

First Steps and Further Steps

Early Outcomes and Lessons Learned from
South Carolina's School Readiness Initiative

1999-2002 Program Evaluation Report
Executive Summary



Produced by



Preface

The law creating First Steps not only 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 the First Steps program. Under the law, an evaluation of the program 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. The members of the three-person committee have worked with the First Steps Board of Trustees and the Office of First Steps to oversee the external evaluation.

The First Steps Board of Trustees contracted with Child Trends to conduct the external evaluation. Child Trends is a nonprofit, nonpartisan research organization in Washington, D.C. that focuses on research and statistics on children and families. The three-person committee has worked closely with Child Trends researchers to ensure that the evaluation is impartial, comprehensive, and instructive, and we endorse this report as having all of these qualities. We appreciate the cooperation of the many groups which have contributed to this evaluation. We have enjoyed excellent working relationships with Child Trends, the First Steps Board of Trustees, the Office of First Steps, and with the county staff, board members, and service providers.

The evaluation focuses on the first three years of First Steps, a period which was dominated by the process of developing and implementing a major statewide initiative. The report includes key accomplishments, challenges, and directions for further steps. We hope that all involved in this initiative to improve the readiness of our children to succeed in school will find the report useful as a guide to the future.

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On June 28, 1999, South Carolina launched a comprehensive early childhood initiative called South Carolina First Steps to School Readiness (First Steps). This ambitious and innovative program is one of only a few statewide, multicomponent early childhood initiatives in the country with the aim of improving children's school readiness. The initiative seeks to accomplish this task by improving the efficiency and coordination of existing services to children ages zero to five and their families, and by providing new services where gaps are identified.

The purpose of this report is to fulfill the legislative mandate for an external evaluation of the initiative to be reported to the legislature on January 1, 2003.

Goals of the First Steps Initiative and Focus of this Evaluation

The First Steps initiative has five goals, as specified in Section 59-152-30 of the legislation. They are:

- 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; and
- 5) Mobilize communities to focus efforts on providing enhanced services to support families and their young children to enable every child to reach school healthy and ready to learn.

Collectively, these goals indicate that all young children in South Carolina and their parents should have access to services so that children can develop optimally and arrive at school ready to learn. However, there is also a sense that targeting the most needy population of young children in South Carolina is a priority, since they are the most at-risk of arriving at school not ready to learn. Thus, First Steps has a dual function: to improve the school readiness of all of South Carolina's children and to address the needs of at-risk young children and their families.

The programs implemented by First Steps were generally operational for less than a year during the period the present evaluation covers. Consequently, this first evaluation report is an implementation evaluation of First Steps in its first three years of activities. The evaluation is an investigation of whether First Steps is "doing the right things in the right ways for the right people." That is, has First Steps identified research-based best practices (i.e., the "right things") and implemented them effectively (i.e., the "right ways") to serve the populations for which they were intended (i.e., the "right people")?



Findings and Conclusions

- All of the administrative structures called for by the legislation (i.e., State Board of Trustees, County Partnership Boards, and State Office of First Steps) are in place. It was a significant challenge to establish all 46 County Partnerships simultaneously. Indeed, it took approximately two years to establish all necessary administrative structures and to conduct county-level needs and resources assessments and strategic planning. Consequently, programs had been serving children and families for at most a year, and in many cases for shorter periods of time during the period covered by this evaluation. The evidence indicates that all administrative structures are now fulfilling their mandated functions.
- First Steps adhered to a set of guiding principles that are supported by research in early childhood development. These principles include:
 - Focus on the whole child;
 - View school readiness as a multidimensional construct;
 - Provide supports for all children;
 - Emphasize community mobilization and collaboration;
 - Provide an array of services;
 - Coordinate services;
 - Follow best practices;
 - Meet specific needs within communities;
 - Emphasize fiscal responsibility; and
 - Require accountability for efficiency, effectiveness, and readiness results.

It is noteworthy that the initial set of principles has not remained hypothetical, but has been drawn upon to guide the actual implementation of the First Steps initiative.

- Programs of each type called for in the legislation have been implemented. Out of total spending at the county level, 37 percent was spent on early education programs, 25 percent on parent education and family strengthening programs, 17 percent on child care programs, and 5 percent on health, transportation and other programs.
- There was substantial variation among the counties in the programs they selected to implement. This is reflected in County Partnerships' strategic plans and spending allocations, and confirms County Partnerships' focus on local needs. However, in some cases, obstacles delayed or prevented the implementation of all planned strategies. This was a particular problem for health strategies.
- In this early period of program implementation, there is evidence that the quality of programs varies both across and within counties. For example, the Program Effectiveness Reports (which provide program implementation information for nearly all First Steps-funded programs) frequently called attention to the need for additional staff training or

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expertise. Specific resources were also identified as lacking in some counties (e.g., transportation, qualified bilingual staff, and qualified health professionals).

- First Steps is engendering a "culture of accountability" regarding expenditures and program implementation.
 - Fiscal resources are being adequately tracked within a fiscal management system. There is ongoing and detailed reporting of expenditures.
 - Activities for nearly all programs (350 out of 351) carried out throughout the state were outlined in Program Effectiveness Reports. These reports, while providing an important "window" into First Steps-funded programs, were of varying levels of completeness and quality.
 - The system for tracking the number of children and families served is still evolving. Reasonable estimates were only available for some program types. Efforts are now underway to improve regular reporting of children and families served and services provided. This is an essential step.
- First Steps has fostered collaboration and built capacity at the state and county levels in a way that should enhance services for young children and their families. This was a high priority in the legislation. There are numerous examples at the county level of programs and agencies working in closer coordination, of efforts to improve referral networks, and of joint initiatives by agencies or organizations to improve services for young children and their families. At the state level, First Steps has contributed to such collaborative initiatives as the Child Care Coordinating Council.

Recommendations

- Now that programs are taking root, there is a need for increasing focus on program quality. Many specific recommendations for enhancing program quality are detailed in the evaluation report and are summarized in the Executive Summary.
- Efforts should be made at the state level to provide advice and assistance on widely encountered challenges in program implementation. There were certain challenges that affected many counties, such as supplantation issues for health programs, lack of transportation, and lack of qualified staff.
- Mechanisms are needed to share experiences across counties so that what has been learned in one county can inform efforts in others. Counties have learned a great deal in implementing programs and have indicated a desire to interact on a regular basis.
- Improvements in standardization and clarity of administrative procedures and requirements should continue. A procedures manual in fiscal management has proven very useful, and such manuals should be developed for other areas.
- There should be continued training for Executive Directors and County Partnership Board members. Substantial investments have already been made in training and technical assistance, but there are ongoing requests for training in specific areas, especially in the fiscal area.



- Continue to strengthen and streamline data collection at all levels. While the fiscal reporting system appears to be adequate for tracking fiscal resources, ongoing program implementation needs to be monitored with streamlined Program Effectiveness Reports. Also, the system recently put into place for tracking family and child receipt of services needs to be closely monitored. In order to insure consistency in the data collected by counties, specifications for each item recorded need to be developed. In particular, unduplicated counts need to be available for the next evaluation report.
- As programs mature, it will be critical to turn to the formulation of an outcomes evaluation focusing on children's school readiness. Guidance will be needed in determining appropriate outcome measures to be used. In particular, careful attention is called for in the selection of child assessments to be used within individual programs and in a statewide evaluation. For a statewide evaluation, if budgets do not permit a state representative sample using direct child assessments, caution will be needed concerning the use of the South Carolina Readiness Assessment (SCRA) data for purposes other than its original intent.
- As First Steps programs become more mature and child outcomes related to school readiness become available, the information on outcomes should be used to guide program choice. That is, only programs that are shown to be effective in promoting school readiness should be sustained in future years.
- Adequate resources will be needed to sustain First Steps efforts and to move forward in terms of strengthening the quality of programs, data collection, and administration of the initiative. Spending by First Steps per child under age six in South Carolina, and per child in poverty in this age range, is substantially less than in the programs to support school readiness in the states of North Carolina and California. A review of spending per young child and per young child in poverty needs to be carried out in order to develop reasonable expectations for how much First Steps can contribute to children's school readiness. Such a review will also be central in determining what can be accomplished in strengthening the First Steps initiative in the ways noted in this evaluation.

Executive Summary

Introduction

On June 28, 1999, South Carolina launched a comprehensive early childhood initiative called South Carolina First Steps to School Readiness (First Steps). This ambitious and innovative program is one of only a few statewide, multicomponent early childhood initiatives in the country. The legislation called for an external evaluation of the initiative to be reported to the legislature on January 1, 2003.

This Executive Summary begins by providing an overview of the goals of the South Carolina First Steps to School Readiness initiative, the goals of this evaluation report, and an overview of the characteristics of the young children and families in the state to whom the initiative is addressed. It then provides a summary of key accomplishments, challenges faced, and recommendations in each area reviewed in the full report:

- Establishment of administrative structures and collaborative processes called for in the legislation;
- Overview of fiscal information for First Steps, with a focus on the 2001-02 fiscal year;
- Programs developed by First Steps in the areas of early education, child care, parenting and family strengthening, health and other categories;
- Recommendations for First Steps' further steps.

Goals of the First Steps Initiative and Focus of this Evaluation

First Steps is intended to improve the school readiness of children ages zero to five in South Carolina. The initiative seeks to accomplish this task by improving the efficiency and coordination of existing services for these children and their families, and by providing new services where gaps are identified.

As mandated by legislation, the South Carolina First Steps to School Readiness Board of Trustees and the Office of South Carolina First Steps to School Readiness (Office of First Steps) were established at the state level to oversee the initiative and provide technical assistance regarding its implementation. County Partnership Boards in each of the state's 46 counties were called upon to perform an

assessment of county needs and resources, to create a strategic plan for programs tailored to meet local needs, and to oversee the implementation of funded programs. The State Board of Trustees and County Partnership Boards include representation from a range of sectors, including agencies serving children and families, members of the state or local legislatures, schools, parents with young children, child care and other service providers, early childhood educators, the business community and the transportation sector. The range of individuals and organizations represented on the State Board of Trustees and County Partnership Boards is intended to foster communication and collaboration among those concerned about and serving young children and their families. Increasing communication and collaboration at both the state and county levels are seen as central to identifying gaps and duplication as well as strengthening services.

As noted by Holmes (2002b) in his report on First Steps' statutory requirements, there are several hallmarks to the First Steps initiative noted in the legislation. One is that it supports school readiness by increasing and improving the coordination of services to young children and their families (Section 59-152-20); second it requires that "collaboration, the development of partnerships, and the sharing and maximizing of resources are occurring before funding for the implementation/management grants...are made available" (Section 59-152-21); and third it requires strong accountability of practices, both fiscal (Section 59-152-150) and programmatic (Section 59-152-160). Accordingly, the contents of this evaluation detail the activities conducted over the first three years of First Steps in establishing the administrative structures required



by the legislation and launching programs for young children and their families. The report also addresses the collaborative efforts undertaken to enhance services.

Although the legislation suggests that child and family outcomes should be the focus of each evaluation report provided for First Steps, evaluation researchers strongly recommend that newly established initiatives direct attention first to evaluating whether programs were implemented in the manner suggested by practice information. This is especially the case if programs were put in place so recently that they are in an initial implementation phase. Studying the effects of a program that is early in the process of becoming established can underestimate effects. The programs implemented by First Steps were generally operational for less than a year during the period the present evaluation covers. Consequently, this first program evaluation report is an implementation evaluation of First Steps in the first three years of activities.

We characterize this initial program evaluation as an investigation of whether First Steps is “doing the right things in the right ways for the right people.” That is, did First Steps identify research-based best practices (i.e., the “right things”) and implement them effectively (i.e., the “right ways”) to serve the appropriate populations for which they were intended (i.e., the “right people”)?: Each prevalent program strategy implemented in South Carolina as part of the First Steps initiative was reviewed, along with what is known about best practices for that strategy, with substantial guidance from Effective Practices Reports prepared for the evaluation (Brown and Freeman, 2002; Brown and Swick, 2002; Learner, Leith, & Murday, 2002; Marsh 2002). We describe how the strategies were actually implemented in South Carolina, and compare actual implementation with best practices. This report also includes recommendations for the future.

The primary purpose of this and subsequent evaluations of First Steps is to assess progress toward achieving First Steps goals (Section 59-152-160). Section 59-152-30 of the First Steps to School

Readiness legislation contains the following goals for First Steps:

- 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; 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.

Collectively, these goals indicate that all young children in South Carolina and their parents should have access to services so that children can develop optimally and arrive at school ready to learn. However, there is also a sense that targeting the most needy population of young children in South Carolina is a priority, since they are the most at-risk of arriving at school not ready to learn. Thus, First Steps has a dual function: to improve the school readiness of all of South Carolina’s children and to address the needs of at-risk young children and their families.

This set of goals also suggests the types of program strategies that should be included in the First Steps initiative. Specifically, programs should focus on providing parenting support, health services, and high quality early child care and education opportunities. Indeed, the most prevalent program strategies adopted by County Partnerships included 4-year-old kindergarten (4K), summer enrichment, child care, parenting/family strengthening pro-

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grams, and health programs. In addition, according to Section 59-152-100(A), the coordination, accessibility and affordability of transportation were to be targets of service within First Steps.

Setting the Context for First Steps: Young Children and Their Families in South Carolina

In 2000 there were over 239,000 families with children under age six in the state of South Carolina, and a total of 318,543 children in that age group. Some groups of young children are at higher risk of being less than fully prepared for school. These include, for example: children living in poor families (20.1 percent); those born to single mothers who lack a high school degree (14.4 percent); those born with low birth weight, or less than 5.5 pounds (9.7 percent); and those who are not fully immunized (13.3 percent of 2-year-olds). Some counties have much higher percentages of children at risk. Poverty rates for children under age six, for example, ranged from as low as 12 percent to nearly one half (48.8 percent).

We turn now to an overview of accomplishments, challenges, and recommendations for the First Steps initiative and the programs it is launching. This executive summary provides an overview of conclusions and recommendations from the full report regarding (1) administrative structures within First Steps; (2) fiscal information; (3) the major programs launched by First Steps in this early period of program implementation; (4) needs for ongoing data collection and for the development of an outcomes evaluation; (5) and resources available to the initiative.

Administrative Structures and Collaborative Processes

Overview

As mandated by the legislation, the South Carolina First Steps to School Readiness Board of Trustees

and a state Office of First Steps were established to oversee the initiative and provide technical assistance regarding the implementation of the First Steps initiative at the state and county levels. The legislation also called for the development of 46 First Steps County Partnership Boards to implement the First Steps initiative (see overviews of First Steps history and statutory requirements in background papers prepared by Holmes, 2002a; 2002b). The County Partnerships each established a local county First Steps office to help coordinate and oversee the implementation of the initiative. As envisioned by the legislation and noted by Andrews (2002) in her Effective Practices Report: *Community Capacity Building, Collaboration, and Services Integration*, the administrative structure of First Steps has facilitated collaboration in the provision of services for young children and their families.

Key Accomplishments

- The administrative bodies are carrying out all assigned functions as mandated in the legislation.
- Each of the administrative bodies has devoted a considerable amount of time and resources to developing infrastructure and leadership at the state and county levels to implement First Steps.
- In the last three years, the Office of First Steps has worked intensively to develop systems and procedures to administer First Steps at the county level.
- The Office of First Steps, through its Technical Assistants, has acted as a facilitator to counties in the various stages of design and implementation of their strategic plans.
- The formation of the Board of Trustees and the County Partnership Boards helped to bring the key stakeholders together to discuss ways to maximize resources and to address gaps in services provided to young children and their families. In addition, the formation of the two boards provided a context in which collaborations across agencies and organizations were more likely to occur.



- The Board of Trustees and the County Partnership Boards have worked closely with the Office of First Steps to accomplish mandated functions, as well as establish goals and objectives for First Steps at the state and county level.

Challenges and Further Steps

- The Office of First Steps may want to consider increasing the number of regional and statewide meetings among counties. Executive Directors frequently called for regional meetings to share experiences and to collaborate.
- A major investment has been made in strengthening skills and providing technical assistance so that County Partnership Boards can carry out their functions. Trainings and technical assistance continue to be essential to the County Partnership Boards' ability to carry out their roles and responsibilities and function effectively.
- A procedures manual for the fiscal accountability system has proven extremely useful. Manuals for other areas of administrative functioning would be helpful in providing information and standardizing practices.
- It may be fruitful to consider ways to augment the current Technical Assistant position. Currently, Technical Assistants are assigned to specific counties. In this capacity, they provide assistance in a wide range of areas. Yet different Technical Assistants have particular expertise in different areas (e.g., fiscal, legislative, contracts, data collection, programmatic). There is a need to find ways to draw upon the different areas of expertise of the Technical Assistance staff while preserving the linkages between particular Technical Assistants and counties.

Fiscal Information

Overview

Total spending on First Steps in fiscal year 2001-02 was \$41,634,305. Of this total, \$39,177,091 was spent on county program and county administrative costs. County spending came from five sources: the state allocation (\$30,593,371), state private contributions (\$418,472), county cash matches (\$62,523), county in-kind matches (\$8,058,809), and federal cash matches (\$43,917). The remaining costs, \$2,457,214, were incurred by the state Office of First Steps for program-related contracts (\$675,387) and administration (\$1,781,827). Thus, spending by the state Office of First Steps was 5.9 percent of total fiscal year 2001-02 spending.

Although spending by the state Office of First Steps increased each year, its share of total First Steps spending decreased from 65.4 percent in fiscal year 1999-2000 to 5.9 percent in fiscal year 2001-02, as total First Steps spending increased from \$2.2 million in fiscal year 1999-2000 to \$41.6 million in fiscal year 2001-02.

Key Accomplishments

- The fiscal information system permits a clear overview of spending in different program areas. At the county level, out of total spending of \$39,177,091, 37 percent was spent on early education initiatives, 25 percent on parent education and family strengthening initiatives, 17 percent on child care initiatives, 7 percent on county office-based programmatic functions, 2 percent on health initiatives, and 3 percent on other program initiatives, including transportation.
- In keeping with a goal of developing program strategies in light of local needs and resource assessment, there was substantial variation among the counties in how they divided their total spending across the eight types of programs. For

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example, although statewide, the percentage of spending on early education initiatives was about one-third, the percentage spent by individual counties varied from less than 1 percent in three counties to over 70 percent in three other counties. Similarly, while statewide, the percentage of spending on parent education and family strengthening initiatives was 25 percent, the percentage spent at the county level ranged from 0 percent in three counties to 50 percent or greater in four counties.¹ There were similar differences across counties for other programs.

- All counties met their fiscal year 2001-02 matching contribution with a statewide matching rate of over 28 percent—substantially exceeding the 15 percent requirement.

Challenges and Further Steps

- County administrative spending funded by the state allocation totaled \$2,816,000 or 9.2 percent of county spending of their allocations from the state in fiscal year 2001-02. This latter figure exceeds by 1.2 percentage points the 8.0 percent cap set for each county for administrative spending out of the state allocation. This overage is, in part, due to a slow start up of programs, which caused total First Steps spending to fall short of planned spending. It is likely that this is a problem specific to the period of program start-up. However, this should be confirmed with ongoing monitoring of administrative spending.
- In interviews with Executive Directors, 46 percent reported that they would like to have more training in fiscal monitoring. The Office of First Steps should consider providing additional training of Executive Directors in budgeting and fiscal management skills.

We turn now to focus on the launching of First Steps programs in each of the four most prevalent program areas funded: early education; child care; parenting and family strengthening; and health. For each area, we provide an overview of First Steps programs, note key accomplishments, briefly sum-

marize best practice information, and indicate recommendations for the future. We also provide a brief overview of programs funded beyond the four major types. The reports of the Effective Practice Experts in each program area were an important source of information on best practice and First Steps programs in each area (Brown & Freeman, 2002; Brown & Swick, 2002; Learner et al., 2002; & Marsh, 2002). Program Effectiveness Reports were reviewed for nearly every First Steps program (Andrews & Sheldon, 2002). In addition, site visits were conducted to 23 programs in 17 counties across the state. Interviews with Executive Directors and county and state documents (e.g., annual reports) also served as valuable sources of information on First Steps programs.

Early Education: Four-Year-Old Kindergarten (4K) and Summer Readiness

Overview

First Steps supported early education programs in 40 counties, primarily through expanding four-year-old kindergarten (4K) classes from half-day to full-day, and adding new full- and half-day classes. A few counties also supported classes for children younger than age four. Most of these programs were operated through public schools; others were expanded Head Start programs. Summer readiness programs were also implemented in 29 counties. These were typically designed for children transitioning from kindergarten (5K) to first grade, but some also included four-year-olds transitioning to 5K.

Key Accomplishments

- There was a substantial increase statewide in the capacity for 4K and summer readiness programs in fiscal year 2001-02. Approximately 3,380 children participated in new or expanded 4K or other school-year preschool programs, and approxi-

¹Due to coding errors and changes to the coding system that occurred during fiscal year 2001-02, these statistics should be viewed with caution.



mately 4,248 children attended First Steps-supported summer readiness programs.

- First Steps programs were designed to follow best practices for early education, and most (especially the 4K programs) followed one of the developmentally appropriate curricula recognized by the State Department of Education, including High/Scope, Creative Curriculum, and Montessori.
- Parent satisfaction with the 4K programs was very high across the state.

Best Practices

An examination of First Steps programs in light of what is known about best practices in early education indicates that:

- Group sizes and adult:child ratios in First Steps 4K classes conformed to recommendations by the National Association for the Education of Young Children. Two adults ran classes: a lead teacher and a classroom assistant. With only two exceptions, class sizes were capped at 20, resulting in adult to child ratios of 1:10.
- The majority (87 percent) of First Steps programs were new full-day classes or half-day classes extended to full-day, conforming to current understanding of best practices.
- In public school settings, approximately 60 percent of teachers had a Bachelor's degree and a credential in early childhood education; approximately 31 percent had a Master's degree and an early childhood education credential; only 9 percent held an elementary education, rather than early childhood education, credential. All Head Start lead teachers for whom information was available had Associate's degrees in early childhood.
- Head Start classroom assistants are required to have post-high school education in child development. Public schools have not required training beyond high school for assistants, although such requirements are currently being phased in by the State Department of Education. Among the public

school assistants for whom information was provided, approximately one-fourth reported some education beyond high school. These data suggest that there is room for improvement in the area of educational and training requirements for assistants.

- Almost all First Steps 4K programs used standard, developmentally-appropriate curricula designed for young children, with High/Scope being selected most frequently. Many programs may not have fully implement these curricula, however. Some deviations were planned, based on local assessments of the needs of the children in the community. However, in some programs teachers were not able to complete curriculum training prior to implementation, and the type and amount of training received differed considerably across programs.
- The extent to which First Steps summer readiness programs followed best practices was uneven. Class sizes tended to be small, allowing more individualized attention to students. Most of the teachers were school teachers during the regular academic year, and most were certified in early childhood education. The majority of programs were of reasonably long duration and intensity, running for four or more weeks, either four or five days per week, and for four or more hours per day. However, few programs had sufficient time for planning in order to ensure that developmentally appropriate curricula, demonstrating continuity with school-year practices, could be implemented.

Challenges and Further Steps

- Training opportunities for teachers should be expanded in order to improve their abilities to implement developmentally appropriate curricula. Classroom assistants should be included in training opportunities as well. The State Department of Education requirement that is being phased in to require classroom assistants to have an

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Associates' degree, preferably in early childhood education, is a positive step in this direction.

- Increased efforts should be made to encourage systematic evaluations of children's progress, using measures that are age-appropriate, that tap a range of skills and abilities, and that are sufficiently sensitive to change so that program contributions can be detected.
- All aspects of summer readiness programs should receive more attention. Programs are likely to be more effective if they are better-integrated into general planning for early education, allowing greater coordination with school-year programs and more time for curriculum planning and teacher training. The relative brevity of these programs makes it more essential to have well-planned programs that have specific and reasonable goals for children's learning and development.
- There is a need for evaluations of variations in 4K and summer readiness programs. The variations that currently exist across the state provide an excellent opportunity for systematic studies on the effects of factors such as duration and intensity, content/curriculum planning and implementation, teacher and assistant training, and timing of programs.

Child Care

Overview

In an effort to improve the quality of child care provided to South Carolina's children in centers and formal home-based settings and to support families' ability to afford quality child care, 44 County Partnerships chose to use First Steps funds to implement child care-related strategies.² County Partnerships primarily implemented three types of strategies: quality enhancement grants, staff training and professional development, and child care scholarships for low-income families. The overwhelming majority of these programs had been in place for less than a year as of June 30, 2002, and

many operated for less than six months during fiscal year 2001-02. The approaches used by the County Partnerships were often innovative, something that was sometimes necessary, especially in the area of quality enhancement, because little research has been conducted on the best ways to go about achieving improvements in child care quality. The County Partnerships' strategies, therefore, represent pioneering efforts in improving a state's child care quality.

Key Accomplishments

Quality Enhancement Initiatives

- 33 County Partnerships awarded quality enhancement grants to child care providers. All of the initiatives included some degree of technical assistance in using the funds and making improvements, as well as monitoring of grantees' use of the funds. In an additional five counties, quality enhancement initiatives were undertaken that did not involve the awarding of grants. Instead, child care providers applied for, and were accepted to receive, technical assistance as well as materials or supplies. Therefore, a total of 38 counties implemented a quality enhancement initiative.
- In the 33 counties that awarded quality enhancement grants, a total of 470 child care providers received grants.³ Individual grant amounts ranged from \$500 to \$11,500. In the five counties where child care providers were offered technical assistance and materials (but not grants), a total of 142 child care providers were involved.

²The remaining two County Partnerships implemented strategies that involved their counties' child care communities, although they were not classified as child care strategies (one was a library program; the other was a health strategy).

³This total does not include the number of child care providers who received grants in one county as the PER for that county reported the number of classrooms (44), rather than the number of child care providers.



Therefore, a total of 612 child care providers were involved in County Partnerships' quality enhancement initiatives.

- 38 of the grantee child care providers improved their status by becoming licensed, ABC Enhanced (through the Advocates for Better Care program), or accredited by the National Association for the Education of Young Children (NAEYC) by June 30, 2002. Given that many grants were in place for six months or less, this is an encouraging initial trend.
- In almost all of the counties where quality enhancement grants were awarded, funds were used to purchase materials, supplies, or equipment. In about half of the counties, the strategies included professional development activities, such as mandatory training sessions organized by the County Partnerships or incentives or encouragement for caregivers to enroll in the Teacher Education and Compensation Helps (T.E.A.C.H.) program. Other activities included improvements in health and safety features of the environment, and facility enhancements.

Staff Training and Development

- 12 counties offered training for caregivers separately from training that may have been required of child care providers who received quality enhancement grants or technical assistance. Most of the programs offered training sessions from which caregivers could pick and choose (e.g., on health/safety; relationships and interactions with children; children's growth and development; early literacy). In some of the counties, training sessions were certified by the Department of Social Services, so caregivers could attend them to fulfill the hours necessary for licensure. Sessions were taught by instructors from local technical colleges or by child care experts hired by the County Partnerships.
- Two County Partnerships with training initiatives separate from quality enhancement initiatives collaborated with the Teacher Education and

Compensation Helps (T.E.A.C.H.) program to encourage child care providers to attain more formal education.

Child Care Scholarships

- 24 County Partnerships used First Steps funds to provide child care scholarships to low income families. The majority of the scholarship funding for families began after January 2002, but families will continue to receive funding for a full year. A total of 686 children across the state received First Steps funded child care scholarships.
- 14 County Partnerships' scholarship programs were administered by South Carolina Department of Health and Human Services as an extension of the ABC voucher system. The remaining ten County Partnerships chose to administer scholarships themselves. Families who received First Steps-funded scholarships had to choose child care providers who were ABC Enhanced, equivalent to ABC Enhanced (as determined by an ABC Monitor), or working to become ABC Enhanced through the ABC program or through County Partnerships' quality enhancement initiatives.

Best Practices

Quality Enhancement Initiatives

A great deal of research has been conducted on child care quality (Vandell & Wolfe, 2000). Research has identified elements of quality child care and has also revealed associations between the quality of child care and child development. However, little research has been conducted evaluating and comparing strategies for improving the quality of child care. First Steps quality enhancement initiatives appeared to be pioneering strategies. For example, in site visits to two counties with intensive quality enhancement initiatives, a sequence was articulated for such work, beginning with a focus on improving equipment and educational materials (books, toys) within a child care facility, progressing to a focus on curriculum and activities, and then to the quality of

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caregiver-child interaction. Program Effectiveness Reports indicated that in many quality enhancement initiatives there was a focus on equipment and materials. A key question appears to be whether work with child care providers within quality enhancement initiatives will regularly progress to a focus on curriculum and activities as well as the quality of caregiver-child interaction.

Staff Training and Development

The education level and training of caregivers is related to the quality of child care they provide. A key question is whether caregivers should have formal degrees, or whether receiving some amount of training is enough to make a difference in the quality of care they provide. Marsh (2002) notes the importance of education as well as training, and suggests that First Steps' staff training and development efforts should encompass not only training through workshops on specific issues, but also encouragement to complete formal education. At present, a substantial portion of staff training and development within First Steps is occurring through training rather than formal education.

Child Care Scholarships

Funding for child care through child care subsidies can support child well-being by contributing to families' economic well-being and by exposing children to stimulating and supportive early childhood care and education settings. A key issue is that of the quality of child care for which the subsidy is used. In South Carolina, though steps are taken to assure parental choice for the full range of child care settings, families that receive First Steps-funded child care scholarships must use them in child care that is ABC Enhanced, equivalent to ABC Enhanced, or working to become ABC Enhanced (either by participating in the ABC program or a County Partnership's quality enhancement initiative). In light of the evidence on the linkages between child care quality for children's development, it is important that First Steps child

care scholarships were used to pay for child care meeting certain quality requirements.

Challenges and Further Steps

- Efforts should be made to engage child care providers at differing levels of quality and in differing types of care in quality enhancement activities: below the level of ABC Enhanced as well as already at that level, and home-based as well as center-based care.
- Helping child care providers purchase equipment and materials was an appropriate first step for County Partnerships that implemented quality enhancement initiatives. It is important to assure that further aspects of quality (especially curriculum and activities, and caregiver-child interaction) will also be addressed.
- Child-staff ratio is an important element of child care quality, particularly for infants and toddlers. While child-staff ratio is very expensive to address, County Partnerships should address it to the extent possible among child care providers with ratios that substantially exceed recommended levels and who are not participating in other quality enhancement initiatives that might improve ratio (such as work towards accreditation).
- Plans for quality enhancement initiatives were more specifically formulated when County Partnerships hired or contracted with child care experts. In instances where the Executive Director does not have an extensive background in child care, County Partnerships may want to hire an outside expert to implement their quality enhancement initiatives.
- The monitoring of the progress of child care providers involved in counties' quality enhancement initiatives was highly variable across the counties. Gains should be measured and documented to show that First Steps initiatives are having an effect.



- County Partnerships should encourage child care providers to seek formal education and degrees in addition to participating in specific workshops.
- County Partnerships should track their training initiatives' attendance information carefully. They should track the number in attendance at each session, as well as the total number of caregivers served in the county (that is, they need to keep track of the number of caregivers who attended more than one session), and number of hours of training completed by caregivers.
- A noteworthy new effort to implement four-year-old kindergarten (4K) programs in private child care centers was recently undertaken in South Carolina. The effects of the initiative on the child care market should be monitored. In addition, it will be important to document what was required to assist child care providers in meeting the program requirements for 4K. Finally, how children in child care 4K programs fare in comparison to children in other 4K programs should be monitored over time.

Parenting/Family Strengthening Overview

According to a recent comprehensive review of the developmental literature, a positive, consistent relationship between children and primary caregivers (usually the parents) is the foundation for children's cognitive and social development (National Research Council and Institute of Medicine, 2000). When parents are unable to provide a positive and consistent environment for the child due to economic, personal, or environmental circumstances, children's development is jeopardized.

Key Accomplishments

- In an effort to improve parenting skills and family resources, 44 County Partnerships funded a total of 97 parenting and family strengthening programs between 1999 and 2002.

- The majority of the programs were based on one of three nationally recognized models: Parents as Teachers (PAT), Parent Child Home (PCH), and Family Literacy, or some combination of these three models. In addition, four programs funded by County Partnerships focused on providing families with children's books or encouraging parent-child reading experiences, and five programs focused at least in part on providing parents with English as a Second Language (ESL) training.
- Through First Steps funding, parenting programs were able to serve additional families and children who would otherwise not have been served. Additional staff has now been trained in program models. Although two-thirds of the funded programs were extensions of existing parenting programs, due to the time it took to gain grant approval and funding, and then the additional time to hire and train new staff and recruit new clients, the majority of these programs were actually seeing clients for less than a year as of June 30, 2002. In fact, many First Steps-funded parenting programs operated for less than six months during fiscal year 2001-02, confirming that the parenting/family strengthening strategies were in the early phases of implementation during the first three years of First Steps.

Best Practices

Research on best practices in parenting/family strengthening can be summarized as follows (Brown & Swick, 2002; *Future of Children*, 1999):

- Only modest effects on child and family outcomes should be expected from home visiting models used alone. Furthermore, effects are only found for families that are highly engaged in home visiting programs.
- For best results, home visiting should be employed in combination with other, comprehensive services, especially services that directly

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affect children (such as high quality early childhood care and education).

- Although Parents as Teachers is meant to be used with all families, more at-risk families may need intensive services (that is, higher dosages of home visits over a longer duration).
- Family literacy programs, which do combine direct services to children and adults, also do not produce significant effects for child outcomes unless families are highly engaged in the program, the curriculum is meaningful and useful, the staff is stable and capable, and the funding is adequate. Providing individualized home-based services may help increase family participation in group-oriented family literacy services.
- Family literacy programs that are created by combining existing programs and services will only be effective if the quality and coordination of those existing services is high.
- Parenting/family strengthening programs that employ a particular program model should adhere to that model if they hope to produce the intended results. That is, implementation must be true to the model.
- Staff characteristics and qualifications are of major concern. Staff influences both family engagement and the degree to which a curriculum is implemented as intended. Best practice suggests using professional staff, if possible.
- We do not know very much about the role of home visiting programs in rural areas where isolation may be a serious problem. In these circumstances, helping families, as needed, get services for serious problems in family functioning, such as risk of child maltreatment or domestic violence, may be particularly important.

Challenges and Further Steps

- First Steps' Parents as Teachers and Family Literacy programs were implemented with a high degree of variability with regard to target populations, duration of program, and intensity of program. Many programs deviated from the program

models. Parent Child Home programs were likely to stick more closely to the program model with regard to intensity of home visits, but often augmented the model by adding additional elements.

- Staff had varying levels of education and prior experience coming into the parenting/family strengthening programs, but nearly all staff received the necessary training in a program model (if a model was being used) prior to seeing clients.
- Finding qualified bilingual staff to meet the needs of the Hispanic community was difficult in some areas of South Carolina. This is a particular challenge in need of some innovative solutions.
- Lack of adequate transportation was also a problem that hindered full participation in all aspects of parenting/family strengthening programs.
- Efforts are needed to strengthen the current parenting/family strengthening programs so that effects on family functioning and child outcomes are optimized. In order to accomplish this, it is important to focus on the following implementation and quality issues:
 - Improving recruitment efforts;
 - Matching the program model to the population served;
 - Monitoring dosage, intensity, and duration of services;
 - Engaging qualified staff;
 - Monitoring fidelity to the model, if a model is used; and
 - Using appropriate outcome measures, when the time is right.
- A further possibility for strengthening the potential outcomes of parenting and family strengthening programs for children is combining elements of these programs with high quality early childhood care and education.
- Many parent educators were responsible for creating their own referral resources. A final recommendation is that each county develop a comprehensive directory of services that can be used by



parent educators to help families connect with needed services.

Health Overview

The South Carolina First Steps to School Readiness Initiative identified health-related factors as important contributors to school readiness. In South Carolina, a number of federal and state initiatives are already in place to address the health status of children. In considering First Steps health programs, it is important first to note that South Carolina has made progress in a number of ways in implementing best practices to address the health status of young children, both through national programs and through programs that the South Carolina Department of Health and Environmental Control has implemented. However, most of the services available are targeted for specific groups, such as Medicaid eligible families. First Steps provides an opportunity to create and expand state health strategies to improve the health status of children.

Key Accomplishments

Given the legislative requirements and limitations, 31 counties planned to implement 41 health strategies to address factors related to school readiness. However, 24 of the 31 counties were able to implement 33 programs during fiscal year 2001-02.

- Each of the 24 County Partnership Boards attempted to address at least one of the highlighted health care areas in the legislation, although the approaches taken to address health care needs varied widely. The most common approach was to implement health home visitation programs. Other programs included nutrition education, screenings, free prescriptions, free car seats, dental care, and technical assistance and educational activities for parents and child care providers.

- About two thirds (67 percent) of the health programs targeted children and families who were uninsured, non-Medicaid eligible. If duplication or potential supplantation was not an issue, most of the other programs were offered to all children and families.
- County Partnership Boards' close working relationships with local Department of Health and Environmental Control offices, and collaborative efforts within communities, have been important to the identification of the populations to target with health strategies and the effective implementation of health strategies.

Best Practices

In general, health strategies implemented through the First Steps Initiative matched well with best practices.

- Most health programs had well qualified staff. Seventy-six percent of the health programs implemented had a registered nurse on staff. Many of the nurses had public health backgrounds.
- Most programs planned to adhere to a clearly defined program model, such as the Department of Health and Environmental Control postpartum home visitation program. About half (55 percent) of health programs adhered to a home visitation program model.
- Many of the health strategies that were implemented incorporated efforts focused on connecting children and their families with medical homes, in order to create greater consistency in the receipt of health care services. For example, all home visiting programs incorporated such efforts.
- Health strategies also involved attempts to coordinate and provide comprehensive services by working with the Department of Health and Environmental Control, child care providers, and other services.
- However, few programs addressed childhood injuries, either unintentional or intentional. One exception was a County Partnership that distrib-

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uted car seats and instructions on how to use them, in addition to working with 52 child care quality enhancement grantees to create customized health and safety plans for their facilities.

- Few programs addressed dental care. One County Partnership health strategy funded preventive dental care. The program trained pediatricians to do oral screening for children from birth to age three.

Challenges and Further Steps

- First Steps health programs were difficult to implement in this early phase of the initiative for a number of reasons—supplantation concerns, difficulties arranging letters of cooperation from partners, and difficulty recruiting qualified staff in some cases. Given these problems, many programs did not meet their implementation goals for the year, but most were moving toward full operation, sometimes with modified goals and procedures, by the end of the year.
- The First Steps initiative needs to evaluate, at the state level, the highest priority and most feasible health-related issues to address. The initiative may need to limit its focus to specific health strategies in order to maximize the effect that limited First Steps funds can have.
- Counties faced difficulty recruiting and hiring qualified staff. Most counties planned to use registered nurses and other highly qualified professionals with public health backgrounds and extensive experience with pediatric populations for programs such as the postpartum home visits. South Carolina has a nursing shortage. As a result, and particularly because there was some degree of uncertainty about ongoing funding for First Steps programs, it was difficult to recruit nurses to staff programs.
- Based on reports by service providers in the Program Effectiveness Reports, it was difficult for First Steps programs to identify eligible families. First Steps programs that extended or collaborated with other programs and/or providers seemed

to be most successful in terms of actually identifying clients and providing services. Other programs either reported that they provided limited services or no services because they could not identify clients.

- One strategy for focusing First Steps efforts would be to carry out a careful analysis of the gaps in service currently offered by the Department of Health and Environmental Control and existing programs. For example, First Steps might consider expanding programs focusing on preventive dental care. While working to provide health care for the uninsured, non-Medicaid population might be seen as a priority in such an analysis, First Steps would need to work closely with Department of Health and Environmental Control to identify efficient strategies for locating this population.
- Training at the state level in how best to address supplantation issues would be helpful. In addition, counties that have successfully implemented health strategies should share lessons learned with other counties.

Other Programs

Overview

The First Steps initiative also funded a set of programs that were not encompassed under the four prevalent program types summarized above. These programs included transportation, library, and community outreach strategies. Transportation is recognized as a potential barrier to the provision and utilization of programs and services. County Partnership Boards found that available library resources for young children were underutilized. In addition, the County Partnership Boards found limited opportunities for service providers to network with each other. Programs summarized here addressed these issues and gaps in services.



Key Accomplishments

- By making programs mobile, many counties helped to address their transportation needs. Home visiting and mobile library programs, for instance, address transportation problems by bringing services, resources, and materials to where children and their families are located (i.e., homes, child care centers, hospitals).
- The library programs adopted in some counties helped to increase the training of child care providers in the area of child literacy.
- Community outreach programs aimed to enhance the efficiency of existing community services by increasing information available about services in the community and supporting the development of a more effective referral system.

Challenges and Further Steps

- The lack of available transportation is a problem that has been reported across the state and across programs. Inadequate transportation undermines children's access to needed services and programs.
- Incorporating a transportation component has enhanced accessibility for a number of First Steps programs. Free-standing transportation programs were less frequently implemented.
- Library programs may want to work in collaboration with child care providers or 4K programs. It was difficult for librarians to engage parents of young children unless the program was attached to service providers serving young children.
- The community outreach programs indicated that service providers need opportunities to network and share information. County Partnership Boards may want to consider ways to provide such opportunities.

We turn now to the issue of continuing to strengthen ongoing data reporting within First Steps.

Making Further Progress in Terms of Data Reporting and Evaluation

Overview

- Different facets of data collection within First Steps parallel the components of a logic model.
 - Data are being collected to track “inputs” (the resources allocated to different aspects of the initiative);
 - Data are being collected to track “activities” of the initiative (the implementation of specific First Steps programs as well as the effectiveness of administrative structures within First Steps);
 - Data are being collected to track “outputs” (the number of children and families actually served in First Steps programs); and
 - In the future, data will also be collected on “outcomes” (measures of how children and families are affected by participation in First Steps programs).

In general, the challenges associated with data collection within First Steps increase as one progresses from inputs to outcomes. A highly effective data system tracks First Steps inputs (specifically expenditures) through the Universal Management System (Fallon & Jenkins, 2002). Data can be analyzed by county, type of program, and by the specific nature of the spending.

In terms of tracking activities, 350 of the 351 programs funded in fiscal year 2001-02 have been documented using a Program Effectiveness Report. On the one hand, it is a major accomplishment to have a “window” into the implementation of almost all First Steps programs, and information from these reports is extremely illuminating. Collection of these Program Effectiveness Reports was a strenuous process involving staff from the Institute for Families in Society of the University of South Carolina, First Steps Executive Directors and other staff, and pro-

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gram vendors. On the other hand, while data collection covered nearly every program, numerous challenges were faced. Detailed specifications were not developed in advance so that data elements could be recorded in a consistent manner. Executive Directors and vendors were not informed substantially in advance of this data reporting requirement, and sometimes had difficulty allocating the necessary time to complete the Program Effective Reports (given competing demands) and assembling the necessary information (see discussion in Andrews & Sheldon, 2002).

Turning to outputs, data concerning the number of children and families actually served by First Steps programs are not yet available. The present evaluation report has not been able to provide an overall summary of those served (although such numbers are possible to report for specific programs, especially early elementary programs). An attempt to report reliable count data at the end of the last fiscal year (2001-02) provided a needed opportunity for training and for the development of reporting templates and specifications, but did not result in usable data. A system for reporting “counts” is now in the field. Extensive efforts have gone into piloting, training and creating data reporting specifications for this new system. Vendors have been informed of the requirement that they participate in ongoing data reporting in their contracts for the new fiscal year, and will be better able to anticipate the information required of them. Although the new system was launched a bit later than anticipated, it is expected that usable count data will begin to be available. This should be monitored carefully, with periodic assessments of data quality.

Outcome data on children and families have not yet been collected for the initiative as a whole. This is appropriate, given that First Steps programs had generally been implemented for less than a year at the end of June 2002. It is inappropriate to measure program outcomes with programs that are still working out early implementation issues. However, it will be critical to collect and report on child and

family outcomes for the 2006 evaluation of First Steps.

This section will note challenges and recommendations specific to ongoing data collection regarding First Steps activities and outputs. This section concludes with recommendations regarding the documentation of child and family outcomes in the future.

Challenges and Further Steps

- Many Executive Directors reported that the information the Office of First Steps sent to their counties on the data collection process was insufficient; counties also felt that they had received conflicting or incomplete information about the data collection process and that the procedures and requirement were changed midstream.
- Several parties (e.g. vendors, Executive Directors, Planning, Implementation and Evaluation consultants) involved in the data collection effort feel that the process needs to be better integrated. There are too many different groups collecting data; as a result, programs and counties may be getting conflicting information and facing competing demands.
- The timing of data reporting is important. In the 2001-02 fiscal year, the data reporting deadlines often coincided with other deadlines (e.g., renewal application).
- Overall, 41 percent of Executive Directors felt that the data reporting requirements were hard to fulfill and close to half (49 percent) felt the data requests took up too much of their time.
- However, the vast majority (93 percent) felt that the data collected were informative for their counties. In addition, the counties have moved forward in developing and acquiring the skills, infrastructure and procedures that are needed for data collection and evaluative efforts. By the summer of 2002, close to three quarters (73 percent) had a data collection system in place. A small number of counties, however, were still struggling and felt they needed further help to get



a system in place that could track the number of children in their counties served by First Steps and the nature of services provided.

A number of steps have already been taken to address these challenges:

- The Office of Research and Statistics has developed new data templates for collecting counts of families and children served on a monthly basis in each county.
- With the guidance of the Office of First Steps, the Office of Research and Statistics has provided one-on-one training to each of the 46 county Executive Directors on how to use the data templates. In addition, a data transfer procedure has been established in each of the counties. The Office of First Steps plans to hold quarterly Executive Director training sessions, which will include further instruction with the goal of refining the data collection system and enhancing the data collection and reporting skills of Executive Directors.
- The Office of First Steps and Office of Research and Statistics have worked together to reduce the number of competing requirements. Moreover, in order to reduce the data reporting burden on vendors and Executive Directors, and focus data collection efforts on data elements that are key to tracking programs and evaluating their progress, the data-reporting template has been streamlined.
- The Office of First Steps has worked to specify in advance the data elements that will need to be collected for each program, thereby eliminating the element of surprise that counties had previously noted.
- The data collection tools (i.e., Excel spreadsheets) have been improved and now include both protective guards that preclude counties or vendors from changing fields, thereby increasing standardization, and data validation checkpoints that will reduce, and possibly eliminate, contradictory or incomplete estimates.

Further steps that could be taken as data reporting continues to be a strong focus within First Steps include the following:

- In order to ensure consistency in the data collected by counties, a question-by-question specification still needs to be developed for such basic concepts as how to define the number of children enrolled in a program and how to define attendance. It should not be assumed that the same approach to defining basic data elements will be used without such specification.
- The Program Effectiveness Reports were a valuable resource for this evaluation, and it is our recommendation that Program Effectiveness Reports continue to be collected annually. However, just as the monthly reporting of counts has had to be carefully reviewed and streamlined, efforts are needed to streamline and abbreviate the existing Program Effectiveness Report forms.

Looking Towards an Outcome Evaluation

Given severe budgetary constraints, an initial plan to collect direct child assessment data for a representative sample of children in South Carolina entering kindergarten and then again at periodic intervals no longer seems feasible. Questions have been raised about whether it would be possible to use data from the South Carolina Readiness Assessment (SCRA) now being collected state-wide, for reporting on progress of First Steps.

The South Carolina Readiness Assessment is an adaptation of the Work Sampling System; the adaptation was developed based on extensive pilot work within the state. Work Sampling involves ongoing profiling of children's work by teachers based on progress within the classroom on a daily basis, as well as periodic ratings of their progress by their teachers. Teachers rate children's ongoing mastery of specific material, behavior and progress in the classroom context.

The purpose of data gathered using the Work Sampling System is to inform and improve instruc-

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tion for individual children as well as to provide an in-depth view of children's progress for parents. The Work Sampling System was not developed for purposes of program accountability. Questions remain about reliability, especially agreement of two raters regarding the same children, for ratings collected using this assessment approach. While evidence is available from a number of studies regarding the validity of Work Sampling, the basis for judging reliability (especially agreement by differing observers of the same child) is very limited. Further, other states that have chosen to rely on similar ongoing profiles of children's progress for state data reporting have encountered problems with lack of agreement across different observers of the same children.

It is the recommendation of this evaluation that the state engage in careful review of the issue of reliability, and especially interrater reliability, before relying upon data from the South Carolina Readiness Assessment (SCRA) for a purpose other than informing individual instruction, the purpose for which the measure was developed. One possible strategy that could be considered is sampling a set of kindergarten classrooms across the state (so as to be representative of the state), and providing extensive training to teachers in these classrooms so that they reach and then maintain a criterion of interrater reliability on the South Carolina Readiness Assessment (SCRA) ratings. This would have the added benefit of providing a resource to other teachers within those schools on issues relating to accurate completion of the South Carolina Readiness Assessment (SCRA). Caution should be used in relying upon data from the South Carolina Readiness Assessment (SCRA) without such steps to assure interrater reliability.

Finally, the First Steps legislation called for ongoing tracking of a system of indicators on the development of young children within the state. At the time of this evaluation, only two of the nine indicators called for in the legislation are being tracked on an ongoing basis (immunization and low birth-weight). Extending the collection of indicators data

to fulfill the legislative requirements is an essential goal for the 2006 evaluation. The School Readiness Indicators Initiative in which 17 states are currently participating could be an important resource for extending the collection of indicators data within the state (<http://getting ready.org>).

Resources

This evaluation indicates that meaningful first steps have been taken in the First Steps initiative to support children's readiness for school. Yet at the same time the evaluation indicates that further steps need to be taken to strengthen the initiative. Adequate resources will be needed to sustain First Steps efforts and to move forward in terms of strengthening administrative practices, the quality of First Steps programs, and evaluation activities.

Spending by First Steps per child under age six in South Carolina, and per child in poverty in this age range, is substantially less than in the programs to support school readiness in the states of North Carolina and California. In fiscal year 2000-01, Smart Start in North Carolina spent nearly \$370 per child younger than six residing in the state in 2000, and over \$2,110 per poor child younger than six (Smart Start, 2002; Bureau of Census, 2002b). In fiscal year 2000-01, using money provided by Proposition 10, California spent nearly \$280 per child younger than six residing in the state in 2000, and approximately \$1,410 per poor child younger than six (California Children and Families Commission, 2002; U.S. Bureau of the Census, 2002a).

In fiscal year 2001-02, if only county spending is included, First Steps spent just over \$120 per child younger than six residing in South Carolina as of 2000 (First Steps Fiscal Accountability System, 2002; U.S. Bureau of the Census, 2002a) and just over \$620 per poor child (First Steps Fiscal Accountability System, 2002; U.S. Bureau of the Census, 2002a). If state Office of First Steps spend-



ing is included, spending rises to \$131 per child and \$662 per poor child.

A review of First Steps spending per young child in the state, and spending per child in poverty needs to be carried out in order to develop reasonable expectations for how First Steps can contribute to children's school readiness. Such a review will also be important in determining what can be accomplished in strengthening the First Steps initiative in the ways noted above. Adequate resources are needed to sustain and strengthen the initiative and thereby to strengthen children's readiness for school.

Conclusion

First Steps has now put in place the administrative structures required by the legislation, and there is evidence that these are indeed fostering collaboration to strengthen services for young children and their families. First Steps has launched programs for young children and their families that address locally identified needs and are guided by best practice information. The First Steps initiative has continually worked to meet challenges in terms of strengthening training, data collection procedures, and administrative practices. This report provides recommendations that would permit First Steps, given adequate resources, to take further steps, continuing to strengthen programs and practices to foster the school readiness of children in South Carolina.

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