Population under 5 years: 1,072

Population in poverty:[152]   23.7%

Population under 5 years in poverty: 30.1%

Births to Mothers without High School diploma:[153]   22.7%

Births to Teen Mothers: 6.5%

Teen Birth Rate: 29.3

Low Birth Weight: 12.4%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	2	2
Eligible for services - 13-24 months	2.56%	4	4
Eligible for services - 25-36 months	4.68%	9	4

Total Allocation 2013-14[154]:   **$325,791.00**

State Allocation (including carry forward)	$165,702.00
Private Match	$91,830.00
In Kind Donations	$61,517.00
Federal Grants	--
E.I.A.	$6,742.00
COE Appropriation	--

Bar chart (allocation by year):
- 2010-11: $388,054.53
- 2011-12: $174,965.43
- 2012-13: $212,220.30
- 2013-14: $325,791.00

Total Major Expenditures 2013-14 :   **$228,090.04**

Pie chart:
- Admin 11%
- Indirect 35%
- Family Strengthening 19%
- Quality Child Care 34%
- School Transition 1%

Admin	$25,891.28
Indirect	$79.986.46
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$42,974.51
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$77,079.41
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	$2,248.38
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: **13**

ABC Child Care Facilities 2013-14[155]:   **2 (15.4% of All Facilities)**

Centers: **5**

Family Homes: **7**

Group Homes: **--**

Head Star: **1**

Rating	#	%
A+	1	50%
A	0	--
B+	1	50%
B	0	--
C	0	--

Demographics and Summary Measures

Total Population:[156]   **262,424**

Population under 5 years: **17,206**

Population in poverty:[157]   9.3%

Population under 5 years in poverty: 18.0%

Births to Mothers with no High School diploma:[158]   15.4%

Births to Teen Mothers: 1.7%

Teen Birth Rate: 55.8

Low Birth Weight: 8.3%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	32	44
Eligible for services - 13-24 months	2.56%	83	75
Eligible for services - 25-36 months	4.68%	159	167

Total Allocation 2013-14[159]:   **$ 1,077,169.00**

State Allocation (including carry forward)	$	664,188.00
Private Match	$	127,848.00
In Kind Donations	$	281,933.00
Federal Grants	$	--
E.I.A.	$	3,200.00
COE Appropriation	$	--

Bar chart:
- 2010-11: $849,737.82
- 2011-12: $971,903.40
- 2012-13: $895,994.95
- 2013-14: $1,077,169.00

Total Major Expenditures 2013-14 : $750,969.91

Pie chart:
- Admin: 8%
- Indirect: 7%
- Family Strengthening: 67%
- Quality Child Care: 9%
- School Transition: 9%
- Other: 0.01%

Admin	$56,855.46
Indirect	$56,290.37
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$499,707.63
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$69,498.27
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	$68,529.94
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	$ --
Other Programs (Community Education)	$ --

Total Child Care Facilities: 147

ABC Child Care Facilities 2013-14[160]:   **61 (41.5% of All Facilities)**

Centers: **73**

Family Homes: **70**

Group Homes: **1**

Head Start: **1**

Rating	#	%
A+	0	--
A	0	--
B+	10	16.4%
B	12	19.7%
C	21	34.4%

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[156] Source: U.S. Census, 2012 population estimate, www.census.gov
[157] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[158] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[159] South Carolina First Steps
[160] http://www.abcqualitycare.org/providers
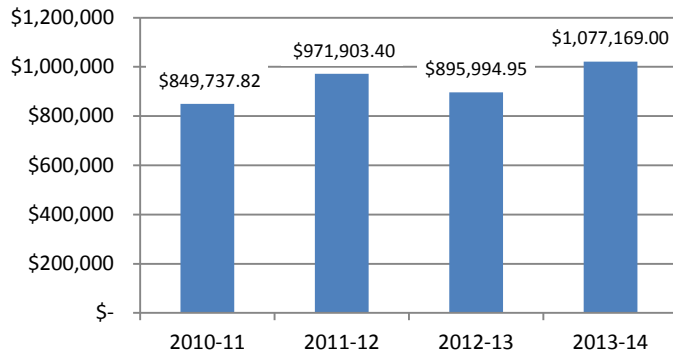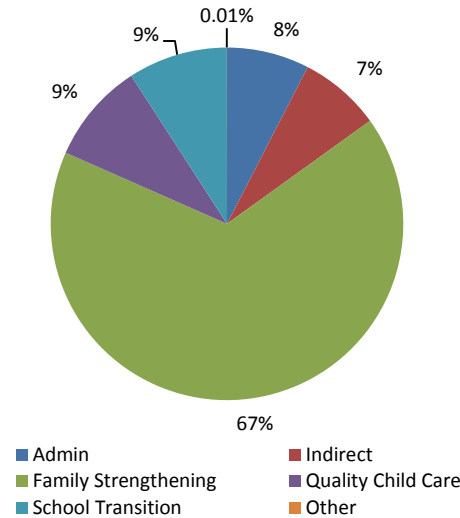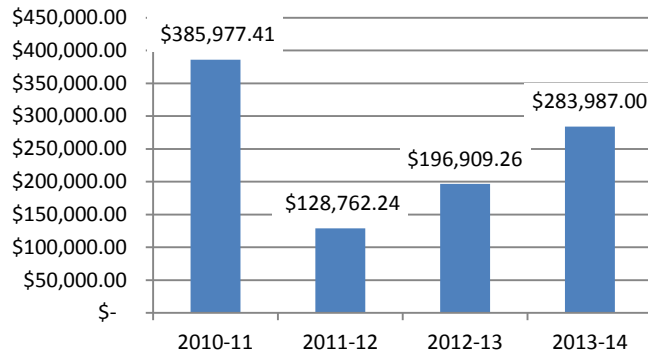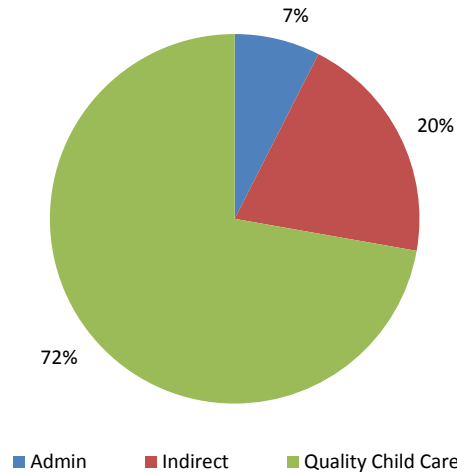
Demographics and Summary Measures

Total Population:[161]   **33,038**

Population under 5 years: **2,312**

Population in poverty:[162]   20.8%

Population under 5 years in poverty: 42.0%

Births to Mothers with no High School diploma:[163]   27.2%

Births to Teen Mothers: 6.5%

Teen Birth Rate: 63.4

Low Birth Weight: 12.9%

Early Intervention 2013-2014:

	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	4	6
Eligible for services - 13-24 months	2.56%	11	4
Eligible for services - 25-36 months	4.68%	20	11

Total Allocation 2013-14[164]:   **$ 283,987.00**

State Allocation (including carry forward)	$	244,124.00
Private Match	$	8,475.00
In Kind Donations	$	31,388.00
Federal Grants	$	--
E.I.A.	$	--
COE Appropriation	$	--

Total Major Expenditures 2013-14:   **$138,731.81**

Bar chart:
- 2010-11: $385,977.41
- 2011-12: $128,762.24
- 2012-13: $196,909.26
- 2013-14: $283,987.00

Pie chart:
- Admin 7%
- Indirect 20%
- Quality Child Care 72%

Admin	$10,390.24
Indirect	$28,139.55
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	--
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$100,202.02
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	--
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: 40

ABC Child Care Facilities 2013-14[165]:   **14 (35% of All Facilities)**

Centers: **19**

Family Homes: **10**

Group Homes: **7**

Head Start: **4**

Rating	#	%
A+	0	--
A	2	14.3%
B+	0	--
B	9	64.3%
C	3	21.4%

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[161] Source: U.S. Census, 2012 population estimate, www.census.gov
[162] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[163] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[164] South Carolina First Steps
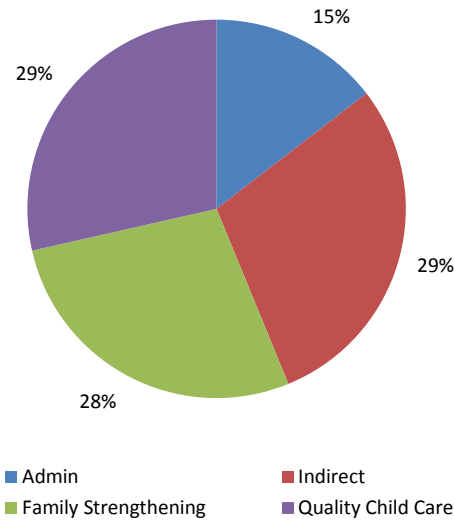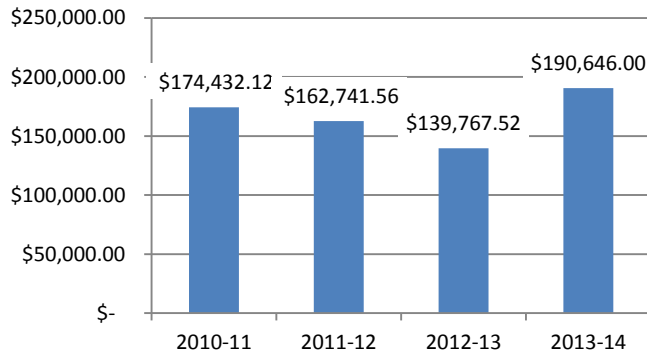[165] http://www.abcqualitycare.org/providers

SOUTH CAROLINA FIRST STEPS: 2014 | Local Profile Report for Marlboro COUNTY

Demographics and Summary Measures

Total Population:[166] **28,750**

Population under 5 years: **1,609**

Population in poverty:[167] 23.9%

Population under 5 years in poverty: 46.2%

Births to Mothers without High School[168] 32.6%

Births to Teen Mothers: 4.4%

Teen Birth Rate: 38.9

Low Birth Weight: 11.7%

Early Intervention 2013-2014:

	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	3	4
Eligible for services - 13-24 months	2.56%	8	14
Eligible for services - 25-36 months	4.68%	14	12

Total Allocation 2013-14[169]: **$190,646.00**

State Allocation (including carry forward)	$162,346.00
Private Match	--
In Kind Donations	$28,300.00
Federal Grants	--
E.I.A.	--
COE Appropriation	--

Total Major Expenditures 2013-14: **$152,470.82**

Pie: Admin 15%, Indirect 29%, Family Strengthening 28%, Quality Child Care 29%

Bar chart: 2010-11 $174,432.12; 2011-12 $162,741.56; 2012-13 $139,767.52; 2013-14 $190,646.00

Admin	$22,198.50
Indirect	$44,590.95
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$42,153.52
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$43,527.85
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	--
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: **20**

ABC Child Care Facilities 2013-14[170]: **7 (35% of All Facilities)**

Centers: **6**
Family Homes: **12**
Group Homes: **--**
Head Start: **2**

Rating	#	%
A+	0	--
A	0	--
B+	0	--
B	3	42.9%
C	3	42.9%

[166] Source: U.S. Census, 2012 population estimate, www.census.gov
[167] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[168] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
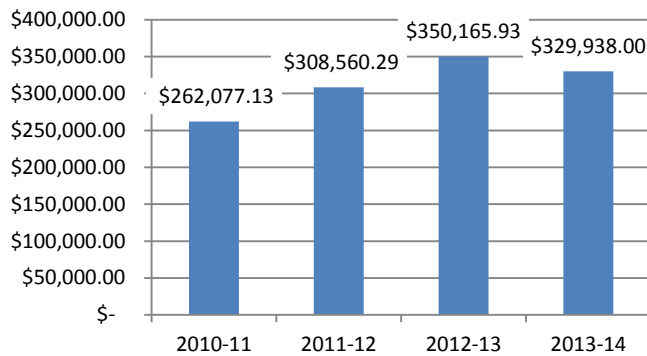[169] South Carolina First Steps
[170] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

Total Population:[171]   **10,140**

Population under 5 years: **340**

Population in poverty:[172]   10.3%

Population under 5 years in poverty: 2.%

Births to Mothers without High School   2.%

Births to Teen Mothers: 3.6%

Teen Birth Rate: 41.2

Low Birth Weight: 20.0%
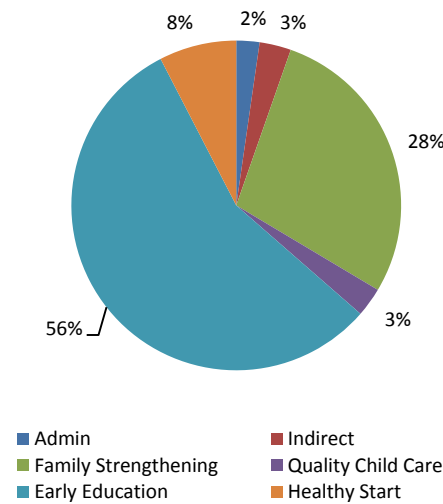
Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	**1.06%**	1	--
Eligible for services - 13-24 months	**2.56%**	1	4
Eligible for services - 25-36 months	**4.68%**	4	4

Total Allocation 2013-14[174]:   **$329,938.00**

State Allocation (including carry forward)	$164,498.00
Private Match	$25,158.00
In Kind Donations	$140,282.00
Federal Grants	--
E.I.A.	--
COE Appropriation	--

Bar chart values:
- 2010-11: $262,077.13
- 2011-12: $308,560.29
- 2012-13: $350,165.93
- 2013-14: $329,938.00

Total Major Expenditures 2013-14: $357,182.94

Pie chart:
- 2% Admin
- 3% Indirect
- 28% Family Strengthening
- 3% Quality Child Care
- 56% Early Education
- 8% Healthy Start

Program	Amount
Admin	$8,121.22
Indirect	$11,042.52
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$100,703.72
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$10,219.50
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	$199,996.88
School Transition Programs (Countdown to Kindergarten, Summer Programs)	--
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	$27,099.10
Other Programs (Community Education)	--

Total Child Care Facilities: 4

ABC Child Care Facilities 2013-14[175]:   **1 (25% of All Facilities)**

Centers: **2**

Family Homes: **1**

Group Homes: **--**

Head Start: **1**

Rating	#	%
A+	0	--
A	0	--
B+	1	100%
B	0	--
C	0	--

[171] Source: U.S. Census, 2012 population estimate, www.census.gov
[172] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[173] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[174] South Carolina First Steps
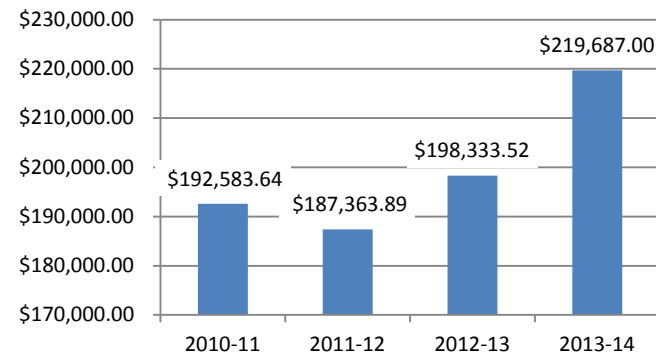[175] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

Total Population:[176] **37,432**

Population under 5 years: **2,423**

Population in poverty:[177] 14.4%

Population under 5 years in poverty: 29.1%

Births to Mothers without High School diploma:[178] 29.%

Births to Teen Mothers: 3.4%

Teen Birth Rate: 51.7
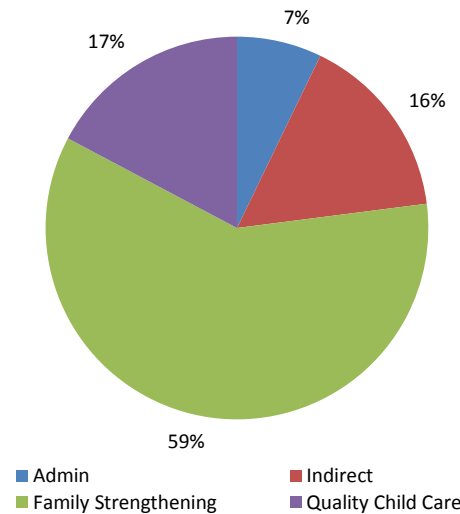
Low Birth Weight: 12.7%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	4	4
Eligible for services - 13-24 months	2.56%	11	7
Eligible for services - 25-36 months	4.68%	21	9

Total Allocation 2013-14[179]: **$219,687.00**

State Allocation (including carry forward)	$142,173.00
Private Match	$7,148.00
In Kind Donations	$68,856.00
Federal Grants	--
E.I.A.	$1,510.00
COE Appropriation	--

Total Major Expenditures 2013-14 : **$192,446.50**

Bar chart: 2010-11 $192,583.64; 2011-12 $187,363.89; 2012-13 $198,333.52; 2013-14 $219,687.00

Pie chart: Admin 7%, Indirect 16%, Family Strengthening 59%, Quality Child Care 17%

Admin	$13,713.47
Indirect	$30,182.93
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$114,251.33
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$32,947.07
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	$3,767.70
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: **15**

ABC Child Care Facilities 2013-14[180]: **19 (126.7% of All Facilities)**

Centers: **12**

Family Homes: **2**

Group Homes: **--**

Head Start: **1**

Rating	#	%
A+	0	--
A	1	5.3%
B+	0	--
B	3	15.8%
C	2	10.5%

[176] Source: U.S. Census, 2012 population estimate, www.census.gov
[177] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[178] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[179] South Carolina First Steps
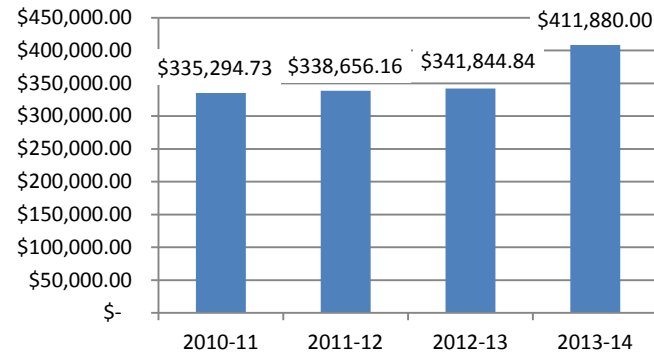[180] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

Total Population:[181]   **74,038**

Population under 5 years: **4,170**

Population in poverty:[182]   13.7%

Population under 5 years in poverty: 20.5%

Births to Mothers without High School diploma:[183]   20.9%

Births to Teen Mothers: 3.4%

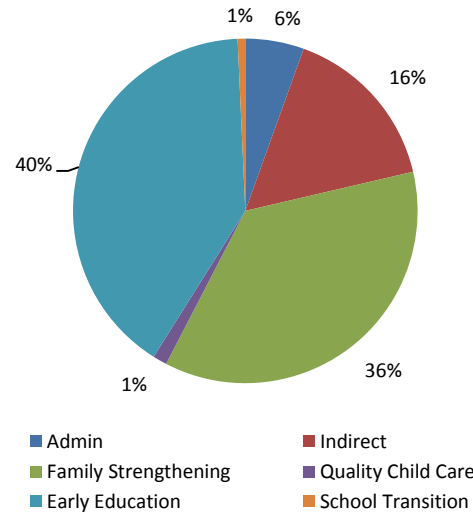**Teen Birth Rate:**   45

Low Birth Weight: 7.5%

Early Intervention 2013-2014:

	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	8	8
Eligible for services - 13-24 months	2.56%	21	24
Eligible for services - 25-36 months	4.68%	38	41

Total Allocation 2013-14[184]**:**   **$411,880.00**

State Allocation (including carry forward)	$197,149.00
Private Match	$8,460.00
In Kind Donations	$204,007.00
Federal Grants	--
E.I.A.	$2,264.00
COE Appropriation	--

Bar chart:
- 2010-11: $335,294.73
- 2011-12: $338,656.16
- 2012-13: $341,844.84
- 2013-14: $411,880.00

Total Major Expenditures 2013-14:   **342,651.20**

Pie chart:
- Admin: 6%
- Indirect: 16%
- Family Strengthening: 36%
- Quality Child Care: 1%
- Early Education: 40%
- School Transition: 1%

Admin	$18,854.28
Indirect	$54,314.86
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$124,211.34
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$4,535.27
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	$138,277.48
School Transition Programs (Countdown to Kindergarten, Summer Programs)	$2,457.97
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: **25**

ABC Child Care Facilities 2013-14[185]:   **18 (72% of All Facilities)**

Centers: **12**

Family Homes: **11**

Group Homes: **1**

Head Start: **1**

Rating	#	%
A+	0	--
A	0	--
B+	2	11.1%
B	3	16.7%
C	3	16.7%

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[181] Source: U.S. Census, 2012 population estimate, www.census.gov
[182] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[183] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[184] South Carolina First Steps
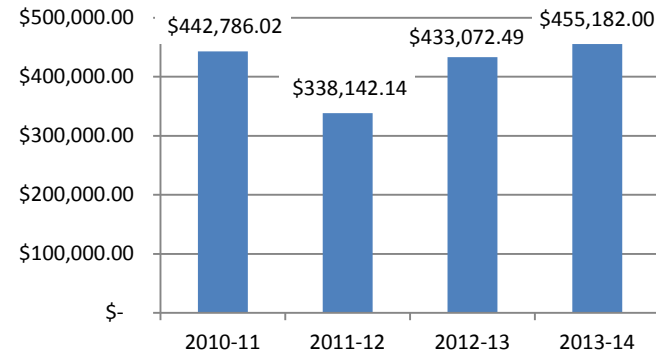[185] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

Total Population:[186]   **92,229**

Population under 5 years: **6,097**

Population in poverty:[187]   20.7%

Population under 5 years in poverty: 35.6%

Births to Mothers without High School diploma:[188]   21.3%

Births to Teen Mothers: 4.5%

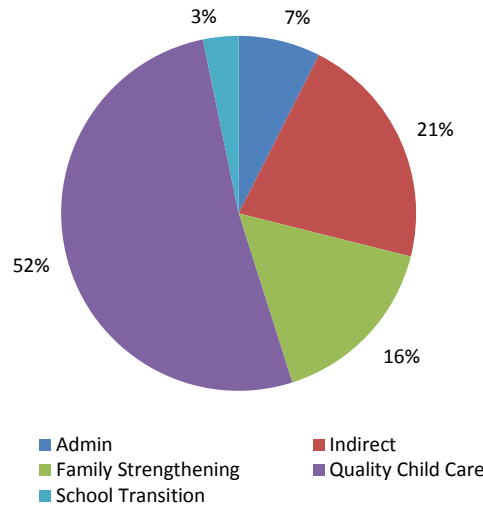**Teen Birth Rate:**   23.9

Low Birth Weight: 13.1%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	**1.06%**	**11**	**19**
Eligible for services - 13-24 months	**2.56%**	**31**	**31**
Eligible for services - 25-36 months	**4.68%**	**60**	**63**

Total Allocation 2013-14[189]:   **$455,182.00**

State Allocation (including carry forward)	$317,696.00
Private Match	$36,705.00
In Kind Donations	$94,978.00
Federal Grants	--
E.I.A.	$5,803.00
COE Appropriation	--

Bar chart — allocation by year:
- 2010-11: $442,786.02
- 2011-12: $338,142.14
- 2012-13: $433,072.49
- 2013-14: $455,182.00

Total Major Expenditures 2013-14 : $380,028.18

Pie chart: Admin 7%, Indirect 21%, Family Strengthening 16%, Quality Child Care 52%, School Transition 3%

Admin	$28,381.45
Indirect	$81,498.41
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$61,538.24
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$196,326.61
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	$12,283.47
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: 82

ABC Child Care Facilities 2013-14[190]:   **19 (23.2% of All Facilities)**

Centers: **42**

Family Homes: **31**

Group Homes: **1**

Head Start: **8**

Rating	#	%
A+	1	5.3%
A	0	--
B+	0	--
B	13	68.4%
C	4	21.1%

[186] Source: U.S. Census, 2012 population estimate, www.census.gov
[187] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[188] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[189] South Carolina First Steps
[190] http://www.abcqualitycare.org/providers
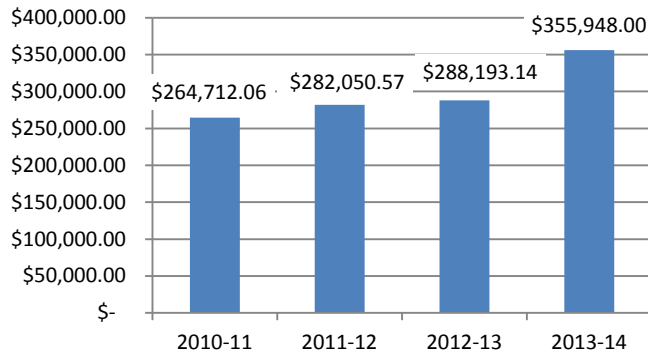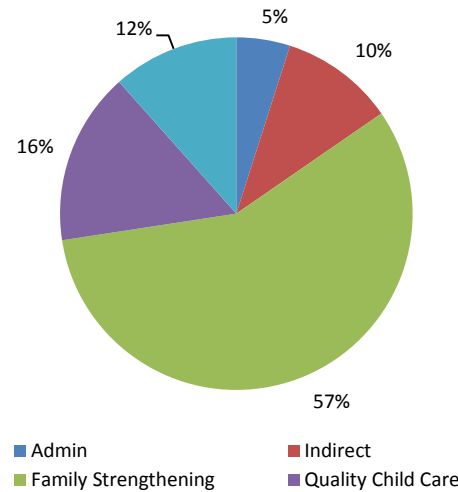
Demographics and Summary Measures

Total Population:[191] 119,167

Population under 5 years: 6,421

Population in poverty:[192] 9.9%

Population under 5 years in poverty: 25.8%

Births to Mothers without High School diploma:[193] 21.2%

Births to Teen Mothers: 3.2%

Teen Birth Rate: 24.4

Low Birth Weight: 8.2%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	12	11
Eligible for services - 13-24 months	2.56%	32	29
Eligible for services - 25-36 months	4.68%	55	54

Total Allocation 2013-14[194]: **$355,948.00**

State Allocation (including carry forward)	$272,242.00
Private Match	$60,483.00
In Kind Donations	$23,223.00
Federal Grants	--
E.I.A.	--
COE Appropriation	--

Total Major Expenditures 2013-14: **$322,661.80**

Pie chart:
- Admin 5%
- Indirect 10%
- Family Strengthening 57%
- Quality Child Care 16%
- (12%)

Legend:
- Admin
- Indirect
- Family Strengthening
- Quality Child Care

Bar chart:
- 2010-11: $264,712.06
- 2011-12: $282,050.57
- 2012-13: $288,193.14
- 2013-14: $355,948.00

Admin	$15,901.29
Indirect	$33,755.16
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$184,542.09
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$51,113.47
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	--
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	$43,349.87
Other Programs (Community Education)	--

Total Child Care Facilities: 52

ABC Child Care Facilities 2013-14[195]: **21 (40.4% of All Facilities)**

Centers: **22**

Family Homes: **23**

Group Homes: **3**

Head Start: **4**

Rating	#	%
A+	3	14.3%
A	0	--
B+	4	19.1%
B	4	19.1%
C	6	28.6%

[191] Source: U.S. Census, 2012 population estimate, www.census.gov
[192] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[193] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[194] South Carolina First Steps
[195] http://www.abcqualitycare.org/providers

FIRST STEPS
SOUTH CAROLINA
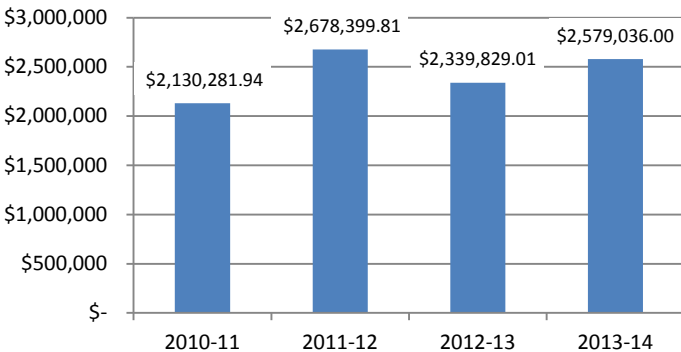Getting children ready for school.

Demographics and Summary Measures

Total Population:[196]   384,596

Population under 5 years: 24,490

Population in poverty:[197]   11.9%

Population under 5 years in poverty: 20.5%

Births to Mothers without High School diploma:[198]   13.3%

Births to Teen Mothers: 2.4%

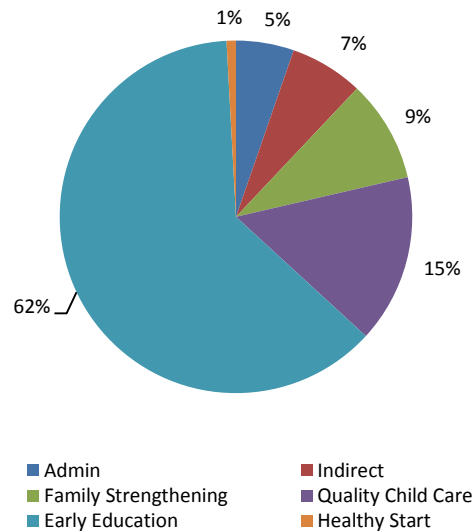**Teen Birth Rate:**   50

Low Birth Weight: 11.1%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	48	59
Eligible for services - 13-24 months	2.56%	126	140
Eligible for services - 25-36 months	4.68%	228	223

Total Allocation 2013-14[199]:   **$2,579,036.00**

State Allocation (including carry forward)	$838,647.00
Private Match	$600,370.00
In Kind Donations	$10,680.00
Federal Grants	$1,129,339.00
E.I.A.	--
COE Appropriation	--

Total Major Expenditures 2013-14 :   **$1,959,012.44**

Pie chart legend: Admin 5%, Indirect 7%, Family Strengthening 9%, Quality Child Care 15%, Early Education 62%, Healthy Start 1%

Bar chart:
- 2010-11: $2,130,281.94
- 2011-12: $2,678,399.81
- 2012-13: $2,339,829.01
- 2013-14: $2,579,036.00

Admin	$104,045.72
Indirect	$131,684.21
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$183,162.05
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$302,358.30
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	$1,220,955.24
School Transition Programs (Countdown to Kindergarten, Summer Programs)	--
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	$16,806.92
Other Programs (Community Education)	--

Total Child Care Facilities: 282

ABC Child Care Facilities 2013-14[200]:   **137 (48.6% of All Facilities)**

Centers: **133**

Family Homes: **129**

Group Homes: **13**

Head Start: **7**

Rating	#	%
A+	14	10.2%
A	1	0.7%
B+	7	5.1%
B	43	31.4%
C	18	13.1%

[196] Source: U.S. Census, 2012 population estimate, www.census.gov
[197] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[198] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[199] South Carolina First Steps
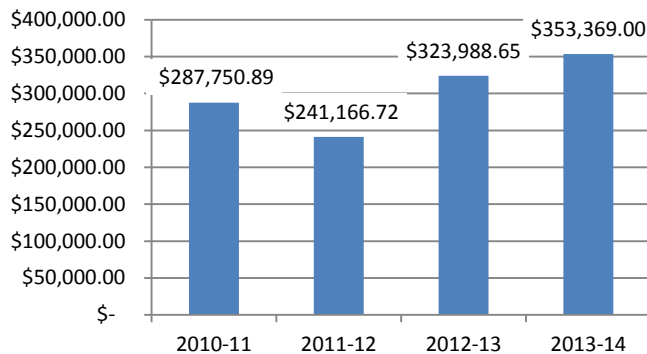[200] http://www.abcqualitycare.org/providers

SOUTH CAROLINA FIRST STEPS: 2014 | Local Profile Report for Saluda COUNTY

Demographics and Summary Measures

Total Population:[201]	**19,758**
Population under 5 years:	**1,374**
Population in poverty:[202]	14.1%
Population under 5 years in poverty:	22.1%
Births to Mothers without High School	38.9%
Births to Teen Mothers:	0.8%
Teen Birth Rate:	36.5
Low Birth Weight:	9.2%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	**1.06%**	3	1
Eligible for services - 13-24 months	**2.56%**	6	8
Eligible for services - 25-36 months	**4.68%**	12	25

Total Allocation 2013-14[204]: **$353,369.00**

State Allocation (including carry forward)	$193,219.00
Private Match	$18,901.00
In Kind Donations	$120,060.00
Federal Grants	$19,679.00
E.I.A.	$1,510.00
COE Appropriation	--

Bar chart values:
- 2010-11: $287,750.89
- 2011-12: $241,166.72
- 2012-13: $323,988.65
- 2013-14: $353,369.00

Total Major Expenditures 2013-14 : $290,271.84

Pie chart:
- Admin 6%
- Indirect 6%
- Family Strengthening 76%
- Quality Child Care 10%
- School Transition 2%

Admin	$16,511.15
Indirect	$18,011.69
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$220,533.99
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$30,331.10
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	$4,883.91
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities:	**13**
ABC Child Care Facilities 2013-14[205]:	**2 (15.4% of All Facilities)**
Centers:	**4**
Family Homes:	**7**
Group Homes:	**1**
Head Start:	**1**

Rating	#	%
A+	0	--
A	0	--
B+	1	50.0%
B	0	--
C	1	50.0%

[201] Source: U.S. Census, 2012 population estimate, www.census.gov
[202] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[203] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[204] South Carolina First Steps
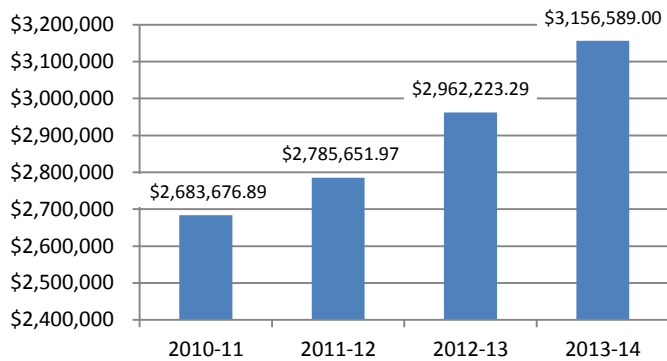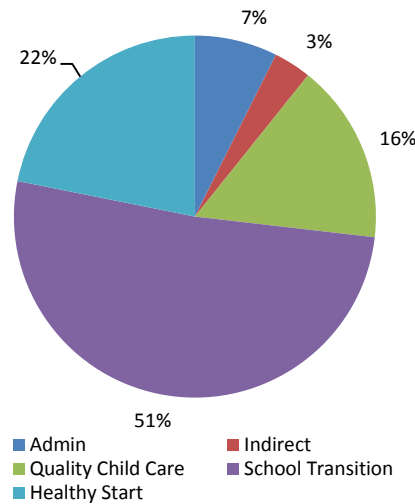[205] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

Total Population:[206]   **284,540**

Population under 5 years: **19,136**

Population in poverty:[207]   12.7%

Population under 5 years in poverty: 21.6%

Births to Mothers without High School   20.6%

Births to Teen Mothers: 3.5%

Teen Birth Rate: 40.9

Low Birth Weight: 9.3%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	**1.06%**	**36**	**44**
Eligible for services - 13-24 months	**2.56%**	**91**	**122**
Eligible for services - 25-36 months	**4.68%**	**172**	**168**

Total Investment 2013-14[209]:   **$3,156,589.00**

State Allocation (including carry forward)	$671,055.00
Private Match	$1,056,889.00
In Kind Donations	--
Federal Grants	$1,428,645.00
E.I.A.	--
COE Appropriation	--

Bar chart:
- 2010-11: $2,683,676.89
- 2011-12: $2,785,651.97
- 2012-13: $2,962,223.29
- 2013-14: $3,156,589.00

Total Major Expenditures 2013-14 : $3,034,923.20

Pie chart:
- Admin 7%
- Indirect 3%
- Quality Child Care 16%
- School Transition 51%
- Healthy Start 22%

Admin	$224,311.60
Indirect	$101,750.14
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	--
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$488,077.65
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	$1,557,687.01
School Transition Programs (Countdown to Kindergarten, Summer Programs)	--
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	$663,096.80
Other Programs (Community Education)	--

Total Child Care Facilities: **128**

ABC Child Care Facilities 2013-14[210]:   **50 (39.1% of All Facilities)**

Centers: **81**

Family Homes: **33**

Group Homes: **4**

Head Start: **10**

Rating	#	%
A+	6	12%
A	1	2%
B+	5	10%
B	17	34%
C	15	30%

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[206] Source: U.S. Census, 2012 population estimate, www.census.gov
[207] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[208] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[209] South Carolina First Steps
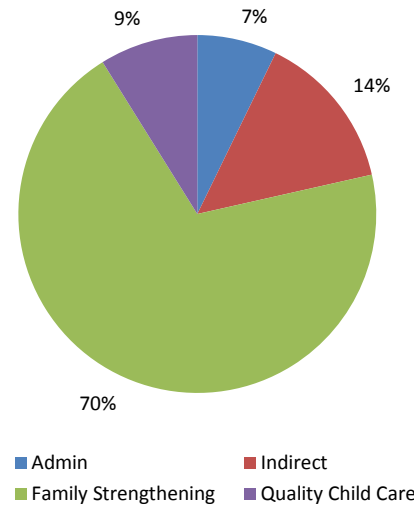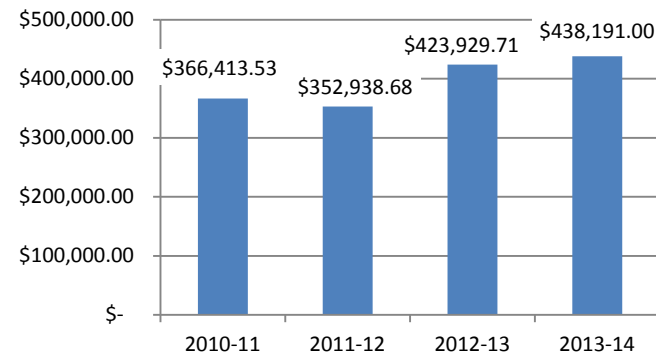[210] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

Total Population:[211]   107,279

Population under 5 years: 7,764

Population in poverty:[212]   14.7%

Population under 5 years in poverty: 25.4%

Births to Mothers without High School diploma:[213]   15.8%

Births to Teen Mothers: 2.9%

Teen Birth Rate: 46.3

Low Birth Weight: 10.1%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	15	13
Eligible for services - 13-24 months	2.56%	39	30
Eligible for services - 25-36 months	4.68%	72	64

Total Allocation 2013-14[214]:   **$438,191.00**

State Allocation (including carry forward)	$381,671.00
Private Match	$7,025.00
In Kind Donations	$49,495.00
Federal Grants	--
E.I.A.	--
COE Appropriation	--

Total Major Expenditures 2013-14:   **$360,184.82**

Pie chart: Admin 7%, Indirect 14%, Family Strengthening 70%, Quality Child Care 9%

■ Admin   ■ Indirect   ■ Family Strengthening   ■ Quality Child Care

Bar chart:
- 2010-11: $366,413.53
- 2011-12: $352,938.68
- 2012-13: $423,929.71
- 2013-14: $438,191.00

Admin	$25,988.19
Indirect	$51,341.88
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$250,889.82
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$31,964.93
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	--
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: 87

ABC Child Care Facilities 2013-14[215]:   **37 (42.5% of All Facilities)**

Centers: **50**

Family Homes: **27**

Group Homes: **3**

Head Start: **7**

Rating	#	%
A+	4	10.8%
A	0	--
B+	5	13.5%
B	13	35.1%
C	12	32.4%

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[211] Source: U.S. Census, 2012 population estimate, www.census.gov
[212] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[213] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[214] South Carolina First Steps
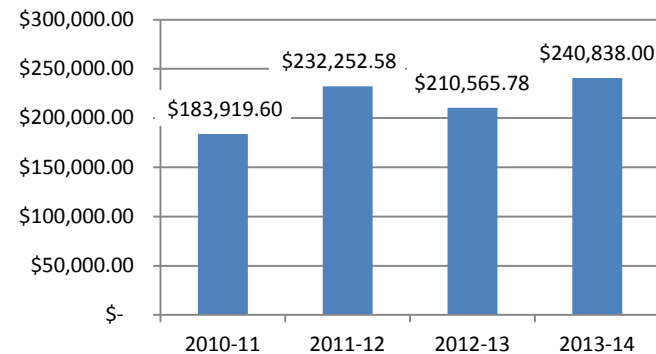[215] http://www.abcqualitycare.org/providers

Demographics and Summary Measures

Total Population:[216]   **28,804**

Population under 5 years: **1,702**

Population in poverty:[217]   17.1%

Population under 5 years in poverty: 27.2%

Births to Mothers without High School diploma:[218]   22.9%

Births to Teen Mothers: 3.3%

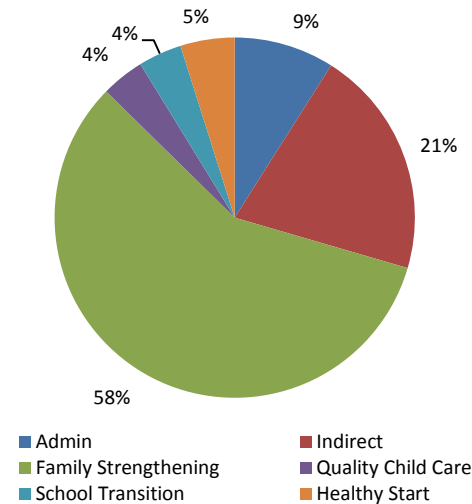**Teen Birth Rate:**   48.8

Low Birth Weight: 10.0%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	3	1
Eligible for services - 13-24 months	2.56%	8	6
Eligible for services - 25-36 months	4.68%	15	18

Total Allocation 2013-14[219]**:**   **$240,838.00**

State Allocation (including carry forward)	$146,912.00
Private Match	$11,641.00
In Kind Donations	$77,346.00
Federal Grants	--
E.I.A.	$4,939.00
COE Appropriation	--

Bar chart — Allocation by year:
- 2010-11: $183,919.60
- 2011-12: $232,252.58
- 2012-13: $210,565.78
- 2013-14: $240,838.00

Total Major Expenditures 2013-14:   **$173,782.97**

Pie chart:
- Admin 9%
- Indirect 21%
- Family Strengthening 58%
- Quality Child Care 4%
- School Transition 4%
- Healthy Start 5%

Admin	$15,612.10
Indirect	$35,681.15
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$100,521.59
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$6,721.07
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	$6,780.54
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	$8,466.52
Other Programs (Community Education)	--

Total Child Care Facilities: **13**

ABC Child Care Facilities 2013-14[220]:   **5 (38.5% of All Facilities)**

Centers: **6**

Family Homes: **4**

Group Homes: **2**

Head Start: **1**

Rating	#	%
A+	0	--
A	0	--
B+	0	--
B	1	20%
C	3	60%

Demographics and Summary Measures

Total Population:[221] **34,361**

Population under 5 years: **2,043**

Population in poverty:[222] 23.9%

Population under 5 years in poverty: 23.6%

Births to Mothers without High School diploma:[223] 18.6%

Births to Teen Mothers: 3.2%

Teen Birth Rate: 47.7

Low Birth Weight: 14.5%

Early Intervention 2013-2014:

	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	1.06%	3	6
Eligible for services - 13-24 months	2.56%	9	12
Eligible for services - 25-36 months	4.68%	17	13

Total Allocation 2013-14[224]: **$297,662.00**

State Allocation (including carry forward)	$185,442.00
Private Match	$22,534.00
In Kind Donations	$85,795.00
Federal Grants	$2,375.00
E.I.A.	$1,510.00
CDEPP 4-K Appropriation	$6.00

Bar chart:
- 2010-11: $504,147.77
- 2011-12: $235,664.04
- 2012-13: $245,070.74
- 2013-14: $297,662.00

Total Major Expenditures 2013-14: **$267,438.85**

Pie chart:
- Admin: 9%
- Indirect: 21%
- Family Strengthening: 44%
- Quality Child Care: 24%
- School Transition: 2%

Admin	$24,220.11
Indirect	$55,679.66
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$117,779.38
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$63,720.21
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	$6,039.49
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	--
Other Programs (Community Education)	--

Total Child Care Facilities: **104**

ABC Child Care Facilities 2013-14[225]: **9 (8.7% of All Facilities)**

Centers: **15**

Family Homes: **78**

Group Homes: **9**

Head Start: **2**

Rating	#	%
A+	0	--
A	0	--
B+	6	66.7%
B	3	33.3%
C	0	--

[221] Source: U.S. Census, 2012 population estimate, www.census.gov
[222] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov
[223] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org
[224] South Carolina First Steps
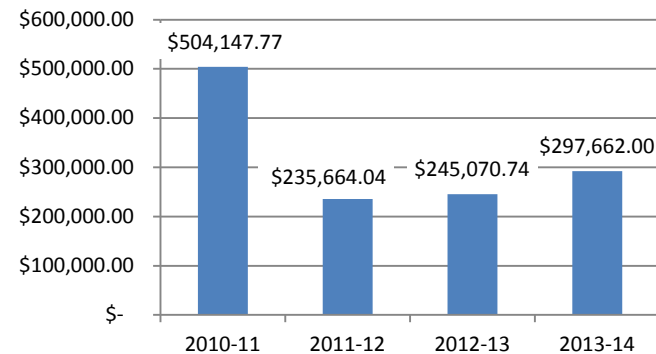[225] http://www.abcqualitycare.org/providers
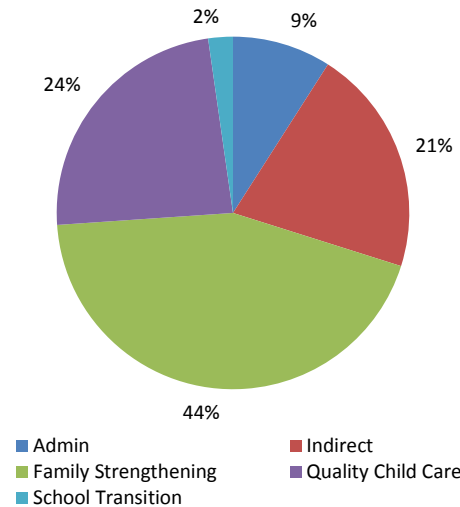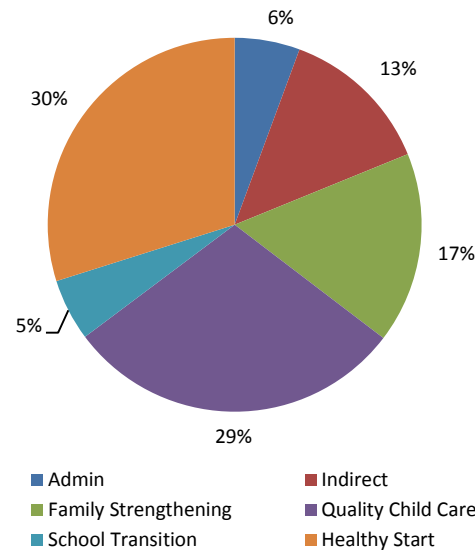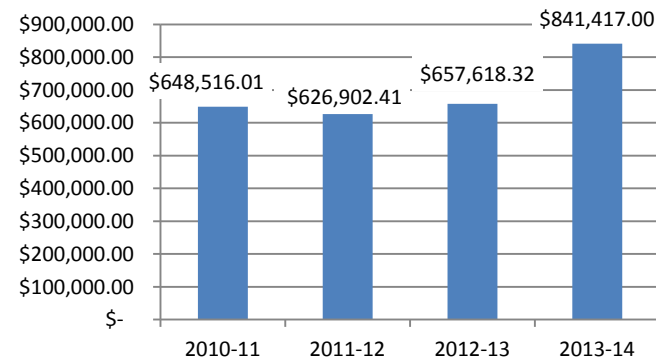
Demographics and Summary Measures

Total Population:[226]   **226,576**

Population under 5 years: **15,398**

Population in poverty:[227]   10.3%

Population under 5 years in poverty: 17.%

Births to Mothers without High School diploma:[228]   14.7%

Births to Teen Mothers: 2.1%

Teen Birth Rate: 30.9

Low Birth Weight: 9.3%

Early Intervention 2013-2014:	National Avg of SC Births	# Projected from Avg	# Actual
Eligible for services - 0-12 months	**1.06%**	**30**	**44**
Eligible for services - 13-24 months	**2.56%**	**72**	**86**
Eligible for services - 25-36 months	**4.68%**	**138**	**152**

Total Allocation 2013-14[229]:	**$841,417.00**
State Allocation (including carry forward)	$552,092.00
Private Match	$62,504.00
In Kind Donations	$223,802.00
Federal Grants	--
E.I.A.	$3,019.00
COE Appropriation	--

Bar chart: $648,516.01 (2010-11), $626,902.41 (2011-12), $657,618.32 (2012-13), $841,417.00 (2013-14)

Total Major Expenditures 2013-14 : $752,289.36

Pie chart: Admin 6%, Indirect 13%, Family Strengthening 17%, Quality Child Care 29%, School Transition 5%, Healthy Start 30%

Legend: ■ Admin ■ Indirect ■ Family Strengthening ■ Quality Child Care ■ School Transition ■ Healthy Start

Admin	$42,442.92
Indirect	$99,267.36
Family Strengthening Programs (Parents as Teachers, Early Steps, Fatherhood Initiative, Healthy Families, Parent-Child Home, Parent Training, Family Literacy Model, MotherRead/FatherRead, Other Family Literacy, Library-Based Programs)	$124,304.70
Quality Child Care Programs (Quality Enhancement, Child Care Training & Professional Development, Scholarships)	$221,221.09
Early Education Programs (Early Education for Children Under 4, Head Start, Extended Day 4-K, 4-K)	--
School Transition Programs (Countdown to Kindergarten, Summer Programs)	$40,333.29
Healthy Start Programs (Early Identification & Referral, Nurse Family Partnership, HHS Service Coordinator, Home-Based Services, Non Home-Based Services, Nutrition, Public Health-Based Services)	$224,720.00
Other Programs (Community Education)	--

Total Child Care Facilities: 124

ABC Child Care Facilities 2013-14[230]:   **36 (29% of All Facilities)**

Centers: **59**

Family Homes: **58**

Group Homes: **2**

Head Start: **5**

Rating	#	%
A+	4	11.1%
A	1	2.8%
B+	3	8.3%
B	13	36.1%
C	12	33.3%

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[226] Source: U.S. Census, 2012 population estimate, www.census.gov

[227] Source: U.S. Census, American Community Survey, 2012 5-year estimate, www.census.gov

[228] KIDS COUNT Data Center, Annie E. Casey Foundation, 2012, www.datacenter.kidscount.org

[229] South Carolina First Steps

[230] http://www.abcqualitycare.org/providers