Evaluation of South Carolina First Steps Parents as Teachers FY 2020-2024

An evaluation led by Child Trends

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Table of Contents

Executive Summary 1

Introduction 5

Chapter 1: Process and Implementation Evaluation 10

Chapter 2: Outcomes Evaluation 27

Conclusions and Recommendations 39

Appendix A: Methodological Appendix 40

Appendix B: Chapter 1 Supplemental Tables 49

Appendix C. Chapter 2 Supplemental Tables 69

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Executive Summary

Introduction to First Steps and Parents as Teachers

Through First Steps' statewide infrastructure, county-level local partnerships receive funding and program support to offer tailored services aimed at strengthening families, improving children's health and development, expanding access to high-quality early care and education, and transitioning rising kindergartners into school through selected programming.[i] Offered across 46 counties, First Steps local partnerships are the vehicle by which families with young children are connected to services they need.[ii] Programs and services offered through First Steps are categorized by four broad areas[1]—health, parenting, early care and education, and school transition[iii]—which are further designated as evidence-based or evidence-informed and categorized as high-intensity or low-intensity.

First Steps offers a suite of parenting programs, including Parents as Teachers (PAT), a prevalent program[2] that is the focus of this evaluation. PAT is a home visiting model used in nearly every state across the United States and in six countries, reaching more than 220,000 children in 2024.[iv] It is a voluntary program that aims to improve key outcomes for children around early development, early learning, and health by engaging with their families to strengthen and support parenting practices. PAT typically enrolls families with multiple risk factors but allows specific needs to be identified at the local level. The program serves families from pregnancy through the child's entry to kindergarten and aims to serve families for at least two years.

Overview of the evaluation

The focus of this evaluation was to understand the reach and impact of PAT, funded by South Carolina First Steps during fiscal years (FY) 2020 through 2024 (July 1, 2019–June 30, 2024). We answered the following questions through a process and implementation study and an outcomes study:

Process and implementation study

1. What is the reach of PAT funded with First Steps funding?
    a. Who participated in PAT funded with First Steps funding during the evaluation period?
    b. What services did families receive?
    c. How long were families engaged with PAT funded with First Steps funding?
2. How was PAT funded by First Steps implemented in South Carolina?
    a. What state and local supports were offered and used by PAT funded with First Steps funding affiliates?

Outcomes study

3. What was the impact of participating in PAT funded with First Steps funding on child and family outcomes?
    a. Parenting and home environment
    b. Child maltreatment
    c. School readiness and enrollment

Within the context of our evaluation, we acknowledge that the COVID-19 pandemic greatly altered home visiting programs across the nation, particularly as home visiting pivoted to provide visits virtually. During FY 2020 and FY 2021, PAT (and other parenting programs) funded by First Steps made adjustments to

[1] An additional area focused on literacy will be included in 2026.
[2] Prevalent programs represent >10% of the total expenditure of local partnership formula funding, and First Steps is legislatively required to conduct an external evaluation on prevalent programs every five years (SC State Code § 59-152-50).

continue to serve families, which is important context when interpreting findings. The effect of the pandemic had limited impact on analysis decisions, and we note when analysis was adjusted due to the pandemic.

Chapter 1: Process and implementation study summary

The goal of the process and implementation evaluation was to examine participation and engagement in PAT, as well as implementation supports provided by First Steps. For this evaluation, we conducted focus groups and interviews with executive directors (EDs) of local partnerships implementing PAT and interviews with participating families. In addition, we relied on administrative data from the First Steps Data Collection (FSDC) system. Below, we summarize findings and key takeaways.

Findings

Program participants

- About **80 percent of local partnerships offered PAT** for at least one year during the evaluation period; nearly half offered the program every year.
- A total of **3,912 individual children** and **3,099 individual families** received at least one PAT visit during the evaluation period. FY 2024 had the highest number of participating children and families.
- More than half of children identified as Black or African American.
- More than 90 percent of children experienced two or more eligibility risk factors (e.g., eligibility or enrollment in SNAP) at the time of entry; most children had two or three risk factors identified.
- Statewide, the average age at first visit was just under two years. More than 75 percent of children were enrolled by their 3rd birthday.

Services received

- Local programs provided **more than 6,400 home visits** during the evaluation period, averaging nearly 1,300 per year.
- Almost all children received at least 1.5 visits per month and at least **75 percent received two or more visits per month**, the recommended target for PAT.
- On average, visits lasted for one hour, consistent with PAT standards.
- Home visitors provided more than **3,300 referrals each year** to connect families with additional programs and services in their community.

Program engagement

- Children were enrolled in PAT for an **average of 16.4 months.**
- **About half of all families are still enrolled after 12 months**, which is generally consistent with national estimates.[v]
- About half of children received a "medium dosage" of PAT, meaning they either enrolled for 12+ months or averaged 2+ visits per month, but not both.
- About one-third of children received a "high dosage" of PAT, meaning they were enrolled for 12+ months and averaged 2+ visits per month.

Implementation supports and challenges

- EDs reported that technical assistance provided by the state PAT office is highly valued for its clarity and responsiveness, especially the tailored support from state staff.
- EDs highlighted workforce challenges around maintaining fidelity, staff quality, and retention as key barriers to implementing PAT.
- EDs shared ongoing challenges with outreach and family engagement, wanting greater flexibility in fidelity measures, stronger community relationships, and more support for communications and visibility efforts.

Takeaways

Enrollment and participation dipped during the COVID-19 pandemic but, in the years since, most counties have seen an increase in the number of families participating and the number of home visits provided.

For the most part, PAT affiliates are serving the families they are intended to reach; most children are less than 3 years old and experience two or more risk factors associated with school readiness.

During their enrollment in PAT, most children are receiving the required number of home visits (2 or more per month), but many are not staying enrolled long enough to experience the potential benefits. This type of limited dosage has implications for the impact of PAT on child and family outcomes. These findings were echoed by EDs who shared persistent challenges with family engagement.

Chapter 2: Outcomes study summary

The goal of the outcomes evaluation was to assess the impact of participation in PAT on children and families. In particular, we focused on six key outcomes related to parenting and home environment, child maltreatment, and school readiness. For this outcomes evaluation, we analyzed administrative data from First Steps and from other state agencies. We used a series of t-tests to compare for change over time within PAT participants and multinomial logistical regression of propensity score matched comparisons between PAT participants and non-PAT participants (when available). Below, we summarize findings, takeaways, and recommendations.

Findings

Parenting and home environment

- Results showed that caregivers who completed at least two parenting assessments during the evaluation period generally demonstrated significant and meaningful improvements in parenting attitudes, behaviors, and family environments.
- These significant improvements in parenting skills were observed across all time intervals, but some of the largest differences occurred in intervals after 16 months of enrollment, suggesting longer participation in PAT may yield greater benefits.

Child maltreatment

- Overall, very few children who enrolled in PAT had a founded maltreatment report after enrollment.
- Among children enrolled in PAT, 2.5 percent had a founded report at some point after their first home visit, compared with 7.1 percent of children in the non-PAT comparison group.

School readiness and enrollment

- Results showed that both children and adults who completed at least two reading inventories during the evaluation period generally demonstrated significant improvements in interactive literacy behaviors associated with effective reading practices.
- Overall, children who participated in PAT did not necessarily have higher kindergarten readiness scores than a matched comparison of non-PAT children. However, when PAT children had a higher dose of services (in this case, enrolled for 12+ months and averaged 2+ visits per month), they were significantly more likely to have higher kindergarten readiness scores compared to non-PAT children.
- Children who participated in PAT were less likely to be chronically absent in kindergarten compared to a matched comparison of non-PAT children. This impact was strongest when children received a high (enrolled for 12+ months and averaged 2+ visits per month) or medium (enrolled for 12+ months or averaged 2+ visits per month) dose of PAT.

Takeaways

Overall, PAT is generally improving child and family outcomes related to parenting and home environment, child maltreatment, and school readiness.

PAT dosage matters: For children receiving a higher amount of services (e.g., 2 or more visits per month for at least 12 months), the impact on most outcomes is higher.

Recommendations

- Provide additional support to local partnerships through increased training and professional development opportunities, support on outreach strategies, and identification of best practices to improve staff retention.
- Continue to test and refine family engagement strategies by building on input from families, home visitors, and local partnership staff.
- Examine the mechanisms through which engagement and dosage promote positive outcomes for families and children.
- Continue to improve data quality and reduce administrative data burden for staff through enhanced data systems.

Introduction

Experiences in a child's early years impact every aspect of how they function, including their health, behaviors, thoughts, relationships, ability to perform in school, and subsequently, their capacity to thrive into adulthood.[vi,vii] In 1999, South Carolina First Steps was designed to offer localized support for families with young children who have identified risk factors shown to be associated school readiness. At the time of the evaluation, First Steps sought to serve these target populations with a comprehensive set of programs and services to ensure that South Carolina's youngest children: 1) are healthy and safe; 2) are actively supported by their families and communities; and 3) arrive at school ready to reach their highest potential.[3]

In this introduction, we provide information about South Carolina First Steps (FS) and the Parents as Teachers (PAT) program, including program funding and eligibility. We then provide an overview of the current evaluation, including the impact of the COVID-19 pandemic.

Overview of South Carolina First Steps

Through First Steps' statewide infrastructure, county-level local partnerships receive funding and program support to offer tailored services aimed at strengthening families, improving children's health and development, expanding access to quality early care and education, and transitioning rising kindergartners into school through selected programming.[viii] As the state's only comprehensive early childhood initiative, the governor signed the H. 4023 bill in 2023, which made the First Steps initiative permanent.[ix]

Offered across 46 counties, First Steps local partnerships are the vehicle by which families with young children are connected to services they need.[x] Programs and services offered through First Steps are categorized by four broad areas:[4] health, parenting, early care and education, and school transition,[xi] which are further designated as evidence-based or evidence-informed and categorized as high-intensity or low-intensity. Within local partnerships, First Steps offers a suite of parenting programs. This evaluation focuses on a prevalent program[5] in the parenting area, Parents as Teachers.

Home Visiting in South Carolina

In 2024, home visiting models implemented in South Carolina included Attachment and Biobehavioral Catch-Up, Early Head Start Home-Based Option, Family Connects, Family Spirit, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Maternal Infant Health Outreach Worker Program, Nurse-Family Partnership, and Parents as Teachers. These models served nearly 6,000 families in 2024.

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program alone funded programs that served 1,490 households in FY 2024.

Sources: National Home Visiting Resource Center Yearbook (2025); MIECHV Program Outcomes Dashboard (2025).

Overview of Parents as Teachers (PAT)

PAT is a home visiting model used in nearly every state across the U.S. and in six countries, reaching more than 220,000 children last year.[xii] It is a voluntary program that aims to improve key outcomes for children around early development, early learning, and health by engaging with their families to strengthen and support parenting practices. There is a strong evidence base to support the PAT model, including more than

[3] First Steps has a new strategic plan for 2025-2030 with new programmatic priorities. For more information, please see https://www.scfirststeps.org/media/vohnwrx1/sc-first-steps-strategic-plan-2025-2030_presented-june-19-2025.pdf
[4] An additional area focused on literacy will be included in 2026.
[5] Prevalent programs represent >10% of the total expenditure of local partnership formula funding, and First Steps is legislatively required to conduct an external evaluation on prevalent programs every five years (SC State Code § 59-152-50).

100 published journal articles, numerous reports and briefs, and other publications indicating that PAT improves outcomes for families and children, such as parenting knowledge and practices, family health and well-being, school readiness, family economic self-sufficiency, and prevention of child abuse and neglect.[xiii,xiv] This research has resulted in PAT being designated as evidence-based for multiple clearinghouses, including the Home Visiting Evidence of Effectiveness (HomVEE) Review, the California Evidence-Based Clearinghouse (CEBC) for Child Welfare, and the Title IV-E Prevention Services Clearinghouse, among others.

The PAT program is built on several key implementation features:

- Foundational Curriculum that guides activities, education, and support provided to parents.
- Trained parent educators (PEs) who provide home visits to families in their homes or alternate location.
- At least monthly home visits that provide families with education and support, screening and assessments, and referrals to needed community services.
- Monthly group connections that build social connectedness among families.

PAT typically enrolls families with multiple risk factors but allows specific needs to be identified at the local level. The program serves families from pregnancy through the child's entry to kindergarten and aims to serve families for at least two years.

Program funding

In South Carolina, PAT is funded through multiple sources, including South Carolina First Steps, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, school districts, local health departments, non-profits, and private grants. This evaluation focuses specifically on implementation of the PAT program that is funded in whole or in part by South Carolina First Steps.

Note. This report only details reach and impact of PAT programs funded by First Steps and does not include PAT programs in South Carolina that are funded by other sources, nor does it include other home visiting programs (including those funded by First Steps).

Program eligibility

First Steps-funded PAT serves families with a specific subset of risk factors shown to be associated with school readiness, which are used to determine eligibility (see Table 1). The program and operational guidelines state that at least 60 percent of PAT families should be identified on the basis of two or more risk factors, and 100 percent of PAT families must have at least one risk factor at the time of enrollment.[xv] In addition, newly enrolled families must include an expectant mother and/or a child under 36 months of age, with some exceptions for unique circumstances or emergencies.[xvi]

Table 1. South Carolina First Steps Parents as Teachers risk factors (2023-2024 Program and Operational Guidelines)

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 (not screening tool) • Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth) • Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth) • A preschool-aged child has been exposed to the substance abuse of a caregiver • A preschool-aged child has been exposed to parental/caregiver depression • A preschool-aged child has been exposed to parental/caregiver mental illness • A preschool-aged child has been exposed to parental/caregiver intellectual disability • A preschool-aged child has been exposed to domestic violence within the home • Low birth weight (under 5.5 lbs.) in association with serious medical complications • English is not the primary language spoken in the home • Single parent household and has need of other services • Transient/numerous family relocations and/or homeless • Incarcerated parent(s) – parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year • Death in the immediate family (death of a parent/caregiver or sibling) • Military deployment - parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment. • Recent immigrant or refugee family - one or both parents are foreign-born and entered the country within the past 5 years • Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting • A young child who is eligible for Medicaid • A pregnant or postpartum individual who is eligible for Medicaid

The state office has specific annual program and operational guidelines that generally align with the PAT national office to support local programs (or "affiliates") in their ability to provide services and reach model fidelity. A few key standards[xvii] include:

- Programs shall match the intensity of their service delivery to the specific needs of each family and the caseload requirements of the parent educator. No family shall be offered less than two visits per month.
- Families identified as possessing two or more board-approved risk factors (i.e., family stressors) must receive two visits per month, but they may also receive up to weekly visits as the needs and availability of the family dictate.
- Each affiliate needs to offer families at least one group connection activity per month, for a minimum of 12 per program year.

In addition, South Carolina First Steps partners with the South Carolina Department of Social Services (DSS) and the Department of Mental Health to offer an alternative pathway into the PAT program through Connected Families, which provides services specifically to prevent unnecessary removal of children from their homes. Families participating in Connected Families are referred from DSS and provided with PAT home visiting in an effort to prevent further DSS involvement and promote family strengthening. Starting in 2022, seven counties offered the Connected Families pathway into PAT, including Berkeley, Charleston, Colleton, Lexington, Pickens, Richland, and York.

Overview of the current evaluation

The focus of this evaluation was to understand the reach and impact of PAT funded by South Carolina First Steps during fiscal years (FY) 2020 through 2024 (July 1, 2019–June 30, 2024). The current evaluation had two parts, a process and implementation evaluation as well as an outcomes evaluation. The goal of these evaluations was to answer the following questions:

Process and implementation study

1. What is the reach of PAT funded with First Steps funding?
    a. Who participated in PAT funded with First Steps funding during the evaluation period?
    b. What services did families receive?
    c. How long were families engaged with PAT funded with First Steps funding?
2. How was PAT funded by First Steps implemented in South Carolina?
    a. What state and local supports were offered and used by PAT funded with First Steps funding affiliates?

Outcomes study

3. What was the impact of participating in PAT funded with First Steps funding on child and family outcomes?
    a. Parenting and home environment
    b. Child maltreatment
    c. School readiness and enrollment

The impact of COVID-19

During the evaluation period, the broader landscape of early childhood services and programs (including programming funded by First Steps) experienced substantial disruptions due to the COVID-19 pandemic. For home visiting, this disruption became more of a pivot – specifically, home visiting programs adapted their services to reach families virtually. A national survey of home visiting programs showed that by early April 2020, nearly 90 percent of local programs across the country were required to stop providing in-

person home visits.[xviii] Within weeks, 95 percent of programs had transitioned to providing visits via texting, phone calls and/or video services (e.g., Zoom).[xix]

The home visiting field responded quickly to provide supports to staff as well. For example, home visiting models issued guidance on providing virtual visits and funders supported the development of the Rapid Response Virtual Home Visiting collaborative, a resource and virtual community to provide tools and strategies to support home visitors in reaching families during this challenging time.[xx,xxi,xxii] Although unable to provide visits in the home and deliver services as usual, home visitors proved to be an important resource for families during the pandemic, especially given increased family needs.[xxiii]

PAT was at the forefront of pivoting to virtual home visits and supporting staff during the pandemic, in part because they were one of the only home visiting models who had pilot tested virtual service delivery before the onset of the pandemic; research conducted prior to the pandemic suggested that virtual home visiting could be successful at meeting PAT model fidelity and retaining families, although for a shorter duration than expected.[xxiv]

In South Carolina, First Steps-funded home visiting programs (including but not limited to PAT) also pivoted, with parent educators providing virtual visits in response to the new health and safety guidelines. This shift allowed them to continue to serve their families by providing uninterrupted support during a time of heightened need.[xxv,xxvi]

For the current evaluation, the effect of the pandemic had limited impact on analysis decisions, and we note when analysis was adjusted. For example, we excluded Kindergarten Readiness Assessment (KRA) data from Fall 2020 because the version administered differed from other years and the developers recommended that data not be included in analyses. Similarly, the pandemic had limited impact on the interpretation of study findings, with the exception of general caution around interpretation of program engagement during 2020 and 2021. When relevant, we provide context for any findings that seem to be considerably impacted by the pandemic.

Chapter 1: Process and Implementation Evaluation

The goal of the process and implementation evaluation was to examine participation and engagement in PAT as well as implementation supports provided by First Steps. For this evaluation, we conducted focus groups and interviews with Executive Directors (EDs) of local partnerships implementing PAT and interviews with participating families. In addition, we relied on administrative data from the First Steps Data Collection (FSDC) system. In this chapter, we provide information about our methodology, including our data collection activities and analytic methods. We answer the questions:

1. What is the reach of PAT funded with First Steps funding?
    a. Who participated in PAT funded with First Steps funding during the evaluation period?
    b. What services did families receive?
    c. How long were families engaged with PAT funded with First Steps funding?
2. How was PAT funded by First Steps implemented in South Carolina?
    a. What state and local supports were offered and used by PAT funded with First Steps funding affiliates?

Methodology

In this section we describe the data sources and analytic approach to the questions. Additional details are provided in the Methodological Appendix.

Qualitative data sources

Focus groups and interviews with local partnership Executive Directors

We conducted six one-hour virtual focus groups and seven interviews in June 2025 with a total of 25 EDs of local partnerships implementing PAT. Executive directors were recruited through direct email invitations from the research team and were given several date and time options to participate in focus groups. To improve recruitment efforts, EDs were given an option to schedule an individual interview to better accommodate their schedule.

Executive Director Participation Highlights

- 25 local partnership executive directors across 25 counties participated
    - 6 focus groups
    - 7 interviews

We designed a semi-structured focus group protocol to allow EDs to elaborate on PAT implementation state supports, resources, and communication processes. We also asked about challenges, successes and recommendations to support their program needs.

Interviews with families participating in PAT funded by First Steps

Families were recruited through First Steps' *Spring 2025 PAT Family Engagement Survey* administered in March 2025, which allowed them to express interest in an interview with an external evaluator after completing the survey. The First Steps state office worked with the research team to sample a portion of interested parents with variable demographics including region of residence, time enrolled in PAT, and language spoken in the home. We texted and called each interested participant and invited them to take part in a 15-minute interview in either English or Spanish. In total, nine parents or caregivers completed interviews, eight in English and one in Spanish. Participants came from all four regions in South Carolina, and most (78%) had been in PAT for two years or

Family Interview Highlights

- 9 family interviews
- Offered in English and Spanish
- Represents all four regions of South Carolina

more (see Methodological Appendix Table A1 for demographic information of interview participants). We designed a semi-structured interview protocol to understand how families learned about PAT, their interest in PAT, successes or challenges with the program, and goals they met because of PAT.

Analysis

We recorded focus groups and interviews when possible and transcribed the focus groups and interviews for the purpose of qualitative analysis. Using Dedoose, the research team coded the focus groups and interviews and then held a consensus meeting to determine accuracy and consistency across applied codes. If there were discrepant codes, team members would discuss each excerpt and the codes applied to come to consensus. Final codes were updated in Dedoose. Verbatim quotes from the participants were used to validate interpretation of themes and commonly recurring ideas. Findings from the focus groups and interviews are included in textboxes and in Chapter 1 (Tables 7-10) and in Chapter 2 (Table 13).

Administrative data analysis

To assess the reach, services received, and participation of PAT funded with First Steps funding, we analyzed administrative data from the First Steps Data Collection (FSDC) system. PAT programs funded by First Steps record visit frequency, duration, content and assessments directly into the FSDC. When possible, we connected information about PAT participation to demographic information saved elsewhere in the FSDC system. Additional information is provided in the Methodological Appendix.

Sampling

We cleaned FSDC data to identify a deduplicated sample for analysis. When potential duplicate or overlapping records were identified (e.g., the same child recorded under slightly different names or birthdates), we applied standardized cleaning rules. For example, removing punctuation, spaces, and capitalization from names for better comparability; allowing minor variability in dates of birth; retaining most frequently reported values; and preserving most complete records. Records with strong matches on multiple fields (e.g., name, date of birth, county) were merged, while ambiguous cases were retained as separate to avoid undercounting.

Calculating reach

To estimate the reach of PAT, we drew data from home visit logs that report the date and duration of each visit, as well as the names of adults and children present. We measured reach in three ways:

- **Cumulative child count:** The number of distinct children who had at least one recorded PAT visit at any time during the evaluation period. Each child is only included once in this total, regardless of how many visits they received or years they participated. For trend analyses, we often report information based on the fiscal year of each child's first recorded PAT visit in the FSDC. Children whose first recorded visit predates the evaluation period (FY 2020-2024) are assigned to a "pre-FY 2020" category and are not treated as first-visit cohort members for years inside the evaluation period unless explicitly noted.
- **Annual child counts (per fiscal year):** For each fiscal year, we calculated the number of distinct children with at least one recorded visit in that year. A child who received services in multiple years will be counted in each applicable fiscal year but only once in any single fiscal year.
- **Family counts:** Family counts reflect distinct households with at least one child enrolled in PAT. In cumulative and annual family totals, each household is counted once if any child in the household received PAT during the evaluation period. Households with multiple enrolled children are not counted more than once.

Limitations

Given the complexity of connecting family members to one another in an administrative dataset, three considerations around the accuracy of counts include (detailed further in the Methodological Appendix):

1. Without unique IDs at the family level, we expect some margin of error when identifying the same family across datasets.
2. With a high amount of manual data entry for key identifiers (e.g., names, dates of birth), we expect some level of human error when inputting information necessary for matching, resulting in matching challenges.
3. Prenatal clients are often recorded with a placeholder name "Baby" until birth. These placeholder records are not always linked to later records when a child is registered with their name, leading to an undercount of prenatal services and potential inaccuracy in length of enrollment.

Question 1. What is the reach of PAT funded with First Steps funding?

Question 1a: Who participated in PAT funded with First Steps funding during the evaluation period?

In this section, we provide information on the counties providing PAT as well as the number of families served across the evaluation period (FY 2020-2024). In addition, we describe the demographics and risk factors of the families served and the age at which they enrolled in PAT.

Continuity and geographic gaps in PAT service delivery

The provision of PAT varied across local partnerships and across fiscal years (see Table 2).

- Many counties offered PAT consistently across the evaluation period. Nearly half (n=22, 47.8%) offered PAT in all years of the evaluation period, and another six counties (13.0%) provided it for multiple continuous years.
- Some counties offered PAT for only one year, but four offered it in the year right before the pandemic (FY 2020) but may not have been able to continue with a newly implemented, high-intensity program during the disruption, and two started offering it in the last year of the evaluation period (see Appendix Table B1 for details by fiscal year).
- About one-fifth of local partnerships (n=10, 21.7%) did not offer PAT at all during the evaluation period.

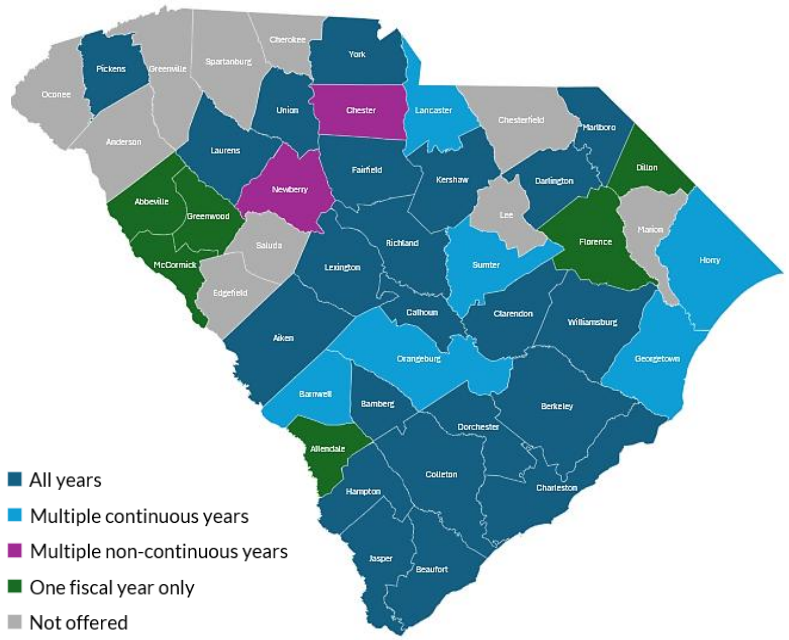
Table 2. Counties that provided PAT, FY 2020-2024

Provision of PAT during FY 2020-2024	Number of counties
Not offered	10
Offered in one fiscal year	6
Offered in multiple, non-continuous years	2
Offered in multiple, continuous years	6
Offered in all years	22
Total	**46**

Source: FSDC System FY20-24 and First Steps Annual Reports FY20-24

As shown in Figure 1, PAT programs were most consistently offered in the Lowcountry, Midlands, and parts of the Eastern Pee Dee, while availability was more limited in the Upstate region.

Figure 1. Provision of First Steps funded PAT by county, FY 2020-2024



Notes: Multiple continuous-year cycles include counties that offered PAT only in the early years of the evaluation period (e.g., FY20–21 or FY20–23) or that adopted the program later and continued through the end of the period (e.g., FY21 or FY22 through FY24). Non-continuous-year cycles typically show gaps in service during the COVID-19 years (e.g., FY20, FY23, and FY24 or FY20, FY21, FY23, and FY24).

Total individuals participating in PAT

During the evaluation period, the cumulative count included **3,912 individual children** and **3,099 individual families** who received at least one PAT visit. Some families enrolled multiple children (average= 1.26 children per family; range: 1–5).[6]

Figure 2 shows the annual count of unique families and children who participated in PAT in each fiscal year between 2020 and 2024.[7] County-level reporting of child and family participation by fiscal year is available in Appendix Table B2.

Findings show participation in PAT varied across the evaluation period, likely due to the COVID-19 pandemic.

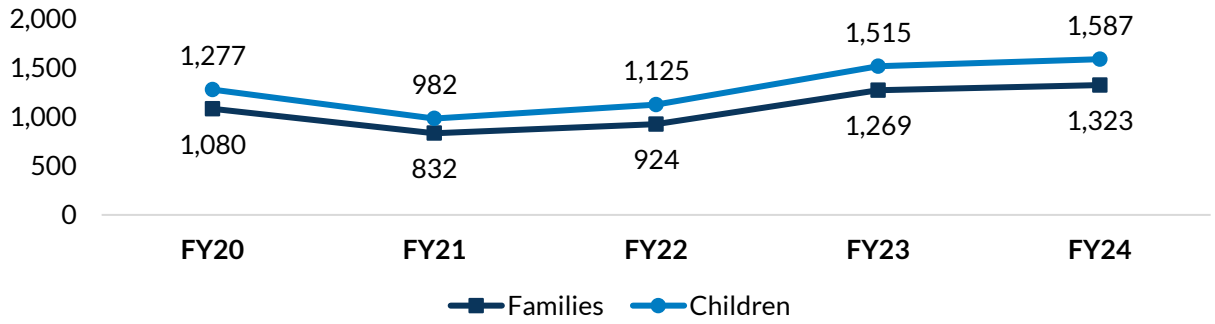
- Overall, there was a parallel decrease in both children and families served in FY 2021 followed by a gradual increase in FY 2022 and a surge into FY 2023. The decrease in participation in FY 2021 coincides with the COVID-19 pandemic, when home visits were conducted virtually or outdoors.
- There was a sharp growth in the number of participants from FY 2022 to FY 2023, with continued growth in FY 2024. The largest year-to-year gains occurred between FY 2022 and 2023, with children increasing by 390 and families by 345, suggesting strong recovery and expansion of services post-pandemic.

This pattern of enrollment is similar to other home visiting programs across the country. For example, an analysis of the PAT National Office data across 38 states indicated that enrollment decreased by about 50 percent during the first four months of the COVID-19 pandemic.[xxvii] Another study across two states

[6] As noted previously, prenatal clients may be excluded or undercounted due to challenges linking records.
[7] Because families and children can participate across multiple years, the sum of the annual totals in Figure 1 exceed the overall count of individual children and families receiving services.

showed that enrollment was between 33-36% lower in the nine months immediately following the pandemic compared to past years.[xxviii]

Figure 2. Annual count of unique families and children who participated in PAT in each year, FY 2020-2024



Source: FSDC System FY20-24

Demographics of children served

To better understand the children served during the evaluation period we examined children's demographics reported at the time of their first visit.[8, 9] As reported in Table 3, across all years of the evaluation:

- Many children (55-66%) identified as Black or African American, and the majority (77-87%) did not identify as Hispanic or Latino.
- Most children were in families earning <$15,000 annually, though over one-third of children were in households that did not report their income (30-49% across fiscal years)

[8] Reported rates reflect affirmative responses only and may be underestimated due to missing or incomplete data (e.g., a checkbox unintentionally left blank).
[9] Children receiving their first visit within a given fiscal year were also linked to their family's reported risk factors for that same year. Appendix Table B4 details similar demographic and risk factor information, but for families rather than children served in each year of the evaluation period.

Table 3. Percent of children who participated in PAT during FY 2020-2024 across demographics

Fiscal year of first visit	Pre-FY20	FY20	FY21	FY22	FY23	FY24
Statewide (N)	739	549	389	619	826	790
Race						
Black/African American	65.0	66.1	53.7	57.7	60.5	55.4
White/Caucasian	29.5	27.4	39.6	35.9	32.7	37.1
Other	5.5	6.5	6.7	6.4	6.8	7.5
Ethnicity						
Not Hispanic or Latino	65.2	84.2	77.4	80.8	86.7	81.4
Hispanic or Latino	14.3	15.9	22.6	19.2	13.3	18.6
Not reported	20.4	0.0	0.0	0.0	0.0	0.0
Household income						
<$10,000	47.5	27.1	15.7	18.9	14.8	20.3
$10,000-$14,999	17.2	19.3	19.3	11.8	15.3	12.3
$15,000-$19,999	9.7	7.8	8.7	7.1	5.5	5.7
$20,000-$24,999	4.6	7.1	6.2	7.0	5.6	4.4
$25,000-$29,999	3.8	3.8	4.9	3.4	3.4	4.1
$30,000 or more	3.4	4.4	7.5	5.0	6.9	9.5
Not reported	13.8	30.4	37.8	46.9	48.7	43.8
Enrolled or eligible for Temporary Assistance for Needy Families (TANF)						
Eligible for TANF	44.4	49.7	48.1	43.0	39.8	34.3

Notes: NA = Not applicable, data was not collected in corresponding fiscal year.
Source: FSDC System FY20-24

Eligibility risk factors

As previously noted, PAT eligibility criteria requires that at least 60 percent of families are identified on the basis of two or more risk factors and that 100 percent of client families possess at least one risk factor at the time of enrollment.[xxix] Figure 3 shows the number of eligibility risk factors experienced by participating families. Among the 3,912 children who had at least one PAT visit during the evaluation period:

- Children had an average of 3.0 eligibility risk factors (SD=1.6) identified in their first year of PAT, with a range of 0 to 14 risk factors per child.
- More than 90 percent of children had two or more eligibility risk factors at the time of entry; most children had two (37.1%) or three (25.4%) risk factors identified.
- About two percent of children did not have any of the 24 risk factors listed in Table 1. However, many of these children had needs identified outside of the risk factors. Because these rates reflect affirmative responses only, it is likely that this

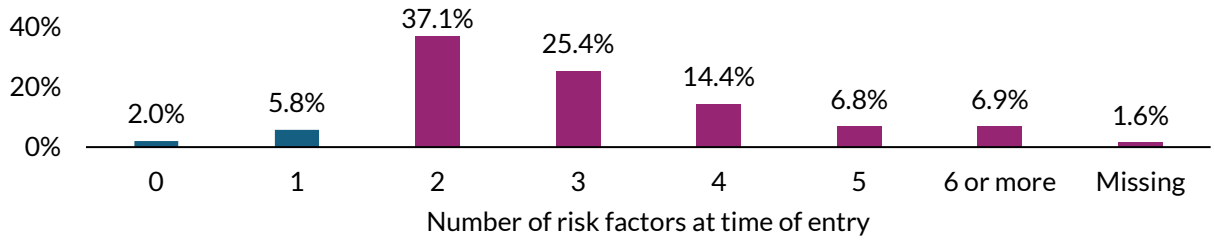
How do parents learn about PAT?

In family interviews, most parents learned about PAT through word of mouth, with six out of nine parents hearing about it from friends, neighbors, relatives, or other Parent Educators (PEs) working with the program.

- Two parents actively sought out the program after hearing about it from others.
- One parent was referred to the program through another First Steps service they were already involved with.
- Three others learned about it through other sources including a pediatrician, a moms' group, and the Department of Social Services (DSS).
- Five parents also shared that someone from PAT reached out to them directly to enroll in home visiting.

group also includes those whose risk factors were underestimated due to missing or incomplete data (e.g., a checkbox unintentionally left blank).

Figure 3. Percent of children who participated in PAT during FY 2020-2024 by number of eligibility risk factors



Source: FSDC System FY20-24

Appendix Table B3 provides detailed information about the prevalence of each eligibility risk factor by fiscal year of PAT enrollment. The most common eligibility risk factors included eligibility or enrollment in SNAP (68% to 74% across fiscal years) and children in families with single parents (58% to 61% of all children in their first year of PAT across fiscal years). Risk factors related to abuse and neglect increased slightly over time, with neglect rising from 1 percent in FY 2020 to 19 percent of enrollees in FY 2024. This increase may be due, in part, to referrals made via the Connected Families pathway.

Age at enrollment

We also wanted to understand when families enrolled in PAT. Table 4 summarizes children's age at enrollment, based on the fiscal year of each child's first recorded PAT visit. Table 4 also reports the percentage of children who were prenatal, under two years, and under three years at their first PAT visit.

- Statewide, the average age at first visit was just under two years, ranging from prenatal enrollment (recorded as -1) to age six.[10]
- In any year, less than five percent of children were enrolled prenatally, though this may be underestimated due to incomplete prenatal record linkage.
- Statewide, 57–63% of children were under age two at their first visit, and over three-quarters of children were under age three at their first visit, in line with First Steps' guideline for enrollment by 36 months.

County-specific data on average age at enrollment and proportion of children enrolling prenatally, under two, and under three are provided in Appendix Tables B5 – B7.

Parents share why they enroll in PAT

Families noted in their interviews that they decided to enroll in PAT for a variety of reasons, including:

- **To gain confidence in parenting**. Most shared they became involved with PAT as first-time mothers for additional support.
- **Emotional support**. Half specifically mentioned the need for someone to talk to and guidance on how to cope with the challenges of motherhood, such as dealing with relationship changes and managing their own emotional distress.
- **Resources.** Most parents sought physical resources, such as books, toys, diapers, and car seats, as well as support for child care vouchers, food assistance, housing, and appliances.
- **To learn more about child development.** About half were particularly interested in understanding their children's development, such as developmental milestones, how to monitor their baby's progress, and what opportunities for early education might be available.

[10] An additional 739 children (18% of the sample) had their first visit between FY 2014 and FY 2019; this group, excluded from Table 4, had an average enrollment age of 1.1 years.

Table 4. Age of children at enrollment/first visit during FY 2020-2024

Fiscal year of first visit	FY20	FY21	FY22	FY23	FY24
Number of children	549	389	619	826	790
Average child age at first visit (years)	1.6	1.7	1.8	1.8	1.8
Children prenatal at first visit (%)	4.6	4.1	3.9	3.5	2.0
Children <2 years old at first visit (%)	63.4	58.4	58.6	57.3	58.0
Children <3 years old at first visit (%)	84.0	78.9	77.5	77.6	78.4

Source: FSDC System FY20-24

Question 1b. What services did families receive?

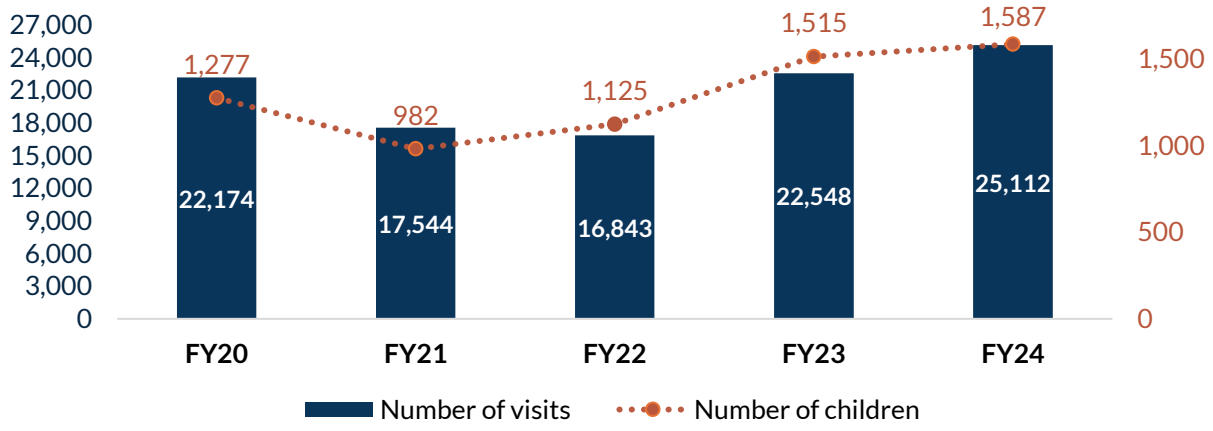
In this section, we provide information on the services that families received through PAT. Beginning with home visits, the core component of the PAT program, we provide the number, frequency, and length of visits across the evaluation period. We then provide information on additional PAT activities including group connections, referrals to community services, and developmental screening.

Number of visits

Figure 4 presents the total number of PAT visits completed and children served statewide, during the evaluation period. Appendix Table B8 provides the number of visits completed and children served within each county for each fiscal year of the evaluation.

- The COVID-19 pandemic impacted the number of visits families received, indicated by the drop in PAT home visits through FY 2021.
- Although PAT programs experienced a statewide increase in child participation in the year following these restrictions (FY 2022), the total number of visits was lower in FY 2021 and FY 2022 compared to other years as programs continued to rebuild after the pandemic. This trend follows the trends observed for number of children served.

Figure 4. Number of visits completed (bars) and children served (line) by PAT funded with First Steps funding, FY 2020-2024



Source: FSDC System FY20-24

Frequency of visits

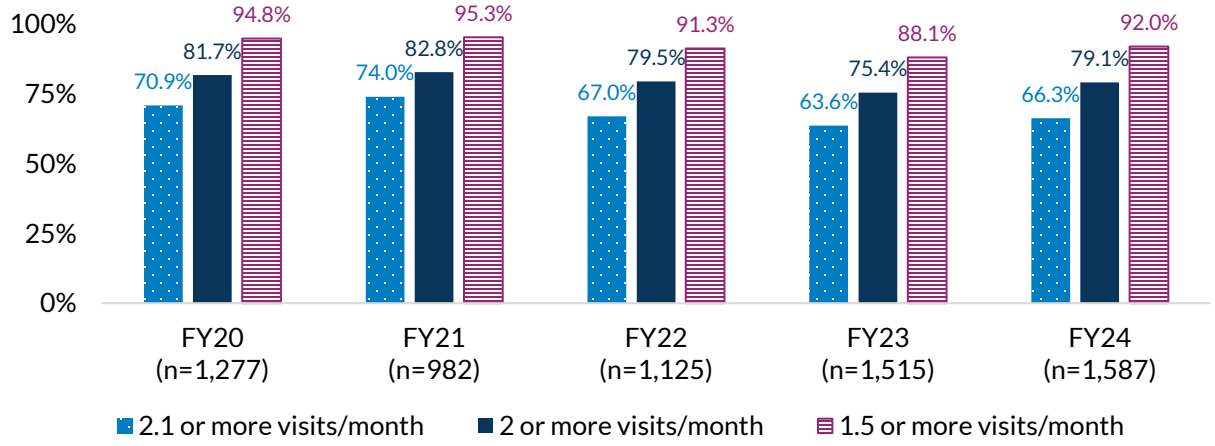
PAT recommends at least two home visits per month, which translates to approximately 24 home visits per child per fiscal year. To calculate visit frequency for each child, we divided the total number of PAT visits a child received in each fiscal year by the number of months between their first and last visit within that fiscal year. This produced an average number of visits per month for each child annually, which accounts for variation in enrollment length.

In each fiscal year of the evaluation, the average number of visits per month for all children was greater than two (ranging from 2.3 – 2.5 across fiscal years). Appendix Table B9 provides the county-level reports of average visit frequency for each fiscal year across the evaluation period.

Figure 5 shows the percentage of children receiving the recommended number of PAT home visits overall for each fiscal year. Appendix Table B10 provides the county-level reports of the percentage of children receiving the recommended number of visits.

- The majority of children received the recommended number of visits. Statewide, approximately 75-83% of children met the recommended target of two or more visits per month each year, with a slight decline in FY 2023 followed by a rebound in FY 2024. It is possible that this slight decline corresponds with the rapid increase in families served in FY 2023; as new families enroll, it can be difficult to balance all program expectations and meet visit frequency criteria immediately.
- Many families (between 64% and 74%) received more than two visits on average per month (i.e., 2.1 or more visits per month). A higher average number of visits may reflect families' needs for additional support.
- Almost all children (88% to 95%) received at least 1.5 visits per month.

Figure 5. Percent of children receiving recommended average visits per month during FY 2020-2024



Notes: The visit rate is calculated individually for each child as total number of visits during the fiscal year divided by the months between the first and last visit within that fiscal year.
Source: FSDC System FY20-24

Length of visits

Across all years of the evaluation, the statewide average length of home visits remained approximately 1.0 hour with minimal variation between counties or over the evaluation period. This is consistent with the PAT standard for visits to last a minimum of 60 minutes and with both prior research and the previous evaluation of First Steps PAT.[xxx,xxxi] Appendix Table B11 details average visit length by county and by fiscal year.

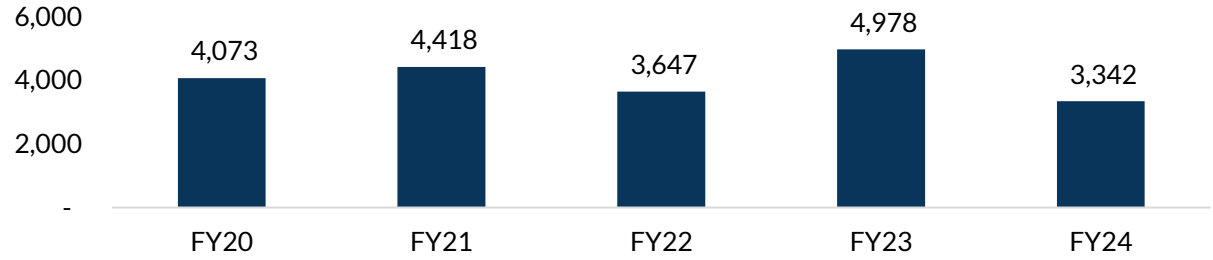
Referrals

As families' needs arise, home visitors typically refer families to other services and programs in the community. Home visitors support families in connecting with or applying to other services, and families are considered to have made a connected referral when they receive that service. Figure 6 shows the number of connected referrals made during the evaluation period.[11] Appendix Table B12 provides county-level counts of connected referrals, and a full list of referral resources is in Appendix Table B13.

Findings show fluctuation in the number of connected referrals over the evaluation period.

- There was a drop in referrals during the COVID-19 pandemic, which may have been due in part to changes in the other services and programs in the community (e.g., open status, capacity, ability to provide services).
- There was a dramatic increase in completed referrals in FY 2023, likely reflecting services needed following the COVID-19 pandemic. However, the rate dropped to its lowest level in FY 2024.
- The most common resource referrals were family events/activities, food assistance, and other referrals. A national study reporting on changes of PAT referral practices during COVID found that there were significant differences in the types of resources that families accessed, with families more likely to access services for basic essentials compared to learning services, enrichment services, and physical health services.[xxxii]

Figure 6. Number of connected referrals, FY 2020-2024



Source: FSDC System FY20-24

Group connections

PAT standards call for families to be offered at least one group connection per month (i.e., averaging 12 per year). Overall, statewide annual totals of group connections were relatively stable, ranging from 659 to 789, with a dip in FY 2021 consistent with COVID-19 disruptions (see Appendix Table B14).

Group connections often addressed multiple topics. For example, a session on *Grocery Shopping on a Budget* might touch on nutrition, resource access, and financial literacy. However, home visitors typically only coded one topic for each group connection.

How does PAT help parents?

"*Parenting doesn't come with a handbook, and when I first had my baby, I just wasn't sure of what to look for. So my PE was showing me how to monitor my baby's skills, milestones, and showed me how to pay attention to her development.*"
- Parent report, Family interview

Findings show that families received content on a variety of topics through group connections. A full list of group connection topics is provided in Appendix Table B15.

- Across all years, the most common topic was *PAT: Parent-Child Interaction*, representing 16–21% of all group connections annually.

[11] Referrals are categorized by the fiscal year the connection occurred, which is not always the fiscal year the referral application was started. For example, a referral application may have occurred in FY 2021, but due to COVID-19, a connection was not made until a later fiscal year.

- The next most common topics were *Community Event* (e.g., county celebrations, "Touch a Truck" event, book bag drive through) and *PAT: Family Well-Being*.

Question 1c. How long were families engaged with PAT funded with First Steps funding?

In this section, we provide information on the enrollment patterns of families participating in PAT. This includes information about how long families were enrolled across the evaluation period. Next, the section describes how the length of enrollment and the visit frequency provide us with the dosage of services participating families received.

Child enrollment patterns in PAT

To better understand how long families participated in PAT, we measured enrollment length as the number of months between each child's last recorded visit within the evaluation period and their first visit, counting that first visit even if it occurred before the evaluation period.

Table 5 reports the length of enrollment by fiscal year of first visit, as well as for the overall sample. Differences across fiscal years primarily reflect time since entry within a fixed evaluation window. Earlier cohorts had more time to accrue months of enrollment; later cohorts have less time. These figures should not be read as evidence of stronger or weaker retention across cohorts without adjusting for follow-up time. For example, FY 2024 entrants cannot experience more than 12 months enrollment before the close of the evaluation period, just as FY 2023 entrants cannot experience more than 24 months engagement (as indicated by N/A in Table 5).

- For the full sample, children were enrolled an average of 16.4 months; those who had their first visit before FY 2020 had longer average enrollment times.
- Among cohorts with enough potential follow-up to reach 12 months (i.e., those who enrolled during FY 2020–2023), roughly half of children meet the 12-month mark (47–54%), suggesting broadly similar 12-month persistence across these cohorts. This is consistent with previous home visiting research which suggests that, generally speaking, about half of families remain enrolled for 12 months.[xxxiii]

Table 5. Length of enrollment in PAT, reported by fiscal year of first visit date, FY 2020-2024

Fiscal year of first visit	Pre-FY20	FY20	FY21	FY22	FY23	FY24	Any FY
Number of children	739	549	389	619	826	790	3,912
Average (range) months of enrollment	33.3 (2.3-79.4)	18.3 (0-59.1)	18.5 (0-46.4)	14.4 (0-35.3)	11.3 (0-23.5)	5.3 (0-11.9)	16.4 (0-79.4)
Percent enrolled for 6 months	98.2%	69.9%	78.4%	67.5%	69.9%	45.8%	70.9%
Percent enrolled for 9 months	96.3%	57.7%	60.9%	54.8%	56.8%	17.7%	56.6%
Percent enrolled for 12 months	93.4%	49.4%	53.5%	48.3%	47.0%	N/A	47.4%
Percent enrolled for 24 months	63.3%	28.4%	34.7%	27.0%	N/A	N/A	23.7%

Note: Percentages at each milestone reflect time-since-entry thresholds. N/A indicates the milestone exceeds the possible follow-up window.
Source: FSDC System FY20-24

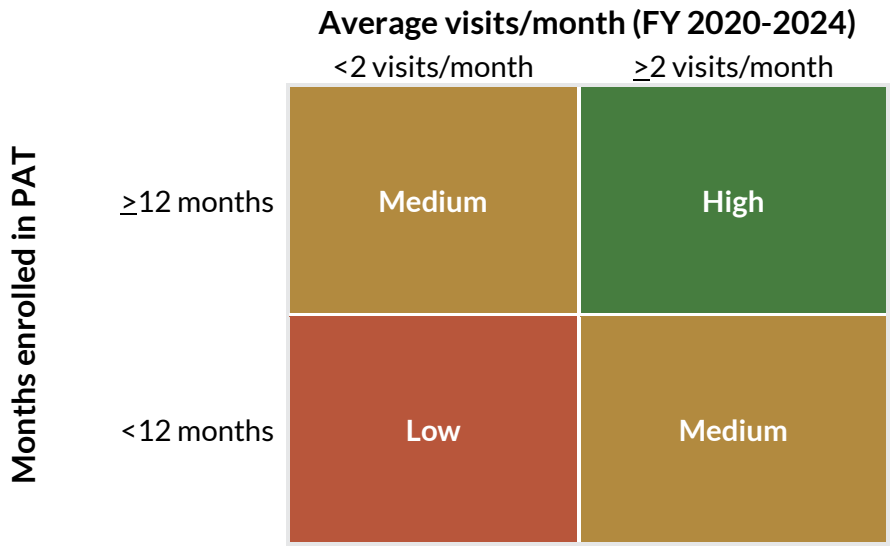
Dosage

Enrollment length alone does not consider the level of engagement during the evaluation period. For example, some children may have received PAT services as intended (i.e., two visits per month) throughout the entirety of their time in the program, while others had pauses in their services during enrollment. Because children's engagement with PAT varies by both length of enrollment and frequency of visits, we created a dosage matrix to better capture family engagement (Figure 7). The dosage matrix is based on two thresholds:

- **At least 12 months of enrollment:** The child had ≥12 months between their first and last PAT visit (including first visits before the evaluation period).
- **At least 2 visits per month during FY 2020–2024 enrollment:** The child averaged ≥2 visits per month across their FY 2020–2024 enrollment period. This average was calculated as the total number of visits divided by the number of months between the child's first and last FY 2020–2024 visit.

Children meeting both thresholds were classified as **high dosage**. Those meeting only one threshold were classified as **medium dosage**, and those meeting neither were classified as **low dosage**.

Figure 7. Dosage matrix



The dosage matrix provides a way to describe how many children were able to participate long enough and intensively enough to engage in the model as intended during the evaluation period. It is important to note that all children who began services in FY 2024 are excluded from this analysis due to their limited time for enrollment before the evaluation period ended.

Table 6 reports children's engagement in PAT as defined by the dosage matrix.

- Many children (53%) were classified as medium dosage, meaning they either enrolled for 12+ months or averaged 2+ visits per month, but not both.
- Children who enrolled earlier were more likely to achieve high dosage, primarily because they had more time to accumulate 12+ months of enrollment.
- A notable share of children (30% overall) met the medium dosage threshold through visit frequency (2+ visits/month but <12 months enrolled), suggesting that even relatively short-term enrollees often received the intended amount of visits per month.

- Only 23% of children who started in FY 2021 reached high dosage, the lowest across all years. This suggests that COVID disruptions (e.g., pivot to virtual visits, staffing challenges, family availability) may have somewhat reduced children's ability to sustain both long enrollment and consistent visit frequency.

Table 6. PAT dosage, reported by fiscal year of first visit date, FY 2020-2024

Fiscal year of first visit	Pre-FY20	FY20	FY21	FY22	FY23	Any FY
Number of children	739	549	389	619	826	3,122
High: 12+ months enrollment 2+ visits per month in FY20-24	67.7%	29.7%	23.1%	25.0%	28.7%	36.7%
Medium: 12+ months enrollment but <2 visits per month in FY20-24	25.7%	19.7%	30.3%	23.3%	18.3%	22.8%
Medium: <12 months enrollment but 2+ visits per month in FY20-24	5.7%	41.7%	37.8%	35.2%	36.9%	30.1%
Low: <12 months enrollment and <2 visits per month in FY20-24	0.9%	8.9%	8.7%	16.5%	16.1%	10.4%

Note: Percentages at each milestone reflect time-since-entry thresholds.
Source: FSDC System FY20-24

Question 2. How was PAT funded by First Steps implemented in South Carolina?

An important piece of the evaluation was to understand the implementation supports available to local partnerships across South Carolina and to learn about the challenges local partnerships experienced in implementing PAT. In this section, we provide information on the strengths of the implementation supports provided to local partnerships as well as implementation challenges experienced and identified solutions, as reported by executive directors. In addition, we share perspectives from families on how the program has supported their participation and suggestions for improvement related to program implementation.

What state and local supports were offered and used by PAT funded with First Steps funding affiliates?

In interviews and focus groups, EDs discussed the support they receive to implement the PAT program in their county. EDs appreciate strong state-level support, especially in-person visits and responsive technical assistance, but seek improved meeting efficiency, streamlined data systems, clearer communication, and more equitable access to resources across programs. EDs also raised challenges related to workforce instability, limited flexibility, and state oversight that hinder effective implementation.

Findings Highlight

Helpful supports: In-person visits and responsive technical assistance

Supports needed: Improved meeting efficiency, streamlined data systems, clearer communication, and more equitable access to resources across programs.

Strengths of supports

Table 7 highlights some the most helpful implementation supports identified by EDs. For each support, we share additional details and examples to indicate the ways in which the implementation support is a strength.

Table 7. Implementation supports shared by executive directors

Support	Details
1. State TA is highly valued for its clarity and responsiveness, especially tailored support from state staff.	State-provided technical assistance is highly valued by executive directors (EDs), particularly the support offered by key staff members such as the Parenting Program Manager and Coordinator. These individuals are recognized for their accessibility, responsiveness, and deep understanding of PAT requirements. EDs especially appreciate their ability to clarify and contextualize complex or duplicative communications from the national PAT office. In-person support from the state office is considered especially beneficial, particularly for newer programs or those operating without a program supervisor. Site visits from state staff offer tailored, hands-on guidance with documentation, compliance, and practical implementation. Many EDs emphasized the importance of these visits and expressed a desire for more frequent in-person engagement, not only for technical assistance, but also for state staff to build a stronger understanding of how PAT functions within diverse local contexts. However, there is a shared recognition that, while state staff are highly effective, their limited capacity makes it challenging to provide consistent support to all programs.
2. EDs find supervisor meetings helpful, although some view broader meetings as redundant.	Executive directors shared that they receive support through regular meetings, however, feedback on monthly meetings is mixed. While supervisor-focused meetings are often seen as helpful, the broader ED meetings can feel redundant or unnecessary, particularly for programs that manage multiple services and do not need PAT-specific discussions.
3. EDs are able to meet diverse family needs through inclusive services, bilingual support, and personalized parent education.	Executive directors describe how they broadened family engagement with increased engagement among single parents, fathers, and grandparents. They ensured support for multilingual families by hiring parent educators that could provide interpretation services and educational support tailored to multilingual families. Some counties also had special connections and outreach to teen parents by partnering with the school district.

Challenges experienced and identified solutions

Despite these strong supports, EDs also noted some implementation challenges and identified solutions for improvement when possible. Table 8 highlights each key challenge, additional details about the context for the challenge, and suggested solutions for improvement.

Table 8. Executive directors' implementation challenges and identified solutions

Key challenge	Details
1. EDs highlight workforce challenges around maintaining fidelity, staff quality, and retention as key barriers to implementing PAT.	Executive directors (EDs) talked about the recurring concern of maintaining program fidelity while ensuring staff meet expectations. A few directors report that not all parent educators (PEs) uphold the rigorous standards of the PAT model. While many PEs have a heart for the work, a few take shortcuts or fail to meet expectations, compromising service quality and trust. Some supervisors have had to implement extra monitoring to ensure accountability. Apart from quality implications, retention was mentioned as a pressing issue, stating there is a need for better compensation and benefits to support current

Key challenge	Details
	staff. When programs experience turnover, it disrupts service delivery and places financial strain on their programs due to repeated onboarding and training. For example, one ED shared, *"the turnover is high and every time you hire a new person the training is expensive and it's coming out of your pocket. The pay needs to be competitive, but you need a cushion in case they leave and they need to train a new person. Little things add up to be bigger things."* • Several programs also cited difficulties with staff turnover due to workload and compensation concerns, underscoring the need for increased support and retention strategies. Executive directors explained that PEs often carry caseloads with families experiencing multiple high-need risk factors, especially those families enrolled through the Connected Families pathway. While working with high-need families is impactful, EDs described it as emotionally exhausting and find it important to balance the mix of families on PE caseloads to support staff well-being and prevent burnout which can lead to turnover. • Given the difficulties with turnover, caseload management, and finding qualified staff, many EDs emphasized the need for free, robust training, particularly for serving high-need families, to reduce burnout and improve service quality.
2. EDs face ongoing challenges with outreach and family engagement, wanting greater flexibility in fidelity measures, stronger community relationships, and more support for communications and visibility efforts.	Some EDs talked about the importance of building lasting relationships in the community as a critical part of recruiting families and making their program known. However, many programs struggle with this outreach, especially when they do not have the time or capacity to outreach through various media outlets and want more guidance and support in communications and visibility efforts. For instance, one ED said, *"It can be hard to make our program known. We are a small team and none of us are tech friendly. I think it could be helpful to do little videos for outreach to the community so it would be helpful to have some technical support for that."* • Some suggested the state could support communication and visibility efforts by providing videos for community outreach or other marketing materials. Executive directors also highlighted ongoing concerns with consistent family participation. They described having to get creative to maintain engagement (e.g., door prizes for group connections). Several directors expressed a wish for more flexibility to meet families where they are at. They describe a need for a more flexible approach to measuring fidelity that reflects the reality of serving families in their community. • There is a strong desire for increased flexibility to adapt standards locally. Providing mechanisms for local programs to make contextual adjustments would enhance their ability to respond effectively to their specific community needs.
3. Directors described how a high-intensity program like PAT also requires	All EDs praised the PAT program for its effectiveness, but because of the intensity of the program, supporting families from infancy through kindergarten only allows for limited reach. Often counties only have one to three PEs, limiting the number of families they can serve and new families they can enroll each year.

Key challenge	Details
significant financial and time investments.	One ED describes, the *"PAT is an awesome program, 95% of children who do the program assess as ready, they bring in families very young and keep them through kindergarten entry... But when you have 1 or 2 PEs, you might only matriculate through 3-4 children a year. That's not going to move the needle on readiness that they want to see… For PAT in particular, we need the funding to hire more people."* Furthermore, many EDs described the high cost of operating a PAT program especially when there is staff turnover and they have to find a replacement and train them to fidelity, particularly in comparison to other counties that are connected to school districts or receive additional private funding. Those programs are able to provide more to families, such as offering scholarships or emergency support. • To further help with cost efficiencies, several EDs suggested that the state could do more to support their financial burden. EDs suggested the state help reduce local financial burdens by coordinating bulk purchasing, providing budget templates, and connecting programs with additional funding opportunities. • EDs also describe wanting to receive additional support to manage their operations, such as support in grant writing, free training for new staff, or mechanisms to build relationships with the school district.

Parent perspectives

Parents' own time constraints were occasionally a barrier in consistently meeting with their parent educator (PEs). The flexibility, dedication, and accessibility of PEs helped families stay connected and engaged in the program (see Table 9).

Table 9. Parent challenges and supports

Key finding	Details
1. Parents shared that time constraints were occasionally a barrier, but the flexibility, dedication, and accessibility of parent educators helped families stay connected.	Most parents generally did not encounter significant difficulties engaging with their parent educators (PEs) or the program itself. The challenges they faced were primarily related to work or time constraints that made it difficult to attend meetings or events. However, the flexibility of their PEs played a key role in overcoming these obstacles. PEs went out of their way to accommodate parents' schedules by offering alternative times and places to meet, such as at work, the library, or other convenient locations. Some PEs even left materials for parents when in-person meetings weren't possible and followed up at a later time, allowing parents to engage with the content on their own schedule. One parent mentioned, "*My teacher is really accessible and flexible, and she will just leave the material if we can't meet and then I do it later with the kids. I really like being with her, but sometimes we can't make it work.*" This level of flexibility was highly appreciated, with some PEs even offering transportation for events or adjusting meeting times to early mornings or evenings to accommodate parents' work hours. The overall support and understanding from their PEs helped parents remain engaged in the program.

Suggestions for improvement

While most parents interviewed did not suggest any significant changes to the program, a few provided feedback for potential improvements to make the program even more accessible, with suggestions for strengthening access including virtual options and expanded meeting times. Table 10 presents parent suggestions for improvement.

Table 10. Parent suggestions for improvement

Suggestions for improvement
One common suggestion was the introduction of hybrid or Zoom meetings, offering parents the flexibility to participate virtually when they couldn't attend in-person, especially for group meetings.
Others expressed a desire for more diverse meeting times, particularly group meetings that could be scheduled later in the evenings, on Fridays, or over the weekend. They highlighted that events starting at 6 p.m. were often difficult to attend due to work commitments and arriving on time was a challenge.
Parents appreciated the ongoing offer of transportation to events and continued reminders, as these are key services in supporting and increasing parent participation. They note that these services should continue and the PAT program could explore additional ways to make transportation even more accessible or tailored to family needs.
A few participants highlighted the importance of outreach to single parents and suggested these efforts should be strengthened, recognizing that they may face unique challenges and may benefit most from additional support and engagement opportunities.
Ensure that parent educators are not only well-qualified but also demonstrate genuine care for the community, parents, and children. A passionate and empathetic approach can significantly enhance program impact and strengthen relationships with families.

Chapter 2: Outcomes Evaluation

Overview

The goal of outcome evaluation was to assess the impact of participation in PAT on children and families. For this outcome evaluation, we analyzed administrative data from First Steps and from other state agencies. In this chapter, we provide information about our methodology, including our data sources and analytic methods. We answer the following research questions:

1. What was the impact of participating in PAT funded with First Steps funding on child and family outcomes?
    a. Parenting and home environment
    b. Child maltreatment
    c. School readiness and enrollment

Methodology

Data sources

In this section, we briefly describe the various data sources we used for the outcomes evaluation (Table 11). Full details of each data source are included in the Methodological Appendix.

First, we relied on the First Steps Data Collection (FSDC) system for child and family information to draw our sample, and we analyzed pre- and post-test scores across three assessments: Keys to Interactive Parenting Scale; Healthy Families Parenting Inventory; and the Adult-Child Interactive Reading Inventory. Second, we relied on external administrative data sources to analyze child maltreatment, kindergarten readiness assessment (KRA) scores, and chronic absenteeism. In total, we analyzed six outcomes to understand how PAT has impacted children during the evaluation period.

Table 11. Descriptions of measures used in outcomes evaluation

Measure	Description
Keys to Interactive Parenting Scale (KIPS)	The KIPS was administered for PAT families during FY 2020-2022. KIPS is an observational measure used to examine the quality of parenting interactions with children aged 0 to 71 months. KIPS scores range from 1 to 5, with 1-2.99 indicating low quality parenting, 3-3.99 indicating moderate quality parenting, and 4-4.99 indicating high parenting quality. Our analysis reflects the scores of adult-child pairs rather than individual children or adults.
Healthy Families Parenting Inventory (HFPI)	The HFPI was administered for PAT families starting in FY 2022. HFPI is a 63-item tool that measures parenting behaviors and attitudes across nine subscales. Each item on the inventory is a declarative statement (e.g., "I feel supported by others") rated on a 5-point Likert scale. Each subscale, containing five to ten items, receives a score; there is also an overall total score (ranging from 63 to 315). Scores are coded such that higher values indicate more positive parenting behaviors or attitudes.
Child maltreatment	Child maltreatment was measured through South Carolina Department of Social Services (DSS) records between FY 2020-2024. Maltreatment reports include substantiated claims of physical, emotional, and sexual abuse in addition to all forms of neglect, negligence, and exploitation of children. For children participating in PAT, reports were limited to claims founded after PAT enrollment. All children enrolled through the Connected Families pathway were excluded from analyses given their

Measure	Description
	initial referral from DSS, which may indicate a known higher risk for child maltreatment at the time of PAT enrollment.
Adult-Child Interactive Reading Inventory (ACIRI)	The ACIRI was administered for PAT families in FY 2020-2024. ACIRI is a 15- to 30-minute observational tool designed to assess the reading behaviors of adults and children during shared reading sessions. During the observation, the assessor monitors how often the child and adult engage in 12 interactive literacy behaviors associated with effective reading practices. Each behavior is scored based on its frequency, rated on a scale from 0 (indicating "no evidence of the behavior") to 3 (indicating the behavior occurs "most of the time"); thus, higher scores indicate more frequent use of positive reading behaviors. Adult and child reading behaviors are scored separately.
Kindergarten Readiness Assessment (KRA)	South Carolina measures school readiness through the Kindergarten Readiness Assessment (KRA) collected by teachers for the South Carolina Department of Education (SCDE). The KRA contains scores for each component as well as an overall score (range 202–298). A higher score indicates a higher level of readiness for kindergarten. Children are placed into one of three categories, including *demonstrating readiness* (270–298); *approaching readiness* (258–269), where a child is nearing readiness but needs some support; and *emerging readiness* (202–257), where a child is still developing foundational skills and may require significant support. A modified version of the KRA was administered in Fall 2020 (i.e., school year 2021) due to COVID-19 restrictions. The KRA publishers, WestEd, do not recommend comparing this administration to any other year's administration; thus, it is not included in our analyses.
Chronic absenteeism	Chronic absenteeism was measured through attendance and enrollment data acquired from the South Carolina Department of Education (SCDE) for school year (SY) 2020-2024 for kindergarteners. For children who attended at least 90 days of school, chronic absenteeism was defined as having been in attendance for less than 90 percent of the time.

Data analysis

We briefly describe our analytic approach for each of the data sources. Full details of each analysis are included in the Methodological Appendix.

FSDC data: KIPS, HFPI, ACIRI

For the analysis of each assessment, we included PAT participants who completed the respective assessments during the evaluation period. For KIPS and ACIRI, this included unique adult-child pairs; for HFPI this included caregivers. To examine growth over the full evaluation period, we analyzed the change in assessment score between the first (T1) and last (T2) instance of an assessment. Recognizing that the length of time between assessments might influence score changes, we conducted a series of t-tests to examine score changes overall, as well as within nine different mutually exclusive time periods. To control the increased risk of Type I errors due to repeated tests, we applied a Bonferroni correction; the adjusted alpha threshold was $p<0.005$.

State administrative data: Child maltreatment, KRA, chronic absenteeism

For the analysis of each state administrative data source, we included PAT participants and a comparison group. To improve comparability between the two groups, we used propensity score matching to pair each

PAT participant with a non-PAT child based on key characteristics (e.g., age, race, county). Using our matched sample, we used a multinomial logistic regression to examine how likely children were to experience the specific outcome of interest. Results are reported as odds ratios (ORs).

- An **OR greater than 1** suggests children in PAT are *more likely* than their non-PAT peers to experience the outcome.
- An **OR less than 1** suggests children in PAT are *less likely* than their non-PAT peers to experience the outcome.

To further understand the impact of PAT on outcomes, we examined whether and how the dosage of PAT services was associated with outcomes when possible. As described previously, dosage of PAT was measured using two indicators: whether children received at least two visits per month on average and whether they stayed in the program for a year or more. Based on this approach (Table 6), children were categorized into three dosage groups: high (met both indicators), medium (met one), and low (met neither). When possible, we also present the ORs for each dosage group of PAT children compared to children who did not participate in PAT.

Question 3. What was the impact of participating in PAT funded by First Steps on child and family outcomes?

Parenting and home environment: KIPS and HFPI

In this section, we present information from two parenting measures used during the evaluation period with PAT families: KIPS and HFPI. KIPS was used to assess parenting behaviors during FY 2020-2022, and, starting in FY 2022,[12] the HFPI was used instead. The analysis for each measure examines changes in parenting skills over time for families who participated in PAT.

Keys to Interactive Parenting Scale (KIPS), FY 2020-2022

Figure 8 presents average KIPS scores at T1 (first assessment) and T2 (last assessment), categorized by the length of time between assessments. More details on the change in KIPS scores over the evaluation period can be found in Appendix Table C1.

Results indicate that adult-child pairs who participated in at least two KIPS assessments during the examination period showed significant and substantial improvements in their interactions.

- Across all assessments, the average KIPS score increased from 3.51 to 3.87 between T1 and T2, both falling within the range of moderate quality parenting. This overall improvement was statistically significant ($p < .005$ after Bonferroni correction) and corresponded to a medium-to-large effect size (Cohen's $d = 0.57$).
    - This is in line with a study from Arizona's PAT program that shows a significant increase in KIPS scores from 3.66 at T1 to 3.87 at T2.[xxxiv] Similarly, the previous evaluation of First Steps PAT conducted in FY 2017-2019 found

How PAT helps support parenting skills

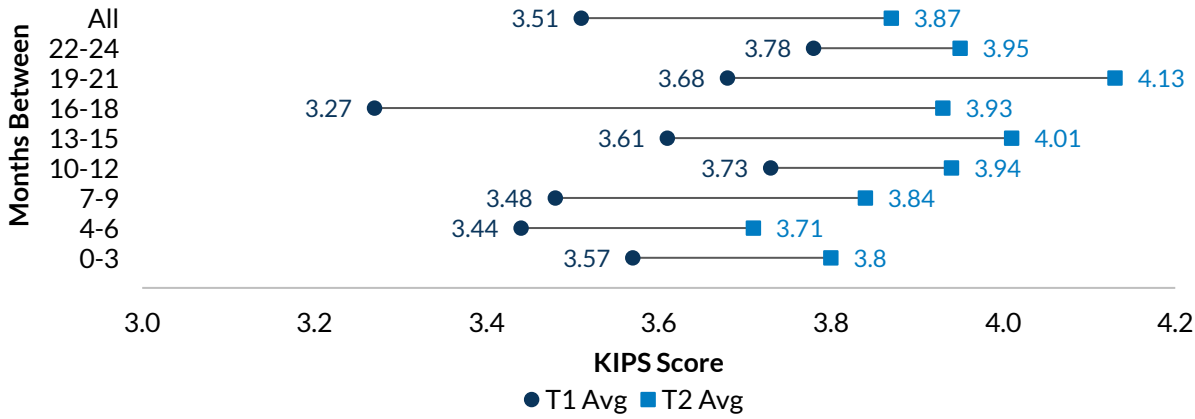
"One of our families this year, her PE is helping a mom with an autistic child. She didn't have support, didn't know where to start, so her PE is becoming her support system. I was able to help my PE that is now helping with the parent with the steps needed to get therapy and support. She would just be breaking down and having a bad day. We've been able to be her backbone and support and now she feels equipped to advocate for him and his needs." - Executive Director report, Focus Group

[12] Though PAT transitioned to the use of HFPI in FY 2021, eight adult-child pairs had their last KIPS assessment in FY 2022. The majority of these assessments were conducted in July 2021 (i.e., the first month of FY 2022).

increases in KIPS scores from the first score (*M* = 3.28) to the last score (*M* = 3.57).[xxxv]

- Significant improvements in parenting skills were observed across all time intervals, except for the 22-24 month group. The 22-24 month group showed the smallest gains and was the only group without a statistically significant improvement. However, this finding is limited by a very small sample size (n = 8).
- The largest effect sizes occurred in the 16-21 month group (ranging from +0.45 to +0.66 improvement; d=0.74-0.75), suggesting longer participation in PAT may yield greater benefits.
- Adult-child pairs with more than 12 months between their first and last assessment showed significantly higher gains (+0.47) than those with less than 12 months between assessments (+0.29). This difference remained even after controlling for child's age, further suggesting length of enrollment has an impact on parenting skills (results not shown).

Figure 8. Differences in KIPS scores, FY 2020-2022



Notes: The difference in scores between T1 and T2 was statistically significant for all reported time periods, except for 22-24 months, after applying a Bonferroni correction. The significance threshold after correction was $\alpha_{corrected}$=0.005 (p<0.05/10 comparisons tested).
Source: First Steps Data Collection System (FY 2020-2024)

Healthy Families Parenting Inventory (HFPI), FY 2022-2024

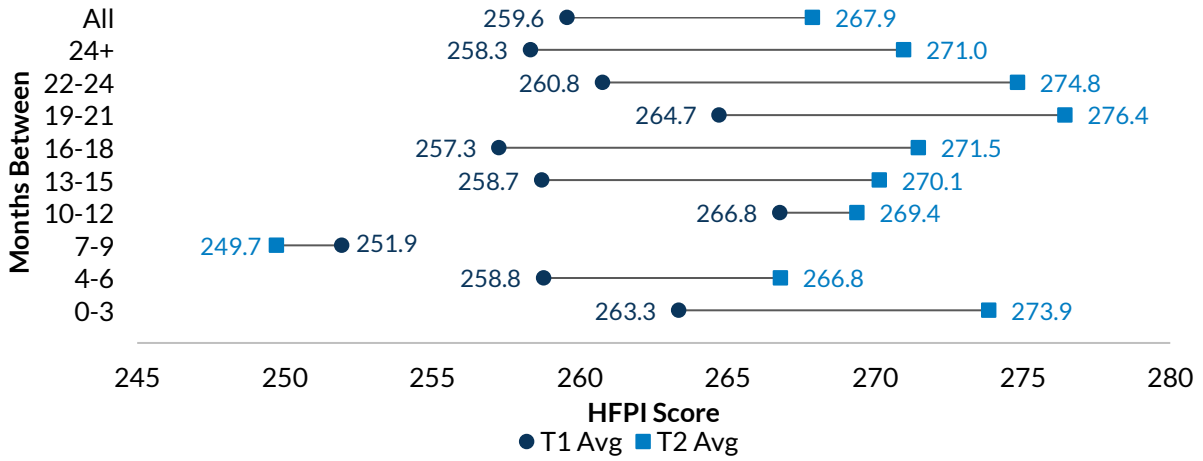
Figure 9 presents average HFPI scores at T1 and T2, categorized by the length of time between assessments. More details on the change in HFPI scores over the evaluation period can be found in Appendix Table C2.

Results indicate that caregivers who completed at least two HFPI assessments during the evaluation period generally demonstrated significant and meaningful improvements in parenting attitudes, behaviors, and family environments. This finding is consistent with a previous study of PAT in Arizona, which found that families participating in PAT had higher parenting efficacy and social support scores after 12 months compared to the comparison group.[xxxvi]

- Across all assessments, the average HFPI score increased from 259.6 to 267.9 between T1 and T2. This overall improvement was statistically significant ($p < .005$ after Bonferroni correction) and corresponded to a small-to-medium effect size (Cohen's d = 0.26).
- Significant improvements were observed across most time intervals, with the exception of the 7-12 month groups, which showed little to no gain. These results may reflect the timing of assessments, natural variability, or family stressors during that period of program participation.
- The largest gains and most consistent effect sizes occurred among families assessed after 16-24+ months of participation (Cohen's d ranging from 0.35 to 0.46), suggesting that longer engagement in services may be associated with greater positive change.

- Caregivers with 12 or more months between their first and last assessments showed significantly higher gains (+11.6) than those with less than 12 months between assessments (+5.1), further suggesting that length of enrollment has an impact on parenting behaviors and family environment (results not shown).

Figure 9. Differences in HFPI scores, FY 2022-2024



Notes: The difference in scores between T1 and T2 was statistically significant for all reported time periods, except 7-12 months, after applying a Bonferroni correction. The significance threshold after correction was $\alpha_{corrected}$=0.005 (p<0.05/10 comparisons tested).
Source: FSDC FY 22-24

Considerations

There are several considerations when interpreting these findings. First, while these results suggest increases in parenting skills and family functioning over the course of PAT enrollment, improvements cannot be attributed solely to PAT participation. It is likely that families receive other services, including those provided by their local partnership, that could also influence parenting behaviors. Without a comparison group, these findings cannot be considered causal.

Second, there were a large group of PAT participants who only completed a KIPS or HFPI assessment at T1, limiting the sample size for the analyses and potentially limiting the generalizability of the findings. However, we tested to compare the T1 scores between those who only completed T1 assessments and those who completed multiple assessments and found no significant differences in their T1 scores.

Child maltreatment

In this section, we present information about the prevalence of founded child maltreatment reports using data from SC DSS. Using a matched comparison group, the analysis tested whether any participation in PAT impacted the likelihood of having a founded child maltreatment at some point after enrollment in PAT. The full modeling results are presented in Appendix Table C4.

Findings suggest that children who participated in PAT were significantly less likely to experience maltreatment compared to similar children not enrolled in the program (Table 12).

- In both the PAT and matched comparison group, the majority of children did not experience maltreatment. Among children in PAT, 2.5% had a founded report at some point after their first home visit, compared with 7.1% of children in the non-PAT group (see Appendix Table C3).
- As shown in Table 12, regression results indicated that children in PAT were 67 percent less likely to receive a founded maltreatment report. This finding has important implications for South Carolina, given the new investment in the Community Pathway for PAT under the Family First Prevention

Services Act (FFPSA) which will allow families to be referred directly to PAT by pediatricians, schools, and other community partners without any child welfare involvement.[xxxvii]

- These results align somewhat with the previous First Steps PAT study in FY 2017-2019, which found that fewer children who participated in PAT had any child maltreatment report compared to children in a non-PAT comparison sample, but there was not a significant difference between the groups when considering only founded cases.[xxxviii]

Table 12. Maltreatment reports for PAT children compared to non-PAT children, FY 2020-2024

Children in PAT [A]	OR	95% confidence interval (Lower)	95% confidence interval (Upper)	p-value (significance)
Maltreatment claim	0.33	0.25	0.42	<0.001 ***

Notes: OR = Odds ratio from logistic regression predicting maltreatment report while controlling for race, county, sex, and age.
[A] Children who received at least one home visit through PAT funded with First Steps funding during the evaluation period. Children who did not receive PAT services funded by First Steps during the evaluation period were matched to those who did on age, gender, county, sex, and race. * $p<0.05$, ** $p<0.01$, *** $p<0.001$
Source: First Steps Data Collection system and DSS data (FY 2020-2024)

Considerations

There are several considerations when interpreting these findings. First, maltreatment may be underreported or inconsistently documented in administrative records, which could underestimate actual prevalence. Second, while propensity score matching improved comparability between groups, unobserved differences—such as family motivation, community resources, or exposure to other parenting supports—may still influence results. Finally, the evaluation period may be too short to capture longer-term impacts of PAT participation on child maltreatment.

School readiness and enrollment: ACIRI, KRA, and chronic absenteeism

To understand the school readiness and enrollment outcomes for children whose families participated in PAT, we present information about children's ACIRI, KRA, and chronic absenteeism outcomes. For KRA and chronic absenteeism, we compared children who received varying PAT dosage with comparable children who did not receive any PAT.

Adult-Child Interactive Reading Inventory (ACIRI), FY 2020-2024

Figures 10 and 11 report the change in overall ACIRI scores separately for adults and children participating in PAT during the evaluation period. More details on the change in ACIRI scores over the evaluation period can be found in Appendix Table C5.

Findings show that adult and child scores increased from T1 to T2 across all examined time periods.

- On average, adult scores increased from 1.94 to 2.28 between T1 and T2. Child scores increased from 1.68 to 2.10 between T1 and T2.
- Larger time gaps between first and last assessment generally lead to greater improvements, especially in children's scores when 19 or more months occurred between the first and last assessment.
    - Those with more than 24 months between assessments showed the largest average score increases for both adults (+0.54) and children

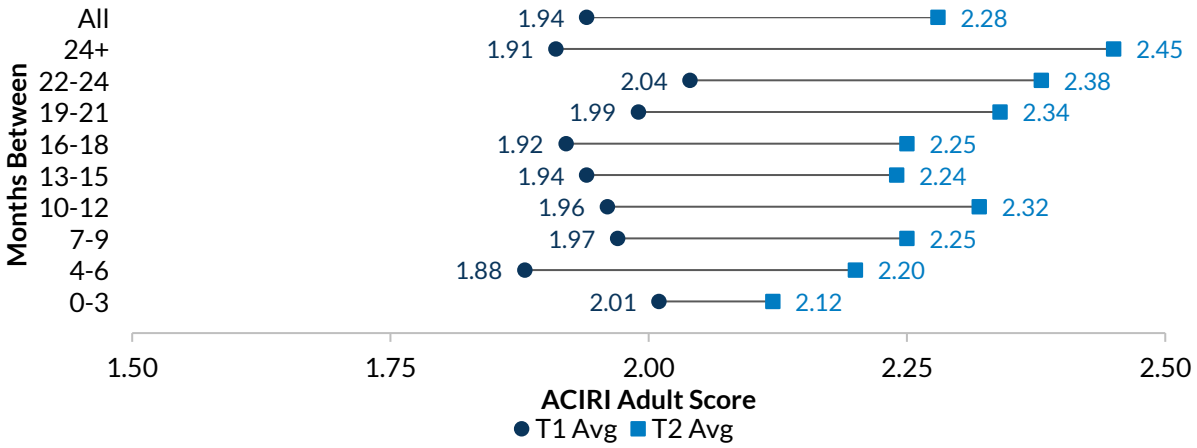
How PAT supports educational outcomes

"I love that First Steps is so committed to home visiting and see the value in it. It's an expensive program to operate, it has a "wrong pockets" problem where First Steps bears the costs but the school system, prison system, healthcare system see the benefits. Glad First Steps is a good champion to the value that PAT brings to the community."
– Executive Director report, Focus group

(+0.70), as well as the largest effect sizes. Adults and children with 0 to 3 months between assessments showed the smallest gains.

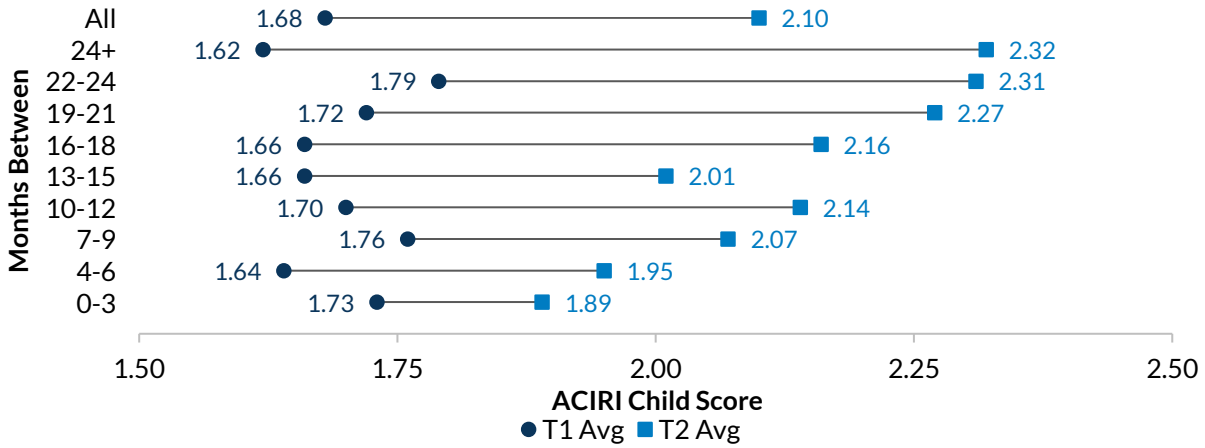
- For adults, the gain in scores for those with 12 or more months between assessments (+0.38) was significantly larger than those with fewer than 12 months between assessments (+0.30) (results not shown). However, this significance disappeared after controlling for child's age, suggesting adult's improvement seems largely influenced by child age rather than by the length of time between assessments.
- For children, those with 12 or more months between assessments showed substantially larger gains than those with fewer than 12 months (+0.76 vs. +0.32) and this difference remained significant even after accounting for child age (results not shown). This suggests both age and length of enrollment contribute to children's improvement on the ACIRI, with longer participation producing gains above and beyond child's age alone.

Figure 10. Differences in adult ACIRI scores, FY 2020-2024



Notes: The difference in scores between T1 and T2 was statistically significant for all reported time periods, except 0-3 months, after applying a Bonferroni correction. The significance threshold after correction was $\alpha_{corrected}$=0.005 (p<0.05/10 comparisons tested).
Source: FSDC FY20-24

Figure 11. Differences in child ACIRI scores, FY 2020-2024



Notes: The difference in scores between T1 and T2 was statistically significant for all reported time periods, except 0-3 months, after applying a Bonferroni correction. The significance threshold after correction was $\alpha_{corrected}$=0.005 (p<0.05/10 comparisons tested).
Source: FSDC FY20-24

Kindergarten Readiness Assessment (KRA), FY 2020-2024

In this analysis, we examined the likelihood of scoring at higher levels on the KRA (i.e., demonstrating or approaching readiness) compared to the emerging readiness level.

- Results indicated PAT participation was not significantly associated with the likelihood of scoring approaching versus emerging readiness (OR = 1.10, 95% CI: 0.88–1.37, p = 0.398) or demonstrating versus emerging readiness (OR = 1.18, 95% CI: 0.92–1.51, p = 0.196).

How PAT impacts kindergarten readiness

"PAT is an awesome program, 95% of children who do the program assess as ready, they bring in families very young and keep them through kindergarten entry. Almost all the children are ready unless they have a documented delay."
– Executive Director report, Focus Group

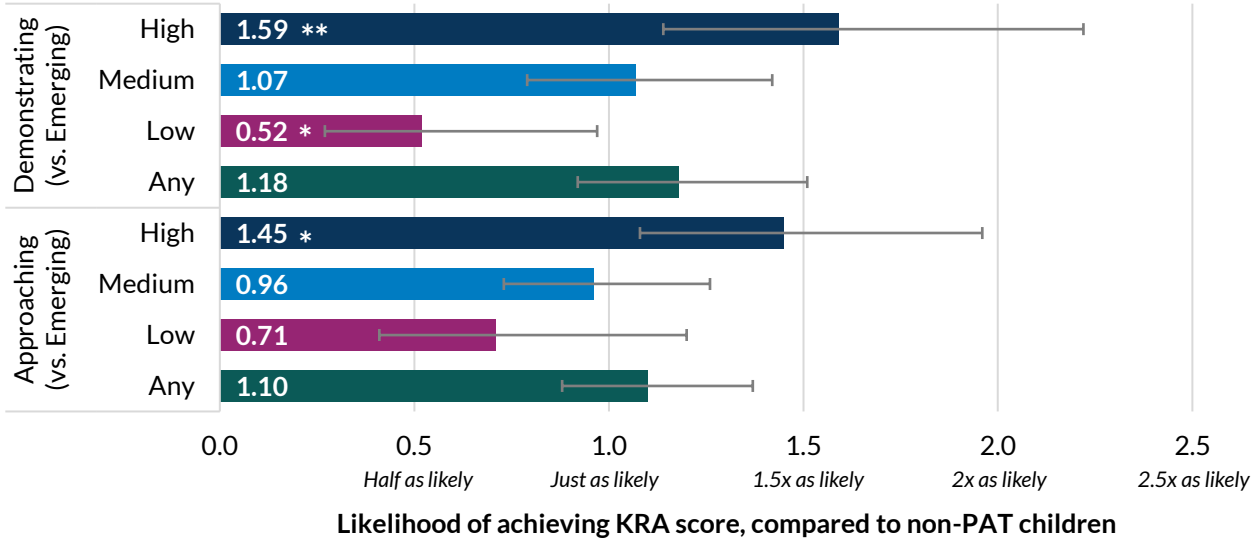
Because overall PAT participation was not associated with significant differences in KRA performance, we next examined whether dosage of PAT was linked to kindergarten readiness outcomes. Figure 12 shows the likelihood of scoring approaching (vs. emerging) and demonstrating (vs. emerging) for each level of PAT dosage (i.e., high, medium, low) compared to children not participating in PAT. The full modeling results are presented in Appendix Table C7.

Findings suggest that sustained and intensive engagement in PAT is linked to higher odds of achieving both approaching and demonstrating kindergarten readiness.

- Children who received a high dosage of PAT were:
  - 45 percent more likely to reach approaching rather than emerging readiness, compared to children not in PAT
  - 59 percent more likely to reach demonstrating instead of emerging readiness, compared to children not in PAT
- Children with medium dosage of PAT did not differ significantly from non-PAT children in either comparison (approaching vs. emerging or demonstrating vs. emerging).
- Children with low dosage of PAT children were:
  - Not significantly different from children not in PAT when comparing approaching vs. emerging
  - 48 percent less likely to achieve reach demonstrating rather than emerging readiness, compared to children not in PAT

For children who received at least two visits per month on average and were enrolled in PAT for at least one year, there was a direct positive impact on kindergarten readiness, suggesting this level of engagement may be key to achieving outcomes. Low dosage participation (i.e., receiving less than 2 visits per month on average and total enrollment less than 1 year) may in part reflect inconsistent engagement or very early dropout, both of which make it less likely to achieve positive outcomes, particularly those measured at a later point in time like kindergarten entry. Not surprisingly, this level of dosage showed little benefit in the likelihood of demonstrating readiness. It is possible that children in this group may not have been able to participate in PAT as intended due to additional complications (e.g., inconsistent schedules, need for high intensity services), which may also contribute to the negative findings.

Figure 12. Odds of achieving readiness scores on the KRA for PAT children, compared to non-PAT children (school years 2020, 2022-24)



Notes: Children who did not receive PAT services funded by First Steps during the evaluation period were matched to those who did based on age at kindergarten entry, race, gender, school county, special education classification, and socioeconomic status. The 2021 school year was excluded because COVID-19 changes to the KRA assessment made its results incomparable to other years. Odds ratios are derived from a multinomial logistic regression examining the effects of PAT engagement on KRA scores, while controlling for child age, race, gender, school county, and special education status. Error bars represented the 95% confidence interval of the reported odds ratio.
* $p<0.05$, ** $p<0.01$, *** $p<0.001$
Source: FSDC and SCDE data FY20-24

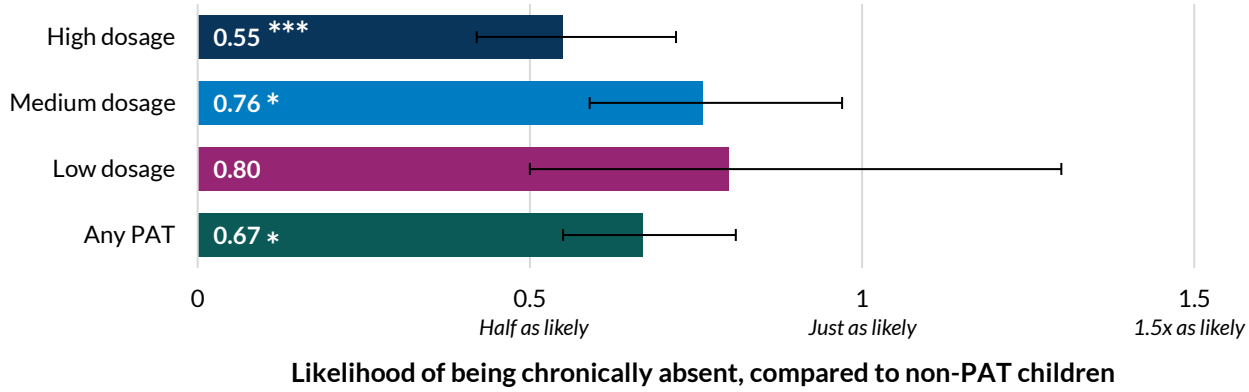
Chronic absenteeism, FY 2020-2024

In this analysis we examined whether participation in PAT during the evaluation period was associated with chronic absenteeism in kindergarten. Our first model tested whether any participation in PAT impacted chronic absenteeism. We then examined the association between dosage and chronic absenteeism. The full modeling results are presented in Appendix Table C9.

Findings in Figure 13 show that PAT participation is linked to better attendance in kindergarten.

- Children who participated in *any* PAT were significantly less likely to be chronically absent than those who did not.
- Children with low dosage of PAT were not significantly different from children not in PAT
- Children who received a medium dosage of PAT were 24 percent less likely to be chronically absent than their peers not in PAT.
- Children who received a high dosage of PAT were 45 percent less likely to be chronically absent than their peers not in PAT.

Figure 13. Odds of being chronically absent in kindergarten for PAT children, compared to non-PAT children (school years 2020-2024)



Notes: [A] Children who (1) received PAT services funded by First Steps during the evaluation period as recorded in the FSDC system, (2) attended 90 days of a SCDE kindergarten during the evaluation period, and (3) had complete demographic information. Children who did not receive PAT services funded by First Steps during the evaluation period were matched to those who did on age, gender, race, school county, special education classification, and socioeconomic status. Odds ratios are derived from a binomial logistic regression examining the effects of PAT engagement on chronic absenteeism, while controlling for child age, gender, race, school county, special education classification, poverty status, and school year. * $p<0.05$, ** $p<0.01$, *** $p<0.001$
Source: FSDC and SCDE data FY20-24

Considerations

There are several considerations to note when interpreting these findings. Importantly, improvements in ACIRI scores over time may not be solely attributable to PAT participation; it is likely that families receive other services, including those provided by their local partnership. Without a comparison group, the increases in ACIRI scores cannot be considered causal.

Additionally, KRA scores provide only one measure of kindergarten readiness and may not capture the full range of children's skills or developmental progress. While propensity score matching balanced key demographics (see Appendix Table C6 and C8), unmeasured differences may still influence KRA and absenteeism outcomes. Lastly, special education classification is determined at or after kindergarten entry. Because this occurs after participation in PAT, it functions as a post-treatment variable rather than a baseline characteristic. Including it as a covariate may therefore partially adjust for outcomes that develop following program participation.

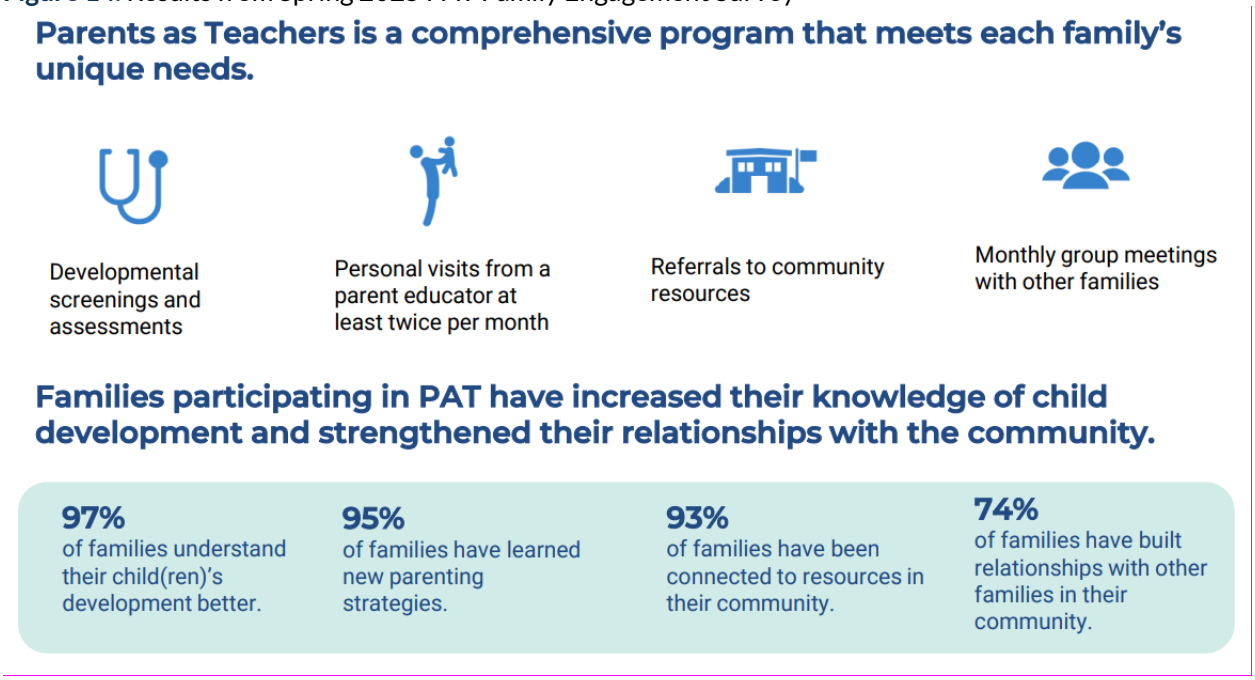
Qualitative information to support PAT impact

The findings presented throughout this chapter thus far indicate that PAT had a substantial impact on family and child outcomes. The use of administrative data and comparison groups in particular provides the team confidence in the validity of the results. However, the team also values the voice of those who are actively involved in PAT and can shed light on how PAT impacts families and communities. The following sections provide information from families that highlight how the PAT program improves outcomes, both those presented already in this chapter and additional outcomes of value to families.

Spring 2025 PAT Family Engagement Survey

The PAT state office surveyed over 700 families from 37 PAT affiliates in March 2025 through their annual Family Engagement Survey. In their survey, families indicated that PAT helps with developmental screenings, personalized home visits, community referrals, and group meetings. Parents also reported increases in their knowledge and strengthened relationships in the community. See Figure 14.

Figure 14. Results from Spring 2025 PAT Family Engagement Survey[13]



Source: First Steps State Office

Success stories from families

In interviews, parents provided their perspectives on how PAT improves outcomes for their families and shared "success stories" or examples of ways the program has impacted families in the community. In Table 13, we highlight these findings with direct quotes from parents.

Table 13. Key themes and quotes from parents

Theme	Quote
Parent Educators (PEs) play a vital role in supporting children's early development and transitions to school by building long-term, trusted relationships with families, providing tools for learning at home, offering health and behavior guidance, and celebrating key milestones.	*"For my son, I was worried about his – he was antsy. I was like is something wrong, he is really hyper. But my PE gave me guidelines and taught me lessons at the home, and she would come and do the visits with us and she would participate with us, and he would love it and he would be able to focus and interact. I truly see a difference with my child being able to level down enough to receive information from my PE."* – Parent *"Parenting doesn't come with a handbook, when I first had my baby I just wasn't sure of what to look for. So my PE was showing me how to monitor my baby's skills, milestones, and showed me how to pay attention to her development. Basically, keep track of development and making sure she was developing the right way. PAT is really a handbook, it helps you see the different ways your baby is communicating with you, learn how to be patient with your child, and the program showed me different things about what my daughter was doing. I didn't learn about what she should be doing until I went through PAT. My baby is real good with her hands, so we helped cultivate that skill. I wasn't paying attention to those*

[13] Information provided by First Steps State Office.

Theme	Quote
	developmental milestones but the program helped me with what to look for." – Parent
PEs support families in navigating public systems such as applying for housing, enrolling in adult education/schooling, and securing employment or financial stability	*"One of my goals, was to get a house, I didn't have a house at the time when I started with PAT. That was the first goal I had. I was staying with someone and wanted a house and a better job. She gave me resources to get those things. There was a program where they were helping single mothers, she gave me the number for who I am renting with now and got me a job interview through a DSS thing, to get off food stamps."* - Parent *"That was when my journey of peace and healing for myself and as a parent began (when got housing because of PE), I wanted to be that example to him (son) and be connected to people. I wanted to be able to raise him on things that I believe and things that I stand for. And ever since I got my own space and it be me and him, so much peace! When you have it (peace), everyone can tell, I don't have everything. I don't have a million dollars but have my peace and I think that is worth a million dollars."* - Parent

Conclusions and Recommendations

As expected, **the COVID-19 pandemic took a toll on PAT implementation**; specifically, FYs 2021 and 2022 brought a decrease in families enrolling and a slight decline in engagement rates. However, FYs 2023 and 2024 brought a strong rebound, with more families served and more visits provided than in the years prior. For the most part, PAT affiliates served the families they intended to reach; most children are less than three years old and experience two or more risk factors associated with school readiness at the time of enrollment. However, EDs consistently report workforce challenges around maintaining fidelity, staff quality, burnout, and retention as key barriers to implementing PAT.

Recommendation: Provide additional support to local partnerships through increased training and professional development opportunities, support on outreach strategies, and identification of best practices to improve staff retention.

Family engagement continues to be a critical issue, both raised by EDs and reflected in the analysis of service delivery data. Across all years, about half of families participated in PAT for a year or more. During their enrollment in PAT, most children are receiving the required number of home visits (2 or more per month), but many are not staying enrolled long enough to experience the potential benefits. Strategies to promote engagement – including those in the research practice literature and those suggested by EDs – should be considered for testing and refinement to best address the needs of each local partnership community.[xxxix,xl] The annual Family Engagement Survey is a potential tool that First Steps can extend to best understand the needs of parents and how to adapt engagement strategies in response.

Recommendation: Continue to test and refine family engagement strategies by building on input from families, home visitors, and local partnership staff.

Not surprisingly, **PAT families showed improved parenting and child maltreatment outcomes**, consistent with many years of evidence finding that PAT promotes parenting behaviors, parent-child interaction, and the home environment.[xli] By examining the change in parenting scores by intervals of time between assessments, we can see that, generally speaking, longer enrollment leads to greater change.

A pattern of improvement generally carries through for school readiness outcomes as well. More specifically, when PAT children had a higher dose of services (in this case, enrolled for 12+ months and averaged 2+ visits per month), they were significantly more likely to have higher kindergarten readiness scores compared to non-PAT children. There was also a strong positive dose-response relationship between PAT dosage and chronic absenteeism in kindergarten. Across the home visiting field, there continues to be much debate about what is the "right" dose of services and how long families truly need to be enrolled to have an impact on outcomes. This evaluation showed that this type of limited dosage variable (measured solely by number of visits per month and length of enrollment) has implications for the impact of PAT on child and family outcomes. Future research can provide a more nuanced understanding of what works best for whom and under what circumstances in order to better serve families and improve outcomes.

Recommendation: Examine the mechanisms through which engagement and dosage promote positive outcomes for families and children.

Lastly, throughout the course of the evaluation, the research team made decisions about the administrative data to best evaluate PAT. **Decisions around data quality issues could lead to changes in findings** (for example, application of identifiers, duplications of birthdates, recording of multiple caregivers). We acknowledge that First Steps has already started the process to make data system updates which should lead to improved data accuracy in the future. Executive directors also shared that the data entry related burden on PAT staff is significant and they would like to see improvements in streamlining data entry.

Recommendation: Continue to improve data quality and reduce administrative data burden for staff through enhanced data systems.

Appendix A: Methodological Appendix

Qualitative data sources

Focus groups and interviews with local partnership executive directors

We conducted six one-hour virtual focus groups and seven interviews in June 2025 with a total of 25 executive directors (EDs) of local partnerships implementing PAT. Executive directors were recruited through direct email invitations from the research team and were given several date and time options to participate in focus groups. To improve recruitment efforts, EDs were given an option to schedule an individual interview to better accommodate their schedule.

We designed a semi-structured focus group protocol to allow EDs to elaborate on PAT implementation state supports, resources, and communication processes. We also asked about challenges, successes and recommendations to support their program needs. When possible, we grouped focus groups by program experience and location; for example, we had specific groups for participants newly implementing PAT at their local partnership and groups for those PAT programs using the Connected Families pathway to enroll families.

We recorded and transcribed focus groups and interviews for the purposes of qualitative analysis. We developed an initial set of codes using a content analysis approach. Using Dedoose, one team member independently coded each transcript. Then, a second team member reviewed the codes applied to ensure accuracy and consistency across transcripts and codes. Throughout the coding process, the team discussed possible adjustments to the coding scheme and updated the codebook as needed.

After the team coded and discussed each transcript they reviewed and analyzed the codes from Dedoose to identify key themes and how well the codes answered the research questions. Verbatim quotes from the participants were used to validate interpretation of themes and commonly recurring ideas.

Interviews with families participating in PAT funded by First Steps

Families were recruited through First Steps' *Spring 2025 PAT Family Engagement Survey* administered in March 2025. At the end of the survey, families were able to express interest in completing an interview with an external evaluator at a later time. The First Steps state office worked with the research team to create a sample of interested parents with a range of demographic characteristics including region of residence, time enrolled in PAT, and language spoken in the home. The research team texted and called each interested participant and invited them to take part in a 15-minute interview in either English or Spanish. In total, nine parents or caregivers completed interviews, eight in English and one in Spanish. Participants came from all four regions in South Carolina, and most (78%) had been enrolled in PAT for 2 years or more (Table A1).

We designed a semi-structured interview protocol to understand how families learned about PAT, their interest in PAT, successes or challenges with the program, and goals they met because of PAT.

We recorded interviews when possible and transcribed the interviews for the purposes of qualitative analysis. Two research team members qualitatively coded interview transcripts. The research team developed an initial set of codes using content analysis. Using Dedoose, two team members independently coded 20 percent of the interviews and then held a consensus meeting for each interview to determine accuracy and consistency across applied codes. If there were discrepant codes, team members would discuss each excerpt and the codes applied to come to consensus. Final codes were updated in Dedoose.

For the remaining interviews, the two coders coded individually and checked the codes of one another to ensure accuracy. Throughout the coding process, the team discussed possible adjustments to the coding scheme and updated the codebook as needed. Next, they analyzed the codes from Dedoose to identify key

themes and how the codes answered the research questions. Verbatim quotes from the participants were used to validate interpretation of themes and commonly recurring ideas.

Table A1. Family interview participants' region and length of enrollment

	N (%)
Region	
Lowcountry	3 (33%)
Midlands	3 (33%)
Pee Dee	1 (11%)
Upstate	2 (22%)
Length of enrollment	
6 months to less than 1 year	1 (11%)
1 year to less than 2 years	1 (11%)
2 years or more	7 (78%)

Source: First Steps' Spring 2025 PAT Family Engagement Survey

Administrative data

First Steps Data Collection (FSDC) system

The FSDC system stores information about programs, families, and children participating in PAT, which includes both demographic information about children and families; assessment data collected as part of First Steps programming; programmatic characteristics of programs and their staff; and program operations (e.g., funding) information. We used FSDC data to identify which children and adults received PAT services during the evaluation period (FY 2020–2024) and to analyze assessment data for relevant outcomes. PAT programs funded by First Steps record visit frequency, duration, content and assessments directly into the FSDC.

To determine service use, we reviewed home visiting logs to identify all children and adults who received at least one visit during the evaluation period. For each individual, we calculated the total number and duration of visits per year, as well as the first and last date of visit within each year. Because some children in our sample may have received PAT services only in the first year of the evaluation period before transitioning to kindergarten, we also examined their engagement with PAT between FY 2014 and FY 2020.

When possible, we connected information about PAT participation to demographic information saved elsewhere in the FSDC system. We linked home visiting records to individual-level demographic information (e.g., race, gender) using fuzzy matching, which allowed us to connect individuals with nearly identical names, dates of birth, and registered family IDs across the home visiting logs and demographic data. Family-level information, like household income and potential risk factors, were also incorporated.

Complications of the FSDC system

Several challenges arose in using the FSDC system to identify PAT participation.

- **How family IDs are assigned in the FSDC system do not guarantee unique family IDs**, which can incorrectly augment or fragment visit counts for individuals. For instance, unrelated participants Marisol Smith and Mario Smith could both receive the ID "smithmari," inadvertently linking their records. Due to the lack of truly unique identifiers, consistent linkages across the system are not feasible.
- **All children are named "Baby" during prenatal enrollment**, which can result in duplicate temporary names for children with similar last names or multiple children in a family being linked to one record. This makes it difficult to reliably link a child's prenatal data to later records, leading to an undercount of prenatal services.
- **Data entry errors also hinder reliable analysis.** Misspelled names, incorrect birthdates, or errors in recording data in the system can obscure whether records represent distinct individuals or duplicates, which could inflate or reduce the counts of unique individuals served; affect calculations of impact; or suggest inconsistencies in eligibility where it does not exist.

Data analysis

To identify reach, we:

1. Identified each individual who received at least one PAT visit[14] in each fiscal year.
2. Linked visit records to individual demographic data (e.g., race, gender) using a combination of the individual's name and family identifier.
3. Linked these individuals to fiscal year-specific family records (e.g., household size, household income) using the same identifiers.

These three datasets – visit logs, individual demographics, and family demographics – are stored separately in the FSDC and required manual linking due to lack of consistent unique identifiers. There were data limitations in using the FSDC, described above, that mean our reach estimates, while informative, represent approximations rather than exact counts and should be interpreted with caution.

Outcomes

For the analysis of child and family outcomes, we used assessment data stored within the FSDC and from external administrative data sources. These records include individuals' names, family identifiers, and assessment dates, along with corresponding outcomes. The following sections provide additional information on each assessment.

Descriptions of measures

First, we relied on the FSDC system for child and family information to draw our sample and we analyzed pre- and post-test scores across three assessments: Keys to Interactive Parenting Scale; Healthy Families Parenting Inventory; and the Adult-Child Interactive Reading Inventory.

Second, we relied on external administrative data sources to analyze child maltreatment, kindergarten readiness assessment (KRA) scores, and chronic absenteeism, comparing the PAT sample with a comparison sample of children assumed not to have received PAT services.

[14] Discussions with First Steps revealed inconsistencies in how parent educators recorded participants. Some listed only the enrolled child, while others included all children present in the home, regardless of PAT eligibility. Following First Steps' recommendation, we excluded children over the age of eligibility; for our purposes, that included any child over age 7 at the start of the fiscal year measured.

In total, we analyzed six outcomes to understand how PAT has impacted children during the evaluation period. Table A2 provides descriptions of each outcome measure.

Table A2. Descriptions of measures used in outcomes evaluation

Measure	Description
Keys to Interactive Parenting Scale (KIPS)	The KIPS was administered for PAT families during FY 2020-2022. KIPS is an observational measure used to examine the quality of parenting interactions with children aged 0 to 71 months. KIPS scores range from 1 to 5, with 1-2.99 indicating low quality parenting, 3-3.99 indicating moderate quality parenting, and 4-4.99 indicating high parenting quality. Our analysis reflects the scores of adult-child pairs rather than individual children or adults. For instance, if a child completed the assessment with both their mother and father, there are two separate parent-child relationships from that family reflected in the data. Similarly, an adult that took the assessment with each of her three children would have three adult-child pairs represented in the data.
Healthy Families Parenting Inventory (HFPI)	The HFPI was administered for PAT families starting in FY 2022 and is a 63-item tool that measures parenting behaviors and attitudes across nine subscales. Five subscales focus on the parent's role (problem solving, depression, personal care, role satisfaction, and parenting efficacy); two subscales focus on the family-level (home environment and parent/child interaction); and the final two subscales address the community level (social support and mobilizing resources). Each item on the inventory is a declarative statement (i.e., "I feel supported by others", "I feel I'm doing an excellent job as a parent") rated on a 5-point Likert scale. Each subscale, containing five to ten items, receives a score; there is also an overall total score (ranging from 63 to 315). Scores are coded such that higher values indicate more positive parenting behaviors or attitudes.
Child maltreatment	Child maltreatment was measured through South Carolina Department of Social Services (DSS) records between FY 2020-2024. Maltreatment reports include substantiated claims of physical, emotional, and sexual abuse in addition to all forms of neglect, negligence, and exploitation of children. For children participating in PAT, reports were limited to those founded after PAT enrollment. All children enrolled through the Connected Families pathway were excluded from analyses given their initial referral from DSS.
Adult-Child Interactive Reading Inventory (ACIRI)	The ACIRI was administered for PAT families in FY 2020-2024. ACIRI is a 15- to 30-minute observational tool designed to assess the reading behaviors of adults and children during shared reading sessions. During the observation, the assessor monitors how often the child and adult engage in 12 interactive literacy behaviors associated with effective reading practices. Each behavior is scored based on its frequency, rated on a scale from 0 (indicating "no evidence of the behavior") to 3 (indicating the behavior occurs "most of the time"); thus, higher scores indicate more frequent use of positive reading behaviors. Adult and child reading behaviors are scored separately, and scores are reported as averages across three components: (a) enhancing attention to the text (EAT), (b) promoting interactive reading and supporting comprehension (PIRSC), and (c) utilizing literacy strategies (ULS).
Kindergarten Readiness Assessment (KRA)	South Carolina measures school readiness through the kindergarten readiness assessment (KRA) collected by teachers for the South Carolina Department of Education (SCDE). The KRA contains scores for each component as well as an overall score (range 202–298). A higher score indicates a higher level of readiness for kindergarten. Children are placed into one of three categories: *demonstrating readiness* (270–298); *approaching readiness* (258–269), where a child is nearing readiness but

Measure	Description
	needs some support; and *emerging readiness* (202–257), where a child is still developing foundational skills and may require significant support. South Carolina mandates that publicly funded prekindergarten and kindergarten programs administer the readiness assessment with children in those programs within the first 45 days of school.[xliii] A modified version of the KRA was administered in Fall 2020 (i.e., school year 2021) due to COVID-19 restrictions. The KRA publishers, WestEd, do not recommend comparing this administration to any other year's administration; thus, it is not included in our analyses.
Chronic absenteeism	Chronic absenteeism was measured through attendance and enrollment data acquired from the South Carolina Department of Education (SCDE) for school year (SY) 2020-2024 for kindergarteners. For children who attended at least 90 days of school, chronic absenteeism was defined as having been in attendance for less than 90 percent of the time. Children who did not attend 90 days of SCDE kindergarten in a school year during the evaluation period were not included in analyses.

Table A3 provides a brief description of the covariates used in the outcomes analyses.

Table A3. Description of co-variates used in outcome evaluation

Co-variate	Description
Special education status	In South Carolina, public school funding is determined by the Education Finance Act (EFA) of 1977. Students who qualify for special education services receive an EFA code that informs school funding. Children with one or more disability-specific EFA codes were categorized as having received special education services, while those without such codes were identified as not receiving these services.
Child age	Children's ages as of September 1 of their kindergarten year.
Child race and ethnicity	Reported race and ethnicity of each child.
Socioeconomic status	An indicator of whether a SCDE pupil was in poverty, created by South Carolina Revenue and Fiscal Affairs Office (RFA).
County	For SCDE analyses, the county in which each child's school is located. For DSS analyses, the county in which the child received services.

Data analysis

Keys to Interactive Parenting Scale (KIPS)

First Steps used the KIPS in FY 2020-2022. As the assessment is intended to measure parenting quality, our analysis reflects the scores of adult-child pairs rather than individual children or adults. For instance, if a child completed the assessment with both their mother and father, there are two separate parent-child relationships from that family reflected in the data. Similarly, an adult that took the assessment with each of her three children would have three adult-child pairs represented in the data. Prior to analysis, we excluded all assessments conducted when a child was out of the valid age range of 2 to 71 months at the time of assessment (n=28 assessments). In total, there were 1,328 adult-child pairs assessed; on average, pairs scored 3.51 (SD=0.78) on their first assessment. We then excluded cases where only one assessment administered to a unique adult-child pair during the analysis timeframe, as we could not measure change with a solitary score (n=417 pairs). There were no significant differences in the first recorded scores

between those who completed only one assessment and those who completed more than one (mean =3.52 vs. mean =3.51, respectively).

Our analysis sample included 911 unique adult-child pairs participating in PAT. On average, these pairs participated in 2.5 assessments (range: 2 to 6) each, with the majority of the sample undergoing two assessments (n=567; 62%) during our examination window (FY 2020-2022). To examine growth over the full evaluation period, we analyzed the change in KIPS score between the first (T1) and last (T2) instance of an assessment for each examined pair, even if additional assessments were completed between T1 and T2. Recognizing that the length of time between assessments might influence score changes, we conducted a series of t-tests to examine score changes overall, as well as within nine different mutually exclusive time periods. To control the increased risk of Type I errors due to repeated tests, we applied a Bonferroni correction; the adjusted alpha threshold was $p<0.005$.

Healthy Families Parenting Inventory (HFPI)

First Steps introduced the HFPI into its suite of assessments in FY 2021, with assessments first being completed for FY 2022. Our sample includes all adult caregivers who completed the assessment during FY 2022-2024 while participating in PAT. This may include multiple adults in the same family, for instance a mother and grandmother living in the same home. In these cases, each adult receives their own scores. We excluded any assessments with scores outside the permissible range (n=441 assessments). In total 1,996 caregivers had HFPI scores, averaging a first time score of 259.39 (SD=34.32). We then excluded caregivers that had only one assessment (n=821 caregivers), as we could not measure change with a solitary score. There were no significant differences in the first recorded scores between those who completed only one assessment and those who completed more than one (mean =259.15 vs. mean =259.56, respectively).

Our analysis sample included 1,175 unique adults from 1,153 families participating in PAT. On average, caregivers engaged in 3.1 assessments (range: 2 to 6) each, with the majority of the sample undergoing two assessments (n= 548; 47%) during our examination window (FY 2022-2024). Similar to our analysis of KIPS, we examined growth by analyzing change in the scores on the HFPI between the first (T1) and last (T2) instance of an assessment for each examined adult, even in cases where the adult completed additional assessments between T1 and T2. Recognizing that the length of time between assessments might influence score changes, we conducted a series of t-tests to examine score changes overall, as well as within nine different mutually exclusive time periods. To control the increased risk of Type I errors due to repeated tests, we applied a Bonferroni correction; the adjusted alpha threshold was $p<0.005$.

Child maltreatment

We examined whether participation in PAT was associated with the likelihood of receiving a child maltreatment report. Data were drawn from two sources linked by RFA: the FSDC system, which tracks PAT participation, and de-identified records from the Department of Social Services (DSS), which included founded maltreatment reports.

To create the matched comparison group, we first included 3,446 children with at least one home visit recorded from FY 2020-2024 as the PAT group. We excluded children enrolled in PAT through the Connected Families pathway because their involvement is directly tied to child welfare cases. To create the comparison group, we included 12,812 non-PAT children identified in DSS records of social services enrollment. The DSS group was limited to children in households receiving SNAP, TANF, or child care scholarships and to children born between July 1, 2014 and June 30, 2024 who resided in counties that provided PAT.

For each child, we identified whether a founded maltreatment report occurred during the evaluation period. For PAT children, only reports occurring *after* the first documented visit were counted. DSS records were provided with randomized study IDs, ensuring confidentiality and preventing any identification of individual children.

To reduce differences between groups, we used propensity score matching on age, sex, race, and county, creating balanced samples of 3,446 children in each group (see Appendix Table C3). Logistic regression was then used to estimate the association between PAT participation and maltreatment, adjusting for the same covariates. Results are reported as odds ratios (ORs) in Table 12:

- An **OR greater than 1** suggests children in PAT are *more likely* than their non-PAT peers to receive a founded maltreatment report.
- An **OR less than 1** suggests children in PAT are *less likely* than their non-PAT peers to receive a founded maltreatment report.

Adult-Child Interactive Reading Inventory (ACIRI)

As ACIRI scores reflect the interactivity of adult-child reading sessions, we limited our analyses to adult-child pairs rather than individual children or adults. For example, a child living with their mother and grandmother may have two adult–child relationships reflected in the analysis – a change in ACIRI score with their mother and a change in ACIRI score with their grandmother. Similarly, an adult with three children may have three adult-child pairs represented in the data. Scores are reported separately for adults and children.

To accurately identify adult-child pairs in the data, we excluded tests that were administered without a focal child or focal adult selected (n=140). In total, there were 1,937 adult-child pairs with an average child score of 1.68 (SD=0.70) and an average adult score of 1.93 (SD=0.61) at the time of their first assessment. We then excluded all cases in which there was only one assessment administered to a unique adult-child pair during the analysis timeframe, as we could not measure change with a solitary score (n=681 assessments). There were no significant differences in the first recorded scores between adults who completed only one assessment and those who completed more than one (mean =1.91 vs. mean =1.94, respectively), Similarly, there were no significant differences in the first recorded scores between children who completed only one assessment and those who completed more than one (mean=1.67 vs. mean =1.68, respectively).

Our analysis sample included 1,256 unique adult-child pairs undergoing ACIRI assessments while participating in PAT during the evaluation period (FY 2020-2024). On average, these pairs engaged in 2.96 assessments (range: 2 to 10) each, with most of the sample undergoing two assessments (n=612; 49%) during our examination window. To examine growth over the full evaluation period, we analyzed the change in ACIRI scores between the first (T1) and last (T2) instance of an assessment for each examined pair, even in cases where the pairs engaged in additional assessments between T1 and T2. Recognizing that the length of time between assessments might influence score changes, we conducted a series of t-tests to examine score changes overall, as well as within nine different mutually exclusive time periods. To control the increased risk of Type I errors due to repeated tests, we applied a Bonferroni correction; the adjusted alpha threshold was $p<0.005$.

Kindergarten Readiness Assessment (KRA)

We examined whether participation in PAT was related to kindergarten readiness. RFA provided deidentified student records from SCDE. These records included the KRA, which is administered to all kindergarteners in South Carolina. Because the assessment administered in Fall 2020 (i.e., FY 2021) was significantly modified due to the COVID-19 pandemic, those results were excluded from the analysis due to incomparability. Children without valid scores due to incomplete data, repeated kindergarten enrollment or kindergarten enrollment outside SCDE were also excluded. All records were deidentified, preventing the identification of individual children.

The study included 205,502 KRA records for children not engaged in PAT and 952 records for children who were engaged (see Appendix Table C6). Using propensity score matching, we constructed a final analytic sample of equal size (n = 952 in each group). PAT and non-PAT samples were well balanced across matched characteristics, and model fit was supported by the Hosmer-Lemeshow goodness-of-fit test.

Using our matched sample, we used a multinomial logistic regression to examine how likely children were to score at different readiness levels on the KRA. Models controlled for child's age at kindergarten entry, race/ethnicity, gender, county, socioeconomic status, and special education status. Results are reported as ORs in Figure 12.

- An **OR greater than one** suggests children in PAT are *more likely* than their non-PAT peers to achieve either an approaching or demonstrating readiness comparative to an emerging readiness score on the KRA assessment.
- An **OR less than one** suggests children in PAT are *less likely* than their non-PAT peers to achieve either an approaching or demonstrating readiness comparative to an emerging readiness score on the KRA assessment.

To further understand the impact of PAT on KRA scores, we examined whether and how the dosage of PAT services was associated with KRA scores. Dosage of PAT was measured using two indicators: whether children received at least two visits per month on average and whether they stayed in the program for a year or more. Based on this approach, children were categorized into three dosage groups: high (met both indicators), medium (met one), and low (met neither). Figure 12 and Appendix Table C7 also present the ORs for each dosage group of PAT children compared to children who did not participate in PAT.

Chronic absenteeism

We examined whether participation in PAT was associated with chronic absenteeism in kindergarten. Data came from two sources linked by RFA: the FSDC system, which tracks PAT participation, and de-identified records from the South Carolina Department of Education (SCDE), which included attendance reports.

The analysis sample was limited to children who attended SCDE kindergarten for at least 90 days in a school year during the evaluation period. From that group, we calculated chronic absenteeism as children who were in attendance for less than 90 percent of the days they were enrolled, consistent with attendance measures used in other studies.[xliii] Excluded from the sample were children who were too young to enroll during the evaluation period, those who attended private kindergarten, those who moved out of state, and those who repeated kindergarten. The final sample included 1,042 PAT participants and 251,063 non-PAT children with SCDE attendance data.

To improve comparability between groups, we used propensity score matching to pair each PAT participant with a non-PAT child based on age, gender, race/ethnicity, county, socioeconomic status (Pupil in Poverty designation), and special education classification. After matching, the PAT and non-PAT samples were well balanced across these characteristics. Model fit was supported by the Hosmer–Lemeshow goodness-of-fit test; descriptive statistics for matched and unmatched samples are provided in Appendix Table C8.

After matching the samples, we used binomial logistic regression to predict chronic absenteeism in kindergarten. Recent research shows chronic absenteeism increased during the pandemic and in the years beyond.[xliv] Our pre-modeling analyses of our sample confirmed significant differences in attendance rates by school year (i.e., school year 2020-2021 was much lower than other years, likely due to COVID-19 attendance policies), so we controlled for school year in our model. We further controlled for the child's age, gender, race/ethnicity, county, socioeconomic status, and special education status.

Results are reported as odds ratios (OR) for PAT children compared to children with no recorded PAT in the FSDC system. Findings in Figure 13 can be interpreted as follows:

- An **OR greater than one** indicates children participating in PAT are *more likely* than their non-PAT peers to qualify as chronically absent.
- An **OR less than one** indicates children participating in PAT are *less likely* than their non-PAT peers to qualify as chronically absent.

To further understand the impact of PAT on chronic absenteeism, we examined whether and how the dosage of PAT services was associated with chronic absenteeism. As described previously, dosage of PAT was

measured using two indicators: whether children received at least two visits per month on average and whether they stayed in the program for a year or more. Based on this approach, children were categorized into three dosage groups: high (met both indicators), medium (met one), and low (met neither). Appendix Table C9 also presents the ORs for each dosage group of PAT children compared to children who did not participate in PAT.

Appendix B: Chapter 1 Supplemental Tables

This section contains supplemental information related to content presented in Chapter 1 of the report. For reporting, we present information by the overall statewide sample and by county (when applicable). Counties may have multiple vendors offering PAT or may be jointly funded by several sources. When we present information by county, counts include PAT programs in the county that are funded in part or fully by First Steps, not those solely funded by other vendors.

Question 1: PAT reach

Table B1 reports the counties in which PAT was offered during each fiscal year of the evaluation period.

Table B1. Counties offering PAT during FY 2020-2024

County	FY20	FY21	FY22	FY23	FY24
Abbeville					X
Aiken	X	X	X	X	X
Allendale	X				
Anderson					
Bamberg	X	X	X	X	X
Barnwell		X	X	X	X
Beaufort	X	X	X	X	X
Berkeley	X	X	X	X	X
Calhoun	X	X	X	X	X
Charleston	X	X	X	X	X
Cherokee					
Chester	X			X	X
Chesterfield					
Clarendon	X	X	X	X	X
Colleton	X	X	X	X	X
Darlington	X	X	X	X	X
Dillon	X				
Dorchester	X	X	X	X	X
Edgefield					
Fairfield	X	X	X	X	X
Florence	X				
Georgetown	X	X			
Greenville					
Greenwood					X
Hampton	X	X	X	X	X
Horry	X	X	X	X	
Jasper	X	X	X	X	X
Kershaw	X	X	X	X	X
Lancaster			X	X	X
Laurens	X	X	X	X	X

County	FY20	FY21	FY22	FY23	FY24
Lee					
Lexington	X	X	X	X	X
Marion					
Marlboro	X	X	X	X	X
McCormick	X				
Newberry	X	X		X	X
Oconee					
Orangeburg			X	X	X
Pickens	X	X	X	X	X
Richland	X	X	X	X	X
Saluda					
Spartanburg					
Sumter	X	X	X	X	
Union	X	X	X	X	X
Williamsburg	X	X	X	X	X
York	X	X	X	X	X
Total counties offering PAT	**31**	**27**	**27**	**29**	**29**

Source: FSDC System FY20-24 and First Steps Annual Reports FY20-24

Table B2 reports the number of children and families who participated in PAT during each fiscal year of the evaluation period. In total, 3,912 individual children and 3,099 individual families received services; however, several individuals received services across several years of the evaluation period. As such, the sum of annual totals reported in Table B2 exceeds the overall count of individuals served.

Table B2. Total number of unique families and children who participated in PAT during FY 2020-2024

	Families					Children				
County [A]	FY20 *	FY21 ^	FY22 †	FY23 ‡	FY24 #	FY20 *	FY21 ^	FY22 †	FY23 ‡	FY24 #
Statewide	**1,080**	**832**	**924**	**1,269**	**1,323**	**1,277**	**982**	**1,125**	**1,515**	**1,587**
Abbeville[#]					11					13
Aiken	11	19	12	11	20	12	24	16	17	22
Allendale*	24					25				
Bamberg	19	27	37	38	39	19	28	39	41	42
Barnwell^†‡#		48	21	41	40		50	21	45	48
Beaufort	10	8	5	10	8	10	8	5	10	8
Berkeley	68	45	50	42	33	77	51	59	48	44
Calhoun	51	33	25	36	33	55	35	28	39	35
Charleston	65	45	63	76	90	74	48	72	99	114
Chester*‡#	24			16	15	27			16	15
Clarendon	40	36	29	59	51	41	37	30	63	51
Colleton	32	21	27	37	34	45	24	33	48	44
Darlington	14	14	33	31	29	16	16	39	35	29
Dillon*	42					51				

	Families					Children				
County [A]	FY20 *	FY21 ^	FY22 †	FY23 ‡	FY24 #	FY20 *	FY21 ^	FY22 †	FY23 ‡	FY24 #
Dorchester	36	35	34	42	34	48	44	43	47	36
Fairfield	27	25	23	29	40	38	32	32	39	50
Florence*	16					16				
Georgetown*^	12	12				12	13			
Greenwood#					41					53
Hampton	17	16	12	14	21	18	17	15	18	26
Horry*^†‡	35	35	34	26		46	45	44	34	
Jasper	24	22	14	16	10	29	24	15	18	13
Kershaw	26	25	30	31	15	26	26	30	31	15
Lancaster†‡#			0	0	31			0	0	48
Laurens	15	12	11	14	16	20	19	14	15	17
Lexington	108	99	116	184	177	134	119	146	229	229
Marlboro	24	17	17	29	25	28	21	20	33	31
McCormick*	15					15				
Newberry*^‡#	17	16	28	21	20	19	19	34	25	22
Orangeburg†‡#			38	60	63			38	63	64
Pickens	35	38	35	32	38	44	47	40	34	49
Richland	83	21	35	48	56	103	29	50	68	71
Sumter*^†‡	57	47	61	95	89	76	69	97	129	121
Union	43	24	28	43	39	55	32	39	53	46
Williamsburg	43	36	37	76	98	43	36	37	79	103
York	49	58	69	113	109	55	69	89	139	128

Notes: Local partnerships in Anderson, Cherokee, Chesterfield, Edgefield, Greenville, Lee, Marion, Oconee, Saluda, Spartanburg counties did not offer PAT during the evaluation years (FY20-24). If the county does not have a note, they offered PAT during all evaluation years (FY20-24). If they have a note, they offered PAT during the following evaluation years: * FY20; ^ FY21; † FY22; ‡ FY23; # FY 2024. Lancaster county offered PAT in FY22 and FY23, however, there were no visit records in the FSDC for those years.
A. In cases where families appeared in multiple counties in a single year—due to changes in residence or cross-county custody arrangements—we assigned them to the PAT vendor county from the first chronological PAT visit in that fiscal year
Source: FSDC System FY20-24

Table B3 presents the percentage of children with each risk factor by fiscal year of first visit. Reported rates reflect affirmative responses only and may be underestimated due to missing or incomplete data.

Table B3. Percent of children who participated in PAT during FY 2020-2024 across risk factors

Fiscal year of first visit	Pre-FY20	FY20	FY21	FY22	FY23	FY24
Risk Factors						
A preschool-aged child has been abused	0.8	0.6	2.3	5.0	6.8	7.5
A preschool-aged child has been neglected	0.7	1.5	3.6	11.3	15.5	19.5
A preschool-aged child has been placed in foster care	0.8	2.7	2.1	2.8	4.2	3.4
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	76.6	78.3	83.8	79.6	73.7	68.4

Fiscal year of first visit	Pre-FY20	FY20	FY21	FY22	FY23	FY24
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)	7.2	9.1	6.4	9.1	11.3	3.7
A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)	7.6	6.9	5.9	6.3	4.7	9.4
Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)	10.7	9.1	13.4	7.8	9.1	11.5
Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)	20.2	21.3	25.2	19.9	15.7	15.8
A preschool-aged child has been exposed to the substance abuse of a caregiver	3.0	4.2	7.5	9.7	10.9	10.6
A preschool-aged child has been exposed to parental/caregiver depression	11.0	10.4	11.1	13.7	14.2	0.0
A preschool-aged child has been exposed to parental/caregiver mental illness	4.3	3.8	8.0	5.0	7.5	0.0
A preschool-aged child has been exposed to parental/caregiver intellectual disability	3.0	2.7	4.4	1.9	1.7	2.8
A preschool-aged child has been exposed to domestic violence within the home	4.9	3.3	6.7	12.8	8.0	10.3
Low birth weight (under 5.5 lbs.) in association with serious medical complications.	8.9	14.9	5.1	8.1	10.8	5.6
English is not the primary language spoken in the home.	12.2	15.1	18.8	16.8	11.5	14.8
Single parent household and has need of other services	54.7	59.9	60.9	57.7	60.5	60.0
Transient/numerous family relocations and/or homeless	7.9	11.1	6.7	6.0	6.3	10.5
Incarcerated Parent(s) - Parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year	2.3	3.5	4.9	5.2	4.2	5.4
Death in the immediate family (death of a parent/caregiver or sibling)	2.8	3.6	2.6	2.8	4.2	2.8
Military Deployment - Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active-duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.	1.6	1.6	0.8	1.6	0.7	0.9
Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.	2.6	5.7	4.1	4.5	5.5	6.1
Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting	0.3	0.6	0.3	0.2	0.5	0.9
A young child who is eligible for Medicaid	NA	NA	NA	NA	18.5	69.2
A pregnant or postpartum individual who is eligible for Medicaid	NA	NA	NA	NA	4.1	22.2

Notes: NA = Not applicable, data was not collected in corresponding fiscal year.
Source: FSDC System FY20-24

Table B4 summarizes household-level information for families served by PAT. Each family is represented only once, using demographic information and risk factors reported at the time of their earliest PAT visit during the evaluation period. Families may have received services across multiple fiscal years and could have multiple children enrolled; among the 3,099 families, the average number of children was 1.26 (SD = 0.54; range: 1–5). Reported rates reflect affirmative responses only and may be underestimated due to missing or incomplete data.

Table B4. Percent of families who participated in PAT during FY 2020-2024 across demographics and risk factors

	Families				
Fiscal year of first visit	**FY20**	**FY21**	**FY22**	**FY23**	**FY24**
Statewide (N)	**446**	**306**	**464**	**650**	**589**
Household income					
<$10,000	26.5	16.3	19.6	15.4	20.4
$10,000-$14,999	20.9	19.0	11.9	14.8	11.4
$15,000-$19,999	7.9	7.8	6.7	5.4	5.9
$20,000-$24,999	7.4	5.2	6.3	5.7	4.8
$25,000-$29,999	4.0	4.3	3.2	2.8	3.9
$30,000 or more	4.3	7.5	5.2	6.9	9.5
Not reported	29.2	39.9	47.2	49.1	44.1
Enrolled or eligible for Temporary Assistance for Needy Families (TANF)					
Eligible for TANF	48.4	47.1	40.3	39.9	31.2
Risk factors					
A preschool-aged child has been abused	0.7	2.0	4.5	6.5	6.8
A preschool-aged child has been neglected	1.4	3.6	10.1	14.0	17.0
A preschool-aged child has been placed in foster care	2.9	2.0	2.8	4.3	3.1
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)	78.9	83.0	80.2	72.9	66.6
Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)	9.0	6.2	8.0	11.2	2.7
A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)	6.5	5.2	4.7	4.9	8.3
Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)	9.0	13.1	8.8	8.9	10.7
Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)	21.5	24.2	20.9	16.0	15.5
A preschool-aged child has been exposed to the substance abuse of a caregiver	3.8	6.2	8.8	10.0	9.5
A preschool-aged child has been exposed to parental/caregiver depression	10.8	10.1	12.5	13.1	0.0
A preschool-aged child has been exposed to parental/caregiver mental illness	3.8	7.5	4.1	7.4	0.0

	Families				
Fiscal year of first visit	**FY20**	**FY21**	**FY22**	**FY23**	**FY24**
A preschool-aged child has been exposed to parental/caregiver intellectual disability	2.5	3.9	1.7	1.1	2.2
A preschool-aged child has been exposed to domestic violence within the home	2.9	5.2	10.8	6.9	8.3
Low birth weight (under 5.5 lbs.) in association with serious medical complications	14.8	5.6	8.2	11.1	5.1
English is not the primary language spoken in the child's home.	15.3	19.9	15.3	10.9	13.6
Single parent household and has need of other services	61.9	60.8	60.6	60.6	61.5
Transient/numerous family relocations and/or homeless	11.4	6.5	5.6	6.2	8.8
Incarcerated Parent(s) - Parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year	3.6	4.6	3.9	3.5	4.8
Death in the Immediate Family (death of a parent/caregiver or sibling)	4.0	3.3	2.8	3.9	3.1
Military Deployment - Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.	1.8	0.7	1.5	0.8	1.0
Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.	5.8	3.9	3.9	5.1	5.4
Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting	0.5	0.0	0.2	0.5	0.9
A young child who is eligible for Medicaid	NA	NA	NA	17.9	68.8
A pregnant or postpartum individual who is eligible for Medicaid	NA	NA	NA	2.9	20.0

Source: FSDC System FY20-24

Table B5 presents the average age of the child at their first visit during the evaluation period, by county.

Table B5. Average age at first visit of children who participated during FY 2020-2024

	Fiscal Year of first visit				
Number of children with first visit (Average child age at first visit)	**FY20 ***	**FY21 ^**	**FY22 †**	**FY23 ‡**	**FY24 #**
Statewide	**549 (1.6)**	**389 (1.7)**	**619 (1.8)**	**826 (1.8)**	**790 (1.8)**
Abbeville#					13 (1.9)
Aiken	6 (1.1)	11 (1.8)	3 (1.7)	8 (2.1)	12 (2.0)
Allendale*	8 (1.6)				
Bamberg	4 (0.8)	16 (1.1)	21 (1.3)	20 (2.4)	15 (1.6)
Barnwell^†‡#		49 (1.9)	4 (2.1)	34 (1.6)	25 (1.8)
Beaufort	6 (0.7)	3 (0.5)		9 (0.6)	4 (0.3)
Berkeley	44 (1.7)	20 (1.1)	32 (1.4)	16 (1.3)	15 (1.2)

	Fiscal Year of first visit				
Number of children with first visit (Average child age at first visit)	FY20 *	FY21 ^	FY22 †	FY23 ‡	FY24 #
Calhoun	26 (1.6)	9 (1.0)	17 (1.0)	20 (1.4)	13 (1.7)
Charleston	37 (1.4)	20 (1.5)	61 (1.9)	63 (2.2)	83 (1.7)
Chester*‡#	6 (0.9)			12 (0.9)	
Clarendon	13 (2.0)	8 (1.8)	11 (2.6)	52 (1.8)	20 (2.0)
Colleton	11 (1.7)	5 (2.0)	19 (1.3)	25 (2.0)	13 (2.1)
Darlington	8 (0.7)	5 (0.5)	26 (1.8)	4 (0.6)	25 (0.8)
Dillon*	24 (1.4)				
Dorchester	34 (2.4)	8 (1.3)	18 (2.1)	20 (1.9)	8 (1.9)
Fairfield	16 (1.8)	13 (1.6)	12 (1.9)	23 (1.5)	27 (2.0)
Florence*	8 (1.2)				
Georgetown*^		13 (3.7)			
Greenwood#					53 (2.0)
Hampton	10 (0.5)	3 (0.9)	6 (0.7)	9 (0.6)	10 (1.4)
Horry*^†‡	10 (1.2)	12 (1.4)	30 (1.9)	9 (1.5)	
Jasper	7 (2.3)	2 (0.9)	6 (1.1)	8 (1.9)	5 (1.0)
Kershaw	10 (2.2)	10 (3.3)	13 (2.9)	10 (2.7)	11 (3.6)
Lancaster†‡#			0 (0)	0 (0)	48 (1.7)
Laurens	8 (1.5)	7 (1.5)	7 (1.7)	7 (3.0)	8 (2.0)
Lexington	61 (1.5)	45 (2.0)	85 (1.8)	142 (1.8)	107 (1.8)
Marlboro	12 (1.9)	7 (1.7)	12 (2.7)	25 (2.6)	24 (1.6)
McCormick*	3 (2.6)				
Newberry*^‡#	12 (2.0)	12 (2.2)	21 (2.2)	8 (1.7)	7 (3.2)
Orangeburg†‡#			36 (1.7)	39 (2.3)	20 (1.8)
Pickens	20 (1.6)	30 (1.6)	24 (1.9)	18 (1.5)	33 (1.8)
Richland	31 (0.8)	6 (1.3)	28 (2.2)	34 (2.1)	32 (1.8)
Sumter*^†‡	35 (1.6)	26 (1.7)	41 (1.7)	58 (1.6)	25 (1.6)
Union	7 (1.8)	12 (1.6)	18 (1.2)	20 (1.2)	15 (1.1)
Williamsburg	43 (1.8)	3 (0.2)	14 (1.1)	45 (1.0)	40 (1.3)
York	29 (1.6)	34 (1.7)	54 (2.1)	88 (2.1)	79 (1.9)

Notes: Local partnerships in Anderson, Cherokee, Chesterfield, Edgefield, Greenville, Lee, Marion, Oconee, Saluda, Spartanburg counties did not offer PAT during the evaluation years (FY2020-2024). If the county does not have a note, they offered PAT during all evaluation years (FY20-24). If they have a note, they offered PAT during the following evaluation years: * FY20; ^ FY21; † FY22; ‡ FY23; # FY 2024. Lancaster county offered PAT in FY22 and FY23, however, there were no visit records in the FSDC for those years.
Source. FSDC System FY 2020-2024

Table B6 presents the percentage of children who had their first visit prenatally during the evaluation period, by county.

Table B6. Percent of prenatal children at first visit during FY 2020-2024

	Fiscal Year of first visit				
Fiscal year of first visit	**FY20 ***	**FY21 ^**	**FY22 †**	**FY23 ‡**	**FY24 #**
Number of children	549	389	619	826	790
Statewide	4.6	4.1	3.9	3.5	2.0
Abbeville#					7.7
Aiken	16.7	0	0	0	0
Allendale*	0				
Bamberg	0	12.5	4.8	5.0	6.7
Barnwell^†‡#		0	0	2.9	8.0
Beaufort	16.7	0		44.4	0
Berkeley	0	0	0	0	0
Calhoun	0	11.1	11.8	0	0
Charleston	2.7	10	1.6	1.6	0
Chester*‡#	16.7			33.3	
Clarendon	7.7	0	0	1.9	15.0
Colleton	0	0	5.3	0	0
Darlington	0	20	0	0	0
Dillon*	0				
Dorchester	2.9	0	0	5.0	0
Fairfield	6.3	0	0	4.3	0
Florence*	0				
Georgetown*^		0			
Greenwood#					1.9
Hampton	20	33.3	33.3	22.2	0
Horry*^†‡	0	0	6.7	0	
Jasper	0	0	0	0	0
Kershaw	0	0	0	0	0
Lancaster†‡#			0	0	2.1
Laurens	0	0	0	0	0
Lexington	6.6	4.4	3.5	1.4	2.8
Marlboro	0	0	0	0	4.2
McCormick*	0				
Newberry*^‡#	16.7	0	4.8	0	0
Orangeburg†‡#			0	2.6	5.0
Pickens	5.0	10	4.2	5.6	3.0
Richland	16.1	0	0	0	0
Sumter*^†‡	0	3.8	4.9	5.2	4.0
Union	0	0	16.7	0	0
Williamsburg	4.7	0	7.1	8.9	0
York	6.9	8.8	7.4	2.3	0

Table B7 presents the percentage of children who had their first visit during the evaluation period at less than two years old and less than three years old, by county.

Table B7. Percent of children <2 and <3 years old at first visit during FY 2020-2024, by county

	Percent of children <2 years old at first visit					Percent of children <3 years old at first visit				
	FY20 *	FY21 ^	FY22 †	FY23 ‡	FY24 #	FY20 *	FY21 ^	FY22 †	FY23 ‡	FY24 #
Statewide	**63.4**	**58.4**	**58.6**	**57.3**	**58.0**	**84.0**	**78.9**	**77.5**	**77.6**	**78.4**
Abbeville#					53.8					53.8
Aiken	66.7	45.5	33.3	50.0	33.3	100	90.9	100	75.0	83.3
Allendale*	87.5					100				
Bamberg	100	87.5	71.4	35.0	60.0	100	87.5	81.0	70.0	73.3
Barnwell^†‡#		59.2	50.0	67.6	56.0		85.7	50.0	79.4	76.0
Beaufort	83.3	100		88.9	100	100	100		100	100
Berkeley	63.6	75.0	75.0	68.8	80.0	88.6	100	90.6	87.5	100
Calhoun	61.5	77.8	88.2	75.0	53.8	96.2	100	88.2	85.0	84.6
Charleston	64.9	65.0	57.4	44.4	59.0	89.2	75.0	77.0	60.3	79.5
Chester*‡#	66.7			75.0		100			100	
Clarendon	61.5	62.5	45.5	53.8	40.0	69.2	62.5	63.6	84.6	70.0
Colleton	63.6	40.0	68.4	52.0	38.5	72.7	80.0	84.2	84.0	61.5
Darlington	100	80.0	57.7	75.0	88.0	100	100	76.9	100	100
Dillon*	66.7					87.5				
Dorchester	32.4	62.5	50.0	55.0	62.5	55.9	75.0	77.8	75.0	87.5
Fairfield	62.5	61.5	58.3	65.2	48.1	68.8	84.6	66.7	82.6	66.7
Florence*	87.5					100				
Georgetown*^		0					0			
Greenwood#					50.9					73.6
Hampton	90.0	66.7	83.3	88.9	70.0	90.0	100	100	100	90.0
Horry*^†‡	70.0	50.0	53.3	77.8		90.0	91.7	76.7	100	
Jasper	28.6	100	83.3	62.5	80.0	85.7	100	100	87.5	100
Kershaw	50.0	0	15.4	20.0	9.1	70.0	10.0	46.2	40.0	9.1
Lancaster†‡#			0	0	52.1			0	0	79.2
Laurens	75.0	71.4	57.1	14.3	50.0	100	85.7	85.7	42.9	62.5
Lexington	68.9	57.8	58.8	57.7	57.0	86.9	73.3	78.8	78.2	79.4
Marlboro	50.0	57.1	33.3	40.0	66.7	83.3	100	66.7	56.0	83.3
McCormick*	33.3					66.7				
Newberry*^‡#	50.0	50.0	47.6	50.0	14.3	50.0	50.0	57.1	75.0	42.9
Orangeburg†‡#			58.3	41.0	60.0			91.7	64.1	70.0
Pickens	55.0	56.7	58.3	66.7	60.6	75.0	80.0	70.8	88.9	75.8
Richland	83.9	66.7	46.4	47.1	59.4	100	83.3	71.4	73.5	78.1
Sumter*^†‡	62.9	57.7	61.0	62.1	64.0	82.9	84.6	80.5	81.0	84.0
Union	57.1	58.3	72.2	75.0	73.3	85.7	83.3	100	90.0	100

	Percent of children <2 years old at first visit					Percent of children <3 years old at first visit				
	FY20 *	FY21 ^	FY22 †	FY23 ‡	FY24 #	FY20 *	FY21 ^	FY22 †	FY23 ‡	FY24 #
Williamsburg	48.8	100	85.7	82.2	80.0	81.4	100	92.9	100	92.5
York	72.4	58.8	51.9	53.4	54.4	82.8	88.2	63.0	70.5	78.5

Table B8 presents the total number of conducted home visits during the evaluation period, by county. The table also includes the total number of children who received visits during each fiscal year.

Table B8. Total number of home visits, FY 2020-2024

Total visits (# of children with any visit)	Fiscal Year				
	FY20 *	FY21 ^	FY22 †	FY23 ‡	FY24 #
Statewide	22,174 (1,277)	17,544 (982)	16,843 (1,125)	22,548 (1,515)	25,112 (1,587)
Abbeville#					151 (13)
Aiken	97 (12)	582 (24)	133 (16)	168 (17)	283 (22)
Allendale*	472 (25)				
Bamberg	366 (19)	444 (28)	596 (39)	611 (41)	746 (42)
Barnwell^†‡#		575 (50)	330 (21)	635 (45)	520 (48)
Beaufort	167 (10)	96 (8)	115 (5)	105 (10)	111 (8)
Berkeley	1,280 (77)	889 (51)	967 (59)	810 (48)	831 (44)
Calhoun	1,273 (55)	579 (35)	344 (28)	698 (39)	551 (35)
Charleston	961 (74)	646 (48)	617 (72)	890 (99)	1,165 (114)
Chester*‡#	438 (27)			263 (16)	352 (15)
Clarendon	655 (41)	714 (37)	475 (30)	736 (63)	929 (51)
Colleton	753 (45)	343 (24)	470 (33)	673 (48)	746 (44)
Darlington	264 (16)	319 (16)	339 (39)	251 (35)	381 (29)
Dillon*	931 (51)				
Dorchester	1,127 (48)	918 (44)	813 (43)	875 (47)	719 (36)
Fairfield	486 (38)	616 (32)	351 (32)	529 (39)	549 (50)
Florence*	373 (16)				
Georgetown*^	215 (12)	264 (13)			
Greenwood#					702 (53)
Hampton	369 (18)	373 (17)	324 (15)	399 (18)	464 (26)
Horry*^†‡	850 (46)	576 (45)	409 (44)	501 (34)	
Jasper	549 (29)	268 (24)	246 (15)	238 (18)	191 (13)
Kershaw	556 (26)	465 (26)	587 (30)	530 (31)	279 (15)
Lancaster†‡#			0 (0)	0 (0)	535 (48)
Laurens	324 (20)	339 (19)	289 (14)	229 (15)	225 (17)
Lexington	2,602 (134)	2,430 (119)	2,311 (146)	3,439 (229)	3,595 (229)
Marlboro	469 (28)	294 (21)	239 (20)	656 (33)	509 (31)

Total visits (# of children with any visit)	Fiscal Year				
	FY20 *	FY21 ^	FY22 †	FY23 ‡	FY24 #
McCormick*	339 (15)				
Newberry*^‡#	310 (19)	303 (19)	551 (34)	420 (25)	405 (22)
Orangeburg‡#			475 (38)	1,013 (63)	956 (64)
Pickens	816 (44)	782 (47)	844 (40)	671 (34)	1,072 (49)
Richland	1,567 (103)	704 (29)	812 (50)	976 (68)	1,047 (71)
Sumter*^†‡	1,306 (76)	1,887 (69)	1,884 (97)	2,555 (129)	3,007 (121)
Union	717 (55)	403 (32)	586 (39)	761 (53)	839 (46)
Williamsburg	733 (43)	791 (36)	821 (37)	1,534 (79)	2,049 (103)
York	809 (55)	944 (69)	915 (89)	1,382 (139)	1,203 (128)

Notes: Local partnerships in Anderson, Cherokee, Chesterfield, Edgefield, Greenville, Lee, Marion, Oconee, Saluda, Spartanburg counties did not offer PAT during the evaluation years (FY20-24). If the county does not have a note, they offered PAT during all evaluation years (FY20-24). If they have a note, they offered PAT during the following evaluation years: * FY20; ^ FY21; † FY22; ‡FY23; #FY 2024. Lancaster county offered PAT in FY22 and FY23, however, there were no visit records in the FSDC for those years.
Source: FSDC System FY20-24

Table B9 presents the average number of visits per month for each child, for each fiscal year, by county.

Table B9. Average number of visits per month for each child, during FY 2020-2024

Number of children (Average visits/month)	FY20 *	FY21 ^	FY22 †	FY23 ‡	FY24 #
Statewide	**1,277 (2.4)**	**982 (2.5)**	**1,125 (2.4)**	**1,515 (2.3)**	**1,587 (2.4)**
Abbeville#					13 (2.9)
Aiken	12 (2.1)	24 (2.5)	16 (1.4)	17 (1.2)	22 (2.5)
Allendale*	25 (2.2)				
Bamberg	19 (2.2)	28 (2.1)	39 (1.9)	41 (2.1)	42 (2.1)
Barnwell^†‡#		50 (2.6)	21 (2.9)	45 (2.3)	48 (2.3)
Beaufort	10 (2.2)	8 (2.4)	5 (2.1)	10 (1.8)	8 (2.3)
Berkeley	77 (2.6)	51 (2.7)	59 (2.9)	48 (2.4)	44 (2.2)
Calhoun	55 (2.4)	35 (2.2)	28 (2.2)	39 (2.1)	35 (2.2)
Charleston	74 (2.1)	48 (2.1)	72 (2.0)	99 (1.9)	114 (2.0)
Chester*‡#	27 (2.3)			16 (2.4)	15 (2.5)
Clarendon	41 (2.3)	37 (2.3)	30 (2.4)	63 (2.1)	51 (2.3)
Colleton	45 (2.4)	24 (2.2)	33 (2.1)	48 (1.8)	44 (2.0)
Darlington	16 (2.1)	16 (2.3)	39 (2.1)	35 (2.3)	29 (2.3)
Dillon*	51 (2.3)				
Dorchester	48 (2.8)	44 (2.7)	43 (2.7)	47 (2.4)	36 (2.7)
Fairfield	38 (2.3)	32 (2.9)	32 (1.9)	39 (1.9)	50 (1.9)
Florence*	16 (3.0)				
Georgetown*^	12 (2.0)	13 (2.1)			
Greenwood#					53 (2.4)
Hampton	18 (2.2)	17 (2.1)	15 (2.1)	18 (2.1)	26 (1.9)
Horry*^†‡	46 (2.1)	45 (2.0)	44 (2.2)	34 (2.0)	

Number of children (Average visits/month)	FY20 *	FY21 ^	FY22 †	FY23 ‡	FY24 #
Jasper	29 (2.0)	24 (2.6)	15 (2.3)	18 (2.0)	13 (1.8)
Kershaw	26 (2.2)	26 (2.1)	30 (2.2)	31 (2.1)	15 (2.3)
Lancaster†‡#			0 (0)	0 (0)	48 (2.6)
Laurens	20 (2.2)	19 (2.5)	14 (2.8)	15 (2.4)	17 (2.5)
Lexington	134 (2.7)	119 (2.9)	146 (2.6)	229 (2.7)	229 (2.4)
Marlboro	28 (2.2)	21 (2.3)	20 (2.4)	33 (2.1)	31 (2.2)
McCormick*	15 (2.6)				
Newberry*^‡#	19 (2.7)	19 (3.0)	34 (2.4)	25 (2.4)	22 (2.1)
Orangeburg‡#			38 (2.4)	63 (2.2)	64 (2.2)
Pickens	44 (3.2)	47 (3.3)	40 (3.3)	34 (3.1)	49 (2.9)
Richland	103 (2.6)	29 (2.7)	50 (2.2)	68 (2.5)	71 (2.3)
Sumter*^†‡	76 (2.7)	69 (3.3)	97 (2.6)	129 (2.7)	121 (3.0)
Union	55 (1.8)	32 (1.9)	39 (2.0)	53 (2.2)	46 (2.2)
Williamsburg	43 (2.2)	36 (2.4)	37 (2.4)	79 (2.5)	103 (2.7)
York	55 (2.2)	69 (2.1)	89 (2.2)	139 (1.8)	128 (2.0)

Notes: Local partnerships in Anderson, Cherokee, Chesterfield, Edgefield, Greenville, Lee, Marion, Oconee, Saluda, Spartanburg counties did not offer PAT during the evaluation years (FY20-24). If the county does not have a note, they offered PAT during all evaluation years (FY20-24). If they have a note, they offered PAT during the following evaluation years: * FY20; ^ 1; † FY22; ‡ FY23; # FY 2024. Lancaster county offered PAT in FY22 and FY23, however, there were no visit records in the FSDC for those years.
Source: FSDC System FY20-24

Table B10 reports the percentage of children who, within each fiscal year, received an average of 2+ and 1.5+ visits for the months enrolled, by county. Several counties consistently met or closely approached the recommended target of 2+ visits per month across all years, including Calhoun, Kershaw, Marlboro, Newberry, and Williamsburg, often exceeding 90 percent. Some counties showed notable fluctuations. Aiken dropped sharply from 95.8 percent in FY 2021 to 5.9 percent in FY 2023 for recommended visits, before rising again to 81.8 percent in FY 2024. Charleston consistently remained below 60 percent for recommended visits throughout the years. Union experienced a large increase, from 25.0 percent in FY 2021 to 95.7 percent in FY 2024

Most counties exceeded 80 percent for the minimum target of 1.5+ visits per month in most years. Counties such as Barnwell, Beaufort, Berkeley, Calhoun, Clarendon, Darlington, and Marlboro frequently achieved 90 percent or higher.

Table B10. Percent of children receiving recommended visits per month during FY 2020-2024

	Recommended 2+ visits/month					Minimum: 1.5+ visits/month				
	FY20 *	FY21 ^	FY22 †	FY23 ‡	FY24 #	FY20 *	FY21 ^	FY22 †	FY23 ‡	FY24 #
Number of children	1,277	982	1,125	1,515	1,587	1,277	982	1,125	1,515	1,587
Statewide	**81.7**	**82.8**	**79.5**	**75.4**	**79.1**	**94.8**	**95.3**	**91.3**	**88.1**	**92.0**
Abbeville#					69.2					84.6
Aiken	66.7	95.8	25.0	5.9	81.8	83.3	100	43.8	23.5	86.4
Allendale*	84.0					100				
Bamberg	68.4	71.4	48.7	61.0	76.2	100	92.9	84.6	97.6	92.9
Barnwell^†‡#		94.0	100	80.0	66.7		96.0	100	88.9	89.6

	Recommended 2+ visits/month					Minimum: 1.5+ visits/month				
	FY20 *	FY21 ^	FY22 †	FY23 ‡	FY24 #	FY20 *	FY21 ^	FY22 †	FY23 ‡	FY24 #
Beaufort	90.0	87.5	100	60.0	87.5	100	87.5	100	70.0	100
Berkeley	94.8	94.1	88.1	97.9	77.3	98.7	98.0	88.1	97.9	97.7
Calhoun	98.2	100	89.3	94.9	97.1	100	100	100	97.4	100
Charleston	60.8	50.0	55.6	52.5	59.6	90.5	87.5	84.7	78.8	83.3
Chester*‡#	85.2			93.8	100	92.6			93.8	100
Clarendon	87.8	94.6	100	66.7	94.1	100	100	100	84.1	100
Colleton	82.2	66.7	75.8	39.6	61.4	97.8	100	100	81.3	97.7
Darlington	81.3	100	82.1	88.6	96.6	93.8	100	87.2	91.4	96.6
Dillon*	92.2					98.0				
Dorchester	83.3	88.6	81.4	76.6	86.1	95.8	93.2	86.0	78.7	94.4
Fairfield	65.8	71.9	62.5	53.8	56.0	89.5	81.3	75.0	76.9	66.0
Florence*	100					100				
Georgetown*^	91.7	76.9				100	100			
Greenwood#					88.7					96.2
Hampton	77.8	82.4	66.7	66.7	50.0	100	100	93.3	88.9	92.3
Horry*^†‡	82.6	42.2	75.0	67.6		95.7	82.2	93.2	94.1	
Jasper	82.8	95.8	86.7	55.6	30.8	89.7	100	100	83.3	76.9
Kershaw	100	96.2	100	83.9	100	100	96.2	100	96.8	100
Lancaster†‡#					85.4					95.8
Laurens	75.0	89.5	100	86.7	94.1	80.0	100	100	93.3	100
Lexington	82.1	89.9	90.4	87.8	82.5	98.5	99.2	99.3	91.3	92.1
Marlboro	92.9	90.5	90.0	97.0	100	100	100	100	100	100
McCormick*	100					100				
Newberry*^‡#	94.7	100	97.1	96.0	86.4	100	100	97.1	100	100
Orangeburg‡#			89.5	95.2	84.4			100	98.4	96.9
Pickens	90.9	95.7	90.0	88.2	85.7	95.5	95.7	95.0	94.1	87.8
Richland	79.6	86.2	66.0	83.8	69.0	91.3	96.6	80.0	98.5	90.1
Sumter*^†‡	86.8	98.6	87.6	80.6	86.8	92.1	100	88.7	96.1	97.5
Union	43.6	25.0	48.7	83.0	95.7	83.6	81.3	84.6	90.6	100
Williamsburg	81.4	97.2	97.3	93.7	96.1	93.0	100	100	94.9	97.1
York	70.9	66.7	67.4	46.8	59.4	89.1	91.3	87.6	66.9	80.5

Notes: Local partnerships in Anderson, Cherokee, Chesterfield, Edgefield, Greenville, Lee, Marion, Oconee, Saluda, Spartanburg counties did not offer PAT during the evaluation years (FY20-24). If the county does not have a note, they offered PAT during all evaluation years (FY20-24). If they have a note, they offered PAT during the following evaluation years: * FY20; ^ FY21; † FY22; ‡ FY23; # FY 2024. Lancaster county offered PAT in FY22 and FY23, however, there were no visit records in the FSDC for those years.
Source: FSDC System FY20-24

Table B11 reports the average length of home visits by fiscal year and county. Across years and counties, visit lengths average roughly one hour, which aligned with PAT standards.

Table B11. Average length of visits, in hours, during FY 2020-2024

Number of children (Average length of visit)	FY20 *	FY21 ^	FY22 †	FY23 ‡	FY24 #
Statewide	**1,277 (1.1)**	**982 (1.0)**	**1,125 (1.0)**	**1,515 (1.0)**	**1,587 (1.1)**
Abbeville#					13 (1.1)
Aiken	12 (1.3)	24 (1.5)	16 (1.2)	17 (1.2)	22 (1.2)
Allendale*	25 (1.0)				
Bamberg	19 (1.1)	28 (0.9)	39 (1.0)	41 (1.0)	42 (1.1)
Barnwell^†‡#		50 (1.0)	21 (1.0)	45 (1.0)	48 (1.0)
Beaufort	10 (1.0)	8 (0.8)	5 (1.0)	10 (1.1)	8 (1.2)
Berkeley	77 (1.0)	51 (1.0)	59 (1.0)	48 (1.0)	44 (0.9)
Calhoun	55 (0.9)	35 (1.0)	28 (1.0)	39 (1.0)	35 (1.0)
Charleston	74 (1.0)	48 (0.9)	72 (1.0)	99 (1.1)	114 (1.1)
Chester*‡#	27 (1.1)			16 (1.0)	15 (1.0)
Clarendon	41 (0.9)	37 (0.8)	30 (0.9)	63 (0.9)	51 (0.9)
Colleton	45 (1.0)	24 (1.0)	33 (1.0)	48 (1.0)	44 (1.0)
Darlington	16 (1.0)	16 (1.0)	39 (1.1)	35 (1.1)	29 (1.1)
Dillon*	51 (1.0)				
Dorchester	48 (1.3)	44 (1.1)	43 (1.2)	47 (1.1)	36 (1.0)
Fairfield	38 (0.9)	32 (0.9)	32 (0.9)	39 (1.0)	50 (1.0)
Florence*	16 (1.0)				
Georgetown*^	12 (1.0)	13 (2.0)			
Greenwood#					53 (1.2)
Hampton	18 (1.0)	17 (1.0)	15 (1.0)	18 (1.0)	26 (1.0)
Horry*^†‡	46 (1.0)	45 (0.7)	44 (0.9)	34 (1.0)	
Jasper	29 (1.0)	24 (1.0)	15 (1.1)	18 (1.0)	13 (1.1)
Kershaw	26 (1.0)	26 (1.0)	30 (1.0)	31 (1.0)	15 (1.0)
Lancaster†‡#			0 (0)	0 (0)	48 (1.1)
Laurens	20 (1.0)	19 (1.0)	14 (1.1)	15 (1.0)	17 (1.1)
Lexington	134 (1.0)	119 (1.0)	146 (1.1)	229 (1.1)	229 (1.1)
Marlboro	28 (1.2)	21 (1.1)	20 (1.1)	33 (1.0)	31 (1.0)
McCormick*	15 (1.1)				
Newberry*^‡#	19 (0.9)	19 (1.0)	34 (1.0)	25 (1.0)	22 (1.0)
Orangeburg‡#			38 (1.0)	63 (1.0)	64 (1.0)
Pickens	44 (1.1)	47 (1.1)	40 (1.0)	34 (1.0)	49 (1.2)
Richland	103 (1.6)	29 (1.3)	50 (1.2)	68 (1.1)	71 (1.0)
Sumter*^†‡	76 (1.0)	69 (1.0)	97 (1.2)	129 (1.1)	121 (1.1)
Union	55 (1.1)	32 (0.8)	39 (1.0)	53 (1.0)	46 (1.0)
Williamsburg	43 (1.0)	36 (1.0)	37 (1.0)	79 (1.0)	103 (1.0)
York	55 (1.0)	69 (1.0)	89 (1.0)	139 (1.0)	128 (1.0)

Notes: Local partnerships in Anderson, Cherokee, Chesterfield, Edgefield, Greenville, Lee, Marion, Oconee, Saluda, Spartanburg counties did not offer PAT during the evaluation years (FY20-24). If the county does not have a note, they offered PAT during all evaluation years (FY20-24). If they have a note, they offered PAT during the following evaluation years: * FY20; ^ 1; † FY22; ‡ FY23; # FY 2024. Lancaster county offered PAT in FY22 and FY23, however, there were no visit records in the FSDC for those years.
Source: FSDC System FY20-24

Table B12 presents the number of connected referrals made within each fiscal year of the evaluation period, by county.

Table B12. Number of connected referrals during FY 2020-2024

County	FY20 *	FY21 ^	FY22 †	FY23 ‡	FY24 #
Statewide	4,073	4,418	3,647	4,978	3,342
Abbeville#					5
Aiken	95	154	12	0	15
Allendale*	3				
Bamberg	25	61	45	60	45
Barnwell^†‡#		94	49	79	23
Beaufort	116	63	81	80	84
Berkeley	584	430	365	332	193
Calhoun	26	33	47	97	49
Charleston	116	60	47	109	100
Chester*‡#	0			35	0
Clarendon	192	148	277	355	205
Colleton	83	156	141	67	60
Darlington	192	148	277	355	205
Dillon*	70				
Dorchester	217	75	16	51	7
Fairfield	194	276	228	508	339
Florence*	7				
Georgetown*^	9	0			
Greenwood#					81
Hampton	51	15	17	31	27
Horry*^†‡	5	11	78	43	
Jasper	78	69	93	33	34
Kershaw	444	85	46	79	18
Lancaster†‡#			1	0	59
Laurens	56	18	36	80	28
Lexington	494	492	648	917	557
Marlboro	0	0	3	0	0
McCormick*	8				
Newberry*^‡#	106	133	116	17	11
Orangeburg‡#			88	276	80
Pickens	72	277	188	189	117
Richland	140	198	184	317	481
Sumter*^†‡	80	312	171	199	81
Union	43	85	117	51	51
Williamsburg	591	770	176	271	414
York	115	299	311	565	156

Notes: Local partnerships in Anderson, Cherokee, Chesterfield, Edgefield, Greenville, Lee, Marion, Oconee, Saluda, Spartanburg counties did not offer PAT during the evaluation years (FY20-24). If the county does not have a note, they offered PAT during all evaluation years (FY20-24). If they have a note, they offered PAT during the following evaluation years: * FY20; ^ FY21; † FY22; ‡ FY23; #FY 2024. Lancaster county offered PAT in FY22 and FY23, however, there were no visit records in the FSDC for those years.
Source: FSDC System FY20-24

Table B13 presents the frequency of each connected referral resource within each fiscal year.

Table B13. Connected referral resources during FY 2020-2024

N (col %)	FY20	FY21	FY22	FY23	FY24	FY20-24
All resources	**4,073**	**4,418**	**3,647**	**4,978**	**3,342**	**20,458**
Adult education (GED)	20 (0.5)	29 (0.7)	19 (0.5)	27 (0.5)	34 (1)	129 (0.6)
Adult education (Job skills)	41 (1)	30 (0.7)	23 (0.6)	22 (0.4)	16 (0.5)	132 (0.7)
Child abuse/maltreatment resources	1 (0)	1 (0)	0 (0)	16 (0.3)	0 (0)	18 (0.1)
Dental Services Provider	40 (1)	20 (0.5)	21 (0.6)	60 (1.2)	20 (0.6)	161 (0.8)
Department of Disabilities and Special Needs	27 (0.7)	7 (0.2)	5 (0.1)	4 (0.1)	9 (0.3)	52 (0.3)
DHEC– Children's Rehab Services	2 (0.1)	0 (0)	0 (0)	0 (0)	0 (0)	2 (0)
DHEC – Family Support Services (case management)	10 (0.3)	5 (0.1)	2 (0.1)	10 (0.2)	24 (0.7)	51 (0.3)
DHEC – WIC	91 (2.2)	65 (1.5)	92 (2.5)	53 (1.1)	18 (0.5)	319 (1.6)
Domestic violence services	5 (0.1)	10 (0.2)	6 (0.2)	3 (0.1)	6 (0.2)	30 (0.2)
DSS – Child Protective Services	1 (0)	2 (0.1)	5 (0.1)	5 (0.1)	14 (0.4)	27 (0.1)
DSS – Food Stamps	69 (1.7)	25 (0.6)	51 (1.4)	44 (0.9)	19 (0.6)	208 (1)
DSS – TANF	2 (0.1)	5 (0.1)	7 (0.2)	8 (0.2)	7 (0.2)	29 (0.1)
DSS - Other	34 (0.8)	32 (0.7)	33 (0.9)	27 (0.5)	20 (0.6)	146 (0.7)
Early Education Program	295 (7.2)	180 (4.1)	196 (5.4)	219 (4.4)	173 (5.2)	1,063 (5.2)
Emergency Financial Assistant	124 (3)	52 (1.2)	26 (0.7)	18 (0.4)	21 (0.6)	241 (1.2)
Employment resources	65 (1.6)	131 (3)	99 (2.7)	67 (1.4)	45 (1.4)	407 (2)
English language classes	50 (1.2)	31 (0.7)	50 (1.4)	46 (0.9)	22 (0.7)	199 (1)
Family events/activities	670 (16.5)	752 (17)	929 (25.5)	1,369 (27.5)	965 (28.9)	4,685 (22.9)
Family shelter	1 (0)	2 (0.1)	3 (0.1)	5 (0.1)	5 (0.2)	16 (0.1)
Financial management services	24 (0.6)	26 (0.6)	2 (0.1)	18 (0.4)	18 (0.5)	88 (0.4)
Food assistance	318 (7.8)	923 (20.9)	262 (7.2)	387 (7.8)	214 (6.4)	2,104 (10.3)
Housing resources	144 (3.5)	35 (0.8)	53 (1.5)	81 (1.6)	65 (1.9)	378 (1.9)
CHIP	3 (0.1)	0 (0)	3 (0.1)	12 (0.2)	0 (0)	18 (0.1)
Library resources	399 (9.8)	81 (1.8)	314 (8.6)	506 (10.2)	229 (6.9)	1,529 (7.5)
Medicaid	97 (2.4)	77 (1.7)	77 (2.1)	64 (1.3)	22 (0.7)	337 (1.7)

N (col %)	FY20	FY21	FY22	FY23	FY24	FY20-24
Medical – Developmental Delay	34 (0.8)	22 (0.5)	19 (0.5)	20 (0.4)	9 (0.3)	104 (0.5)
Medical – Hearing	11 (0.3)	0 (0)	6 (0.2)	74 (1.5)	6 (0.2)	97 (0.5)
Medical Home Adult	4 (0.1)	8 (0.2)	6 (0.2)	5 (0.1)	6 (0.2)	29 (0.1)
Medical Home Pediatric	7 (0.2)	13 (0.3)	0 (0)	2 (0)	5 (0.2)	27 (0.1)
Medical – Immunizations	4 (0.1)	12 (0.3)	5 (0.1)	0 (0)	5 (0.2)	26 (0.1)
Medical – Other	124 (3)	63 (1.4)	45 (1.2)	63 (1.3)	34 (1)	329 (1.6)
Medical – Vision Screening	1 (0)	9 (0.2)	5 (0.1)	12 (0.2)	3 (0.1)	30 (0.2)
Mental health services	22 (0.5)	89 (2)	38 (1)	42 (0.8)	42 (1.3)	233 (1.1)
Mentoring for new mothers	13 (0.3)	3 (0.1)	0 (0)	5 (0.1)	7 (0.2)	28 (0.1)
Other case management	19 (0.5)	17 (0.4)	2 (0.1)	33 (0.7)	5 (0.2)	76 (0.4)
Other health/medical services	8 (0.2)	64 (1.5)	27 (0.7)	76 (1.5)	18 (0.5)	193 (0.9)
Speech services	33 (0.8)	26 (0.6)	27 (0.7)	44 (0.9)	25 (0.8)	155 (0.8)
Transportation services	12 (0.3)	2 (0.1)	12 (0.3)	19 (0.4)	7 (0.2)	52 (0.3)
Vision services	16 (0.4)	8 (0.2)	41 (1.1)	17 (0.3)	6 (0.2)	88 (0.4)
Other referral	853 (20.9)	1,162 (26.3)	721 (19.8)	1,045 (21)	726 (21.7)	4,507 (22)
Help Me Grow	32 (0.8)	2 (0.1)	0 (0)	81 (1.6)	6 (0.2)	121 (0.6)
Family Connection	161 (4)	196 (4.4)	171 (4.7)	141 (2.8)	203 (6.1)	872 (4.3)
Clothing/household items assistance	164 (4)	192 (4.4)	139 (3.8)	219 (4.4)	213 (6.4)	927 (4.5)
Nutritional/meal prep education	22 (0.5)	9 (0.2)	105 (2.9)	9 (0.2)	50 (1.5)	195 (1)

Source: FSDC System FY20-24

Table B14 presents the number of group connections offered statewide and by county across the evaluation period. PAT standards call for families to be offered at least one group connection per month (i.e., averaging 12 per year). Statewide totals were relatively stable, ranging from 659 to 789 annually, with a dip in FY 2021 consistent with COVID-19 disruptions.

Table B14. Number of group connections offered overall and by county across the evaluation period

	Number of group connections				
	FY20 *	FY21 ^	FY22 †	FY23 ‡	FY24 #
Statewide	**679**	**659**	**678**	**789**	**779**
Abbeville#					12
Aiken	35	30	17	14	13
Allendale*	10				
Bamberg	12	12	12	12	12
Barnwell^†‡#		28	16	23	19
Beaufort	12	12	12	13	13
Berkeley	39	42	49	21	23
Calhoun	9	11	12	12	12

	Number of group connections				
	FY20 *	FY21 ^	FY22 †	FY23 ‡	FY24 #
Charleston	13	14	21	16	24
Chester*‡#	9			11	11
Clarendon	28	20	18	45	34
Colleton	13	13	13	13	13
Darlington	15	15	16	32	17
Dillon*	12				
Dorchester	17	21	18	21	17
Fairfield	7	10	12	12	11
Florence*	11				
Georgetown*^	6	9			
Greenwood#					14
Hampton	11	13	12	9	15
Horry*^†‡	7	11	11	13	
Jasper	12	13	16	13	15
Kershaw	13	17	12	12	14
Lancaster†‡#			0	0	12
Laurens	18	10	13	16	20
Lexington	95	77	128	137	145
Marlboro	8	9	11	10	10
McCormick*	12				
Newberry*^‡#	49	32	14	12	10
Orangeburg‡#			15	22	15
Pickens	24	33	31	31	35
Richland	22	30	55	41	60
Sumter*^†‡	6	10	10	23	22
Union	10	18	17	20	17
Williamsburg	19	43	15	55	65
York	125	106	102	130	79

Notes: Local partnerships in Anderson, Cherokee, Chesterfield, Edgefield, Greenville, Lee, Marion, Oconee, Saluda, Spartanburg counties did not offer PAT during the evaluation years (FY20-24). If the county does not have a note, they offered PAT during all evaluation years (FY20-24). If they have a note, they offered PAT during the following evaluation years: * FY20; ^ FY21; † FY22; ‡ FY23; # FY 2024. Lancaster county offered PAT in FY22 and FY23, however, there were no visit records in the FSDC for those years.
Source: FSDC System FY20-24

Table B15 summarizes primary topics covered during group connections occurring during the evaluation period. While sessions often addressed multiple areas—for example, a session on "Grocery Shopping on a Budget" might touch on nutrition, resource access, and financial literacy—the table reflects only the primary coded topic. To improve accuracy, topics initially coded as "other" were recategorized into existing categories or, when sample sizes allowed, new categories (marked as "*Added*") were created.

Table B15. Primary topic addressed during group connections, FY 2020-2024

N (col %)	FY20	FY21	FY22	FY23	FY24	FY20-24
All Topics	**679**	**659**	**678**	**789**	**779**	**3,584**
Parenting subgroups (expecting parents, fatherhood, foster parents, grandparents/relatives as caregivers)	9 (1.3)	7 (1.1)	5 (0.7)	5 (0.6)	7 (0.9)	33 (0.9)
Teen parents	28 (4.1)	10 (1.5)	30 (4.4)	29 (3.7)	16 (2.1)	113 (3.2)
Family Literacy Programs: Adult Education	13 (1.9)	2 (0.3)	0 (0)	1 (0.1)	1 (0.1)	17 (0.5)
Family Literacy Programs: Early Childhood Education	11 (1.6)	10 (1.5)	20 (3)	17 (2.2)	13 (1.7)	71 (2)
Family Literacy Programs: Group Parent Education	8 (1.2)	16 (2.4)	7 (1)	3 (0.4)	15 (1.9)	49 (1.4)
Family Literacy Programs: Group PACT	8 (1.2)	5 (0.8)	9 (1.3)	11 (1.4)	11 (1.4)	44 (1.2)
Incredible Years or Mother/FatherRead or Triple P	4 (0.6)	1 (0.2)	0 (0)	17 (2.2)	7 (0.9)	29 (0.8)
PAT: Parent-Child Interaction	141 (20.8)	103 (15.6)	187 (27.6)	159 (20.2)	156 (20)	746 (20.8)
PAT: Child Centered Development	16 (2.4)	11 (1.7)	18 (2.7)	16 (2)	20 (2.6)	81 (2.3)
PAT: Family Well-Being	24 (3.5)	33 (5)	46 (6.8)	39 (4.9)	54 (6.9)	196 (5.5)
Raising a Reader	14 (2.1)	16 (2.4)	4 (0.6)	7 (0.9)	7 (0.9)	48 (1.3)
Accessing resources	12 (1.8)	20 (3)	9 (1.3)	17 (2.2)	13 (1.7)	71 (2)
Community event	41 (6)	47 (7.1)	52 (7.7)	92 (11.7)	76 (9.8)	308 (8.6)
Health fair	2 (0.3)	5 (0.8)	0 (0)	3 (0.4)	6 (0.8)	16 (0.5)
Parent café	6 (0.9)	6 (0.9)	6 (0.9)	32 (4.1)	29 (3.7)	79 (2.2)
Partnership annual meeting	4 (0.6)	0 (0)	0 (0)	1 (0.1)	4 (0.5)	9 (0.3)
Quality child care	5 (0.7)	3 (0.5)	2 (0.3)	7 (0.9)	1 (0.1)	18 (0.5)
Parenting behaviors	5 (0.7)	11 (1.7)	8 (1.2)	6 (0.8)	11 (1.4)	41 (1.1)
Development-centered parenting	4 (0.6)	3 (0.5)	15 (2.2)	16 (2)	4 (0.5)	42 (1.2)
Attachment and discipline	5 (0.7)	3 (0.5)	2 (0.3)	2 (0.3)	3 (0.4)	15 (0.4)
Health	30 (4.4)	21 (3.2)	32 (4.7)	29 (3.7)	14 (1.8)	126 (3.5)
Nutrition	18 (2.7)	48 (7.3)	30 (4.4)	13 (1.7)	37 (4.8)	146 (4.1)
Safety or sleep	19 (2.8)	19 (2.9)	24 (3.5)	31 (3.9)	29 (3.7)	122 (3.4)
Transitions/routines	4 (0.6)	7 (1.1)	4 (0.6)	6 (0.8)	4 (0.5)	25 (0.7)
Education and employment	2 (0.3)	8 (1.2)	4 (0.6)	2 (0.3)	2 (0.3)	18 (0.5)
Physical health of the family	6 (0.9)	10 (1.5)	6 (0.9)	2 (0.3)	4 (0.5)	28 (0.8)
Mental health and wellness	10 (1.5)	19 (2.9)	20 (3)	13 (1.7)	15 (1.9)	77 (2.2)
Early care and education	7 (1)	3 (0.5)	2 (0.3)	2 (0.3)	2 (0.3)	16 (0.5)
Relationships with family and friends	24 (3.5)	9 (1.4)	17 (2.5)	15 (1.9)	15 (1.9)	80 (2.2)
Recreation and enrichment	29 (4.3)	36 (5.5)	29 (4.3)	45 (5.7)	58 (7.5)	197 (5.5)
Child development overview	4 (0.6)	3 (0.5)	0 (0)	1 (0.1)	3 (0.4)	11 (0.3)

N (col %)	FY20	FY21	FY22	FY23	FY24	FY20-24
Language development	10 (1.5)	21 (3.2)	12 (1.8)	11 (1.4)	16 (2.1)	70 (2)
Cognitive development	8 (1.2)	15 (2.3)	5 (0.7)	7 (0.9)	3 (0.4)	38 (1.1)
Social emotional development	34 (5)	13 (2)	9 (1.3)	51 (6.5)	50 (6.4)	157 (4.4)
Motor development	8 (1.2)	5 (0.8)	6 (0.9)	9 (1.1)	3 (0.4)	31 (0.9)
Learning through play/choosing appropriate toys	9 (1.3)	5 (0.8)	3 (0.4)	3 (0.4)	1 (0.1)	21 (0.6)
Mathematics/numeracy development	0 (0)	14 (2.1)	4 (0.6)	4 (0.5)	5 (0.6)	27 (0.8)
Music and movement	17 (2.5)	9 (1.4)	4 (0.6)	13 (1.7)	2 (0.3)	45 (1.3)
Nurturing Parenting 1	12 (1.8)	7 (1.1)	1 (0.2)	1 (0.1)	6 (0.8)	27 (0.8)
Nurturing Parenting 2	4 (0.6)	10 (1.5)	5 (0.7)	3 (0.4)	3 (0.4)	25 (0.7)
Nurturing Parenting 3	3 (0.4)	4 (0.6)	3 (0.4)	1 (0.1)	2 (0.3)	13 (0.4)
Added: Back to School/ K-Readiness	2 (0.3)	3 (0.5)	3 (0.4)	1 (0.1)	6 (0.8)	15 (0.4)
Added: Holidays	7 (1)	8 (1.2)	6 (0.9)	8 (1)	9 (1.2)	38 (1.1)
Added: Goal setting	15 (2.2)	3 (0.5)	2 (0.3)	2 (0.3)	1 (0.1)	23 (0.6)
Added: PAT orientation or graduation	14 (2.1)	15 (2.3)	0 (0)	6 (0.8)	6 (0.8)	41 (1.1)
Added: Literacy/reading	7 (1)	8 (1.2)	9 (1.3)	3 (0.4)	8 (1)	35 (1)
Added: Science	0 (0)	7 (1.1)	1 (0.2)	0 (0)	3 (0.4)	11 (0.3)
Other Topic	16 (2.4)	17 (2.6)	17 (2.5)	27 (3.4)	18 (2.3)	95 (2.7)

Notes: Categories marked as "*Added*" were created for topics that appeared more than 10 times in a review of home visitors' description of "Other topic."
Source: FSDC System FY20-24

Appendix C. Chapter 2 Supplemental Tables

This section contains supplemental information related to content presented in Chapter 2 of the report.

Parenting and home environment

KIPS and HFPI

Tables C1 and C2 detail the changes in KIPS and HFPI scores occurring during the evaluation period. For each assessment, the average of the first (T1) and last (T2) assessments are shown, along with the calculated effect size.

Table C1. Differences in KIPS scores, FY 2020-2022

Time between first and last KIPs assessment	Adult-child pairs (% of sample)	T1 average score (SD)	T2 average score (SD)	Average difference (SD)	Cohen's *d* *Effect size*
0-3 months	74 (8%)	3.57 (0.57)	3.80 (0.56)	0.23 (0.38)	0.62 *Medium to large*
4-6 months	290 (32%)	3.44 (0.81)	3.71 (0.80)	0.28 (0.60)	0.46 *Small to medium*
7-9 months	133 (15%)	3.48 (0.73)	3.84 (0.71)	0.35 (0.56)	0.63 *Medium to large*
10-12 months	87 (10%)	3.73 (0.66)	3.94 (0.67)	0.21 (0.50)	0.41 *Small to medium*
13-15 months	61 (7%)	3.61 (0.63)	4.01 (0.59)	0.39 (0.61)	0.65 *Medium to large*
16-18 months	129 (14%)	3.27 (0.90)	3.93 (0.80)	0.66 (0.89)	0.74 *Medium to large*
19-21 months	129 (14%)	3.68 (0.70)	4.13 (0.60)	0.45 (0.60)	0.75 *Medium to large*
22-24 months	8 (1%)	3.78 (0.36)	3.95 (0.49)	0.17 (0.60)	0.28 *Small to medium*
Any time between FY 2020-2022	911 (100%)	3.51 (0.76)	3.87 (0.73)	0.36 (0.64)	0.57 *Medium to large*

Notes: ± The difference in scores between T1 and T2 was statistically significant for the reported time period after applying a Bonferroni correction. The significance threshold after correction was a corrected=0.005 ($p<0.05/10$ comparisons tested). $d<0.20$ indicates small effect size; $0.20 \leq d \leq 0.50$ indicates small to medium effect size ; $0.50 \leq d < 0.80$ indicates medium to large effect size; $0.80 \leq d$ indicates large effect size.
Source: FSDC System (FY20-22)

Table C2. Differences in HFPI scores, FY 2022-2024

Time between first and last HFPI assessment	Caregivers (% of sample)	T1 average score (SD)	T2 average score (SD)	Average difference (SD)	Cohen's *d* *Effect size*
0-3 months	62 (5%)	263.34 (32.48)	273.85 (32.13)	10.52 (22.59)	0.47 *Small to medium*
4-6 months	302 (26%)	258.77 (33.24)	266.79 (30.35)	8.02 (27.36)	0.29 *Small to medium*
7-9 months	137 (12%)	251.93 (31.97)	249.72 (44.88)	-2.21 (40.98)	0.05 *Small*

Time between first and last HFPI assessment	Caregivers (% of sample)	T1 average score (SD)	T2 average score (SD)	Average difference (SD)	Cohen's *d* *Effect size*
10-12 months	169 (14%)	266.77 (29.29)	269.38 (30.58)	2.62 (28.70)	0.09 *Small*
13-15 months	64 (5%)	258.70 (38.10)	270.14 (26.70)	11.44 (31.68)	0.36 *Small to medium*
16-18 months	161 (14%)	257.25 (34.90)	271.46 (23.78)	14.21 (33.05)	0.43 *Small to medium*
19-21 months	76 (6%)	264.71 (34.05)	276.43 (25.70)	11.72 (31.20)	0.38 *Small to medium*
22-24 months	49 (4%)	260.76 (28.03)	274.82 (28.90)	14.06 (30.57)	0.46 *Small to medium*
>24 months	155 (13%)	258.32 (35.28)	270.97 (29.39)	12.65 (35.64)	0.35 *Small to medium*
Any time between FY 2022-2024	1,175 (100%)	259.56 (33.33)	267.88 (31.83)	8.32 (32.07)	0.26 *Small to medium*

Notes: ± The difference in scores between T1 and T2 was statistically significant for the reported time period after applying a Bonferroni correction. The significance threshold after correction was $\alpha_{corrected}$=0.005 (p<0.05/10 comparisons tested). d<0.20 indicates small effect size; 0.20 ≤ d ≤ 0.50 indicates small to medium effect size ; 0.50 ≤ d < 0.80 indicates medium to large effect size; 0.80 ≤ d indicates large effect size.
Source: FSDC System (FY22-24)

Child maltreatment

To investigate the relationship between engagement in PAT and maltreatment claims, we compared the sample of children who participated in PAT during FY 2020-2024 to children engaged in DSS services who did not have PAT participation recorded in the FSDC in the same time period. Children enrolled in PAT through the Connected Families pathway were excluded, since they are identified through the child welfare system. To ensure similar economic background, the comparison group was limited to children receiving SNAP, TANF, or child care scholarships.

Table C3 shows descriptive characteristics of children in PAT (n=3,446) and children not in PAT (n=12,812). Chi-square tests and standardized mean differences indicated modest imbalances between groups, particularly in child age and residential county. To address these differences, we applied propensity score matching, pairing each PAT child with one non-PAT child of the same age, race, sex, and county using nearest-neighbor 1:1 matching without replacement. The Hosmer–Lemeshow test indicated excellent model fit ($\chi^2(8) = 3.08$, $p = 0.93$). After matching, covariates were well balanced across groups, with all standardized mean differences below 0.06, resulting in equal matched sample sizes of 3,446 PAT children and 3,446 non-PAT children (Table C3).

For children in PAT, we included only maltreatment claims reported after the child's first PAT visit. Maltreatment report rates are reported in Table C3; however, these outcomes were not included in the matching process.

Table C3. Matched and unmatched comparison samples for maltreatment analysis

N (Column %)			Matched Comparison Sample			Unmatched Comparison Sample		
Characteristic	level	Children in PAT [A] n=3,446	Children not in PAT n=3,446	p	SMD	Children not in PAT n=12,812	p	SMD
Child age	0	85 (2.5)	83 (2.4)	NS	0.062	456 (3.6)	***	0.121
	1	279 (8.1)	287 (8.3)			1,092 (8.5)		
	2	415 (12.0)	401 (11.6)			1,626 (12.7)		
	3	491 (14.2)	486 (14.1)			1,943 (15.2)		
	4	499 (14.5)	499 (14.5)			1,843 (14.4)		
	5	506 (14.7)	511 (14.8)			1,988 (15.5)		
	6	470 (13.6)	478 (13.9)			1,667 (13.0)		
	7	384 (11.1)	391 (11.3)			1,257 (9.8)		
	8	209 (6.1)	209 (6.1)			624 (4.9)		
	9	102 (3.0)	101 (2.9)			316 (2.5)		
	10	4 (0.1)	0 (0)			0 (0)		
	11	2 (0.1)	0 (0)			0 (0)		
Child sex	Female	1,639 (47.6)	1,631 (47.3)	NS	0.005	6,192 (48.3)	NS	0.015
	Male	1,807 (52.4)	1,815 (52.7)			6,620 (51.7)		
Child race	Black	2,203 (63.9)	2,220 (64.4)	NS	0.019	9,135 (71.3)	***	0.171
	Other	168 (4.9)	155 (4.5)			362 (2.8)		
	White	1075 (31.2)	1,071 (31.1)			3,315 (25.9)		
Residential county [B]	All	3,446 (100)	3,446 100)	NS	0.06	12,812 (100)	***	0.213
Maltreatment report [Outcome]	No	3,359 (97.5)	3,196 (92.7)	***	0.221	11,897 (92.9)	***	0.217
	Yes	87 (2.5)	250 (7.3)			915 (7.1)		

Notes: A. PAT children = children with enrollment data recorded in the FSDC during the evaluation period who did not enroll through Connected Families. B. To ensure participant privacy, individual county size is not reported. However, the distribution of children's residential county was significantly different before matching. After matching, the county distribution was similar among PAT and non-PAT children.
SMD = Standardized Mean Differences

Table C4 reports results from the logistic regression examining how participation in PAT was related to likelihood of having a maltreatment report. The model controlled for child age, sex, race, and county.

- Children who participated in PAT were significantly less likely to have a maltreatment report compared to non-PAT children (p<001).
- Compared to infants (age 0), older children generally had higher odds of a maltreatment report. Ages 2, 4-6, and 8-9 had significantly higher odds (3 to 5 times higher) of maltreatment reports compared to age 0.
- Male and female children experience similar odds.
- White children had significantly higher odds of maltreatment reports compared to Black children; the odds were similar between Black children and children of other races.
- The county of residence, suppressed in Table C4 to ensure no unintentional disclosure, had mostly similar odds of a maltreatment reports.

Table C4. Logistic regression results examining the association between PAT and maltreatment reports

	Odds ratio	Lower CI	Upper CI	p-value
Intercept	0.04	0.01	0.28	0.001 ***
In PAT (reference = no)				
Yes	0.33	0.25	0.42	<0.001 ***
Age (reference=0)				
1	1.29	0.35	4.77	0.703
2	3.43	1.02	11.51	0.046 *
3	3.33	0.99	11.19	0.051
4	4.44	1.34	14.71	0.015 *
5	4.08	1.22	13.64	0.022 *
6	4.78	1.43	15.96	0.011 *
7	3.28	0.96	11.20	0.058
8	4.20	1.20	14.67	0.02 *
9	5.01	1.37	18.30	0.015 *
10	0	0	Inf	0.992
11	0	0	Inf	0.994
Sex (reference=female)				
Male	1.10	0.88	1.38	0.407
Race (reference=Black)				
Other	0.48	0.21	1.11	0.085
White	1.37	1.05	1.80	0.021 *

Notes: OR = Odds ratio; CI = 95% Confidence Interval; Inf = Infinite; the limited sample size in these age groups does not provide enough information to constrain the parameter estimate.
Source: FSDC System (FY 20-24)

School readiness and enrollment

ACIRI

Table C5 details the changes in adult and child ACIRI scores occurring during the evaluation period. For each assessment, the average of the first (T1) and last (T2) assessments are shown, along with the calculated effect size.

Table C5. Differences in overall ACIRI scores, FY 2020-2024

		Adult score				Child score			
Time between first and last assessment	# of adult-child pairs (% of sample)	T1 avg. score (SD)	T2 avg. score (SD)	Avg. difference (SD)	Cohen's *d* *Effect size*	T1 avg. score (SD)	T2 avg. score (SD)	Avg. difference (SD)	Cohen's *d* *Effect size*
0-3 months	61 (5%)	2.01 (0.47)	2.12 (0.48)	0.11 (0.43)	0.43 *Small to medium*	1.73 (0.53)	1.89 (0.65)	0.16 (0.52)	0.31 *Small to medium*

		Adult score				Child score			
Time between first and last assessment	**# of adult-child pairs (% of sample)**	**T1 avg. score (SD)**	**T2 avg. score (SD)**	**Avg. difference (SD)**	**Cohen's *d* *Effect size***	**T1 avg. score (SD)**	**T2 avg. score (SD)**	**Avg. difference (SD)**	**Cohen's *d* *Effect size***
4-6 months	307 (24%)	1.88 (0.62)	2.20 (0.59)	0.32 (0.49)	0.49 *Medium to large*	1.64 (0.72)	1.95 (0.72)	0.31 (0.56)	0.55 *Medium to large*
7-9 months	183 (15%)	1.97 (0.54)	2.25 (0.51)	0.28 (0.49)	0.49 *Medium to large*	1.76 (0.67)	2.07 (0.63)	0.32 (0.56)	0.56 *Medium to large*
10-12 months	137 (11%)	1.96 (0.64)	2.32 (0.57)	0.36 (0.53)	0.53 *Medium to large*	1.70 (0.70)	2.14 (0.66)	0.44 (0.57)	0.77 *Medium to large*
13-15 months	89 (7%)	1.94 (0.62)	2.24 (0.59)	0.29 (0.56)	0.56 *Medium to large*	1.66 (0.68)	2.01 (0.67)	0.35 (0.59)	0.60 *Medium to large*
16-18 months	180 (14%)	1.92 (0.61)	2.25 (0.62)	0.33 (0.67)	0.67 *Small to medium*	1.66 (0.68)	2.16 (0.69)	0.50 (0.72)	0.69 *Medium to large*
19-21 months	77 (6%)	1.99 (0.51)	2.34 (0.53)	0.35 (0.60)	0.60 *Medium to large*	1.72 (0.59)	2.27 (0.59)	0.55 (0.69)	0.80 *Large*
22-24 months	55 (4%)	2.04 (0.52)	2.38 (0.50)	0.34 (0.52)	0.52 *Medium to large*	1.79 (0.66)	2.31 (0.60)	0.52 (0.59)	0.88 *Large*
>24 months	167 (13%)	1.91 (0.61)	2.45 (0.52)	0.55 (0.71)	0.71 *Medium to large*	1.62 (0.68)	2.32 (0.61)	0.70 (0.75)	0.93 *Large*
Any time between FY20-24	1256 (100%)	1.94 (0.59)	2.28 (0.56)	0.34 (0.57)	0.57 *Medium to large*	1.68 (0.68)	2.10 (0.67)	0.42 (0.64)	0.66 *Medium to large*

Notes: ± The difference in scores between T1 and T2 was statistically significant for the reported time period after applying a Bonferroni correction. The significance threshold after correction was $\alpha_{corrected}=0.005$ ($p<0.05/10$ comparisons tested).
Source: FSDC System (FY 20-24)

KRA

Table C6 reports demographic characteristics of children who participated in PAT who had a KRA score during the evaluation period (n=952) and children who did not participate in PAT but with a valid KRA score during the evaluation period (n=205,502). Chi-square tests and standardized mean differences (SMD) suggest these samples were not well balanced, which may be expected given the substantial difference in sample size.

We engaged in propensity score matching to identify, for every PAT child, a non-PAT child of similar age, sex, race, socioeconomic status, and special education sample. Table C6 also reports the matched comparison sample of children not in PAT (n=952). We also included KRA score (the outcome examined) and the level of PAT dosage (the predictor) in the table for reference, though these variables were not considered in the matching process. The comparison samples are well matched on the key demographic characteristics, and goodness of fit indicated by a Hosmer–Lemeshow test.

Table C6. Matched and unmatched sample demographics for KRA analysis

N (Column %) Character-istic	Level	Children in PAT (n=952)	Matched Comparison Sample Children not in PAT (n=952)	p	SMD	Unmatched Comparison Sample Children not in PAT (n=205,502)	p	SMD
Child age	1	--	--	NS	0.065	1 (0)	**	0.220
	2	--	--			2 (0)		
	3	--	--			5 (0)		
	4	2 (0.2)	--			596 (0.3)		
	5	948 (99.6)	950 (99.8)			198,906 (96.8)		
	6	2 (0.2)	2 (0.2)			5,932 (2.9)		
	7	--	--			53 (0)		
	8	--	--			3 (0)		
	9	--	--			1 (0)		
	15	--	--			3 (0)		
Child sex	Female	481 (50.5)	481 (50.5)	NS	<0.001	100,472 (48.9)	NS	0.033
	Male	471 (49.5)	471 (49.5)			105,030 (51.1)		
Child race	AA/Black	580 (60.9)	579 (60.8)	NS	0.006	62,179 (30.3)	***	0.856
	AIAN	0 (0)	--			562 (0.3)		
	Asian	8 (0.8)	8 (0.8)			3,657 (1.8)		
	HPI	0 (0)	--			224 (0.1)		
	Hispanic	185 (19.4)	184 (19.3)			25,995 (12.6)		
	Multiple	40 (4.2)	41 (4.3)			14,167 (6.9)		
	White	139 (14.6)	140 (14.7)			98,718 (48.0)		
Pupil in Poverty?	No	56 (5.9)	56 (5.9)	NS	<0.001	74,365 (36.2)	***	0.801
	Yes	896 (94.1)	896 (94.1)			131,137 (63.8)		
County [B]	All	952 (100)	952 (100)	NS	0.022	205,502 (100)	***	1.109
Special education	No	814 (85.5)	814 (85.5)	NS	<0.001	186,653 (90.8)	***	0.165
	Yes	138 (14.5)	138 (14.5)			18,849 (9.2)		
KRA school year	2020	8 (0.8)	257 (27.0)	***	0.880	53,801 (26.2)	***	0.855
	2022	196 (20.6)	238 (25.0)			50,051 (24.4)		
	2023	339 (35.6)	199 (20.9)			50,517 (24.6)		
	2024	409 (43.0)	258 (27.1)			51,133 (24.9)		
KRA score [Outcome]	Emerging	284 (29.8)	306 (32.1)	NS	0.055	51,340 (25.0)	***	0.205
	Approaching	384 (40.3)	380 (39.9)			73,001 (35.5)		
	Demonstrating	284 (29.8)	266 (27.9)			81,161 (39.5)		
PAT dosage 12-month [Predictor]	None	0 (0)	952 (100)	***	1.213	205,502 (100)	***	0.204
	Low	85 (8.9)	0 (0)			0 (0)		
	Medium	467 (49.1)	0 (0)			0 (0)		
	High	400 (42.0)	0 (0)			0 (0)		

Notes: A. PAT children = children with enrollment data recorded in the FSDC during the evaluation period with a valid KRA score and complete demographic data reported from SCDE. B. To ensure participant privacy, individual county size is not reported. However, the distribution of children's residential county was significantly different before matching. After matching, the county distribution was

similar among PAT and non-PAT children. SMD = Standardized Mean Differences; AA = African American; AIAN= American Indian or Alaska Native; HPI = Hawaiian or Pacific Islander
Source: FSDC System and SCDE data (FY 2020-2024)

Table C7 reports the result of a multinomial regression conducted with the comparison samples defined above. In the model, we examined the likelihood of scoring approaching and demonstrating readiness versus emerging readiness (the lowest KRA score). Results are presented as an odds ratio (OR).

The results indicate high-dosage participation in PAT is linked to higher odds of achieving both approaching and demonstrating kindergarten readiness. These PAT-related findings are discussed in more detail in the report, however, there were also some findings related to the covariates worth noting.

Approaching vs. emerging readiness

- Children receiving special education services were significantly less likely to score approaching versus emerging readiness than peers not receiving special education (OR = 0.40, CI: 0.29–0.54, $p <$ 001).
- Coefficients for age 6 produced statistical artifacts (OR = 0.0) likely due to very small sample sizes in these categories and should not be interpreted.
- No significant differences were observed by race, sex, or poverty status.

Demonstrating vs. emerging readiness

- White children were significantly more likely to score demonstrating readiness compared to Black children (OR = 2.25, 95% CI: 1.46–3.46, $p < .001$). Asian, Hispanic, and multiracial children did not show statistically significant differences compared to Black children.
- Male children were significantly less likely than female children to score demonstrating readiness (OR = 0.50, 95% CI: 0.39–0.65, $p < .001$).
- Children receiving special education were significantly less likely to score demonstrating versus emerging readiness (OR = 0.19, 95% CI: 0.12–0.29, $p < .001$).
- Children in poverty were significantly less likely than children not in poverty to score demonstrating readiness (OR = 0.55, 95% CI: 0.31–0.96, p=0.04).
- Coefficients for ages 4 and 6 produced statistical artifacts (OR = 0.0) likely due to very small sample sizes in these categories and should not be interpreted.

Table C7. Multinomial regression results examining the association between PAT dosage and kindergarten readiness

	Approaching (vs. Emerging)					Demonstrating (vs. Emerging)				
	OR	Lower CI	Upper CI	p-value		OR	Lower CI	Upper CI	p-value	
Intercept	2.08	0.71	6.05	0.181		2.94	0.96	8.98	0.059	
PAT engagement (reference=no PAT)										
Low	0.71	0.41	1.20	0.201		0.52	0.27	0.97	0.041	*
Medium	0.96	0.73	1.26	0.774		1.07	0.79	1.45	0.660	
High	1.45	1.08	1.96	0.015	*	1.59	1.14	2.22	0.006	**
Age (reference=5)										
4	1.13	0.06	22.11	0.936		0.00	0.00	0.00	0.000	***
6	0.00	0.00	0.00	0.000	***	0.00	0.00	0.00	0.000	***
Race (reference=Black)										
Asian	0.58	0.13	2.61	0.478		1.75	0.43	7.04	0.432	
Hispanic	0.74	0.53	1.04	0.085		0.72	0.49	1.07	0.102	
Multiple Races	1.18	0.65	2.15	0.577		1.82	0.96	3.46	0.067	
White	1.11	0.75	1.64	0.615		2.25	1.46	3.46	0.000	***

	Approaching (vs. Emerging)					Demonstrating (vs. Emerging)				
	OR	Lower CI	Upper CI	p-value		OR	Lower CI	Upper CI	p-value	
Sex (reference=Female)										
Male	0.82	0.65	1.03	0.091		0.50	0.39	0.65	0.000	***
Special education status (reference=No special education)										
Special education	0.40	0.29	0.54	0.000	***	0.19	0.12	0.29	0.000	***
Socioeconomic status (reference = not in poverty)										
Pupil in poverty	0.87	0.50	1.50	0.608		0.55	0.31	0.96	0.037	*

Notes: OR = Odds ratio; CI = 95% Confidence Interval * $p<0.05$, ** $p<0.01$, *** $p<0.001$
Children who did not receive PAT services funded by First Steps during the evaluation period were matched to those who did based on age at kindergarten entry, race, gender, school county, special education classification, and socioeconomic status. The 2021 school year was excluded because COVID-19 changes to the KRA assessment made its results incomparable to other years. Odds ratios are derived from a multinomial logistic regression examining the effects of PAT engagement on KRA scores, while controlling for child age, race, gender, school county, special education status and socioeconomic status.
Source: FSDC System and SCDE data (FY 2020-2024)

Chronic absenteeism

Table C8 reports demographic characteristics of children who participated in PAT who attended at least 90 days of SCDE kindergarten during the evaluation period (n=1,046) and children who did not participate in PAT but attended at least 90 days of SCDE kindergarten during the evaluation period (n=251,063). Chi-square tests and standardized mean differences (SMD) suggest these samples were not well balanced, which may be expected given the substantial difference in sample size.

We engaged in propensity score matching to identify, for every PAT child, a non-PAT child of similar age, sex, race, socioeconomic status, and special educations status. Table C8 also shows the average attendance rate, rate of chronic absenteeism, and PAT dosage level, though these variables were not considered in the matching process. The comparison samples are well matched on the key demographic characteristics, and goodness of fit indicated by a Hosmer–Lemeshow test.

Table C8. Matched and unmatched sample demographics for chronic absenteeism analysis

N (Column %)			Matched Comparison Sample			Unmatched Comparison Sample		
Character-istic	Level	Children in PAT [A] (n=1,046)	Children not in PAT (n=1,046)	p	SMD	Children not in PAT (n=251,063)	p	SMD
Child age	1	--	--	NS	<0.001	1 (0.0)	NS	0.204
	2	--	--			2 (0.0)		
	3	--	--			11 (0.0)		
	4	2 (0.2)	2 (0.2)			681 (0.3)		
	5	1,042 (99.6)	1,042 (99.6)			244,011 (97.2)		
	6	2 (0.2)	2 (0.2)			6,267 (2.5)		
	7	--	--			71 (0.0)		
	8	--	--			6 (0.0)		
	9	--	--			2 (0.0)		
	10	--	--			1 (0.0)		
	12	--	--			1 (0.0)		
	15	--	--			9 (0.0)		
Child sex	Female	517 (49.4)	518 (49.5)	NS	0.002	122,942 (49.0)	NS	0.009

N (Column %)			Matched Comparison Sample			Unmatched Comparison Sample		
Character-istic	Level	Children in PAT [A] (n=1,046)	Children not in PAT (n=1,046)	p	SMD	Children not in PAT (n=251,063)	p	SMD
	Male	529 (50.6)	528 (50.5)			128,121 (51.0)		
Child race	AA/Black	645 (61.7)	645 (61.7)	NS	0.01	76,306 (30.4)	***	0.86
	AIAN	--	--			679 (0.3)		
	Asian	9 (0.9)	10 (1.0)			4,580 (1.8)		
	HPI	--	--			278 (0.1)		
	Hispanic	196 (18.7)	195 (18.6)			31,700 (12.6)		
	Multiracial	46 (4.4)	46 (4.4)			16,942 (6.7)		
	White	150 (14.3)	150 (14.3)			120,578 (48.0)		
Pupil in Poverty	No	61 (5.8)	61 (5.8)	NS	<0.001	91,661 (36.5)	***	0.81
	Yes	985 (94.2)	985 (94.2)			159,402 (63.5)		
County [B]	All	1,046 (100)	1,046 (100)	NS	0.004	251,063 (100)	***	1.123
Special education	No	895 (85.6)	895 (85.6)	NS	<0.001	231,263 (92.1)	***	0.209
	Yes	151 (14.4)	151 (14.4)			19,800 (7.9)		
School year	2020	8 (0.8)	48 (4.6)	***	0.251	53,304 (21.2)	***	0.877
	2021	87 (8.3)	105 (10.0)			46,991 (18.7)		
	2022	196 (18.7)	194 (18.5)			49,509 (19.7)		
	2023	338 (32.3)	314 (30.0)			49,700 (19.8)		
	2024	417 (39.9)	385 (36.8)			51,559 (20.5)		
% of school year present	Average (SD)	0.92 (0.07)	0.92 (0.07)	*	0.091	0.94 (0.06)	***	0.244
Chronically absent [Outcome]	No	779 (74.5)	707 (67.6)	**	0.152	20,4006 (81.3)	***	0.164
	Yes	267 (25.5)	339 (32.4)			47,057 (18.7)		
PAT dosage (12mo) [Predictor]	No PAT	--	1,046 (100)	***	1.144	251,063 (100)	***	1.144
	Low	100 (9.6)	--			--		
	Medium	486 (46.5)	--			--		
	High	460 (44.0)	--			--		

Notes: [A] Children who (1) received PAT services funded by First Steps during the evaluation period as recorded in the FSDC system, (2) attended 90 days of SCDE kindergarten during the evaluation period, and (3) had complete demographic information. Children who did not receive PAT services funded by First Steps during the evaluation period were matched to those who did on age, gender, race, school county, special education classification, and socioeconomic status.
[B] To ensure participant privacy, individual county size is not reported. However, the distribution of children's residential county was significantly different before matching. After matching, the county distribution was similar among PAT and non-PAT children.
SMD = Standardized Mean Differences; AA = African American; AIAN= American Indian or Alaska Native; HPI = Hawaiian or Pacific Islander
Source: FSDC System and SCDE data (FY 2020-2024)

Table C9 presents the results of a binomial logistic regression using the matched comparison samples defined above. The model estimated the likelihood of chronic absenteeism with PAT dosage as the primary predictor. Results are expressed as odds ratios. The model controlled for child age, race and ethnicity, gender, special education status, poverty status, and school year.

The findings show that high dosage participation in PAT was associated with significantly lower odds of chronic absenteeism in kindergarten. While PAT was the primary focus and detailed in the report, several covariate effects are also noteworthy:

- Hispanic children were 29% less likely than Black children to be chronically absent (OR = 0.71, 95% CI: 0.51–0.97, p = .03).
- Children in poverty were 80% more likely to be chronically absent than their peers not in poverty (OR = 1.80, 95% CI: 1.08–3.01, p = .02).
- Children who had their kindergarten year after FY 2020 (i.e., the school year running from September 2019 through June 2022) were much more likely to be chronically absent compared to those attending in FY 2021. These differences are likely due to altered attendance practices for that school year occurring after pandemic-related stay-at-home orders in March 2020.
- No significant differences were found for age, gender, or special education status.

Table C9. Binomial regression results examining the association between PAT funded with First Steps funding dosage and kindergarten absenteeism

	Chronically absent				
	OR	Lower CI	Upper CI	p-value	
Intercept	0.05	0.01	0.19	<0.001	***
PAT dosage (reference=no PAT)					
Low	0.80	0.50	1.30	0.375	
Medium	0.76	0.59	0.97	0.031	*
High	0.55	0.42	0.72	0.000	***
Age (reference=5)					
4	1.25	0.12	13.32	0.851	
6	0.00	0.00	0.00	0.985	
Race (reference=Black)					
Asian	0.50	0.13	1.88	0.302	
Hispanic	0.71	0.51	0.97	0.032	*
Multiple Races	0.78	0.46	1.33	0.366	
White	0.95	0.68	1.35	0.787	
Sex (reference=Female)					
Male	1.08	0.88	1.32	0.455	
Special education status (reference=No special education)					
Special Education	1.21	0.91	1.61	0.185	
Poverty status (reference = not in poverty)					
Pupil in poverty	1.80	1.08	3.01	0.024	*
School year (reference=2020)					
2021	4.63	1.53	14.02	0.007	**
2022	6.01	2.06	17.57	0.001	**
2023	7.33	2.54	21.11	<0.001	***
2024	6.19	2.15	17.80	0.001	***

Notes: [A] Children in PAT are defined as those who (1) received PAT services funded by First Steps during the evaluation period as recorded in the FSDC system, (2) attended 90 days of SCDE kindergarten during the evaluation period, and (3) had complete demographic information. Children who did not receive PAT services funded by First Steps during the evaluation period were matched to those who did on age, gender, race, school county, special education classification, and socioeconomic status. Odds ratios are derived from a binomial logistic regression examining the effects of when children enrolled in First Steps on chronic absenteeism, while controlling for child age, gender, race, school county, special education classification, poverty status, and school year.
Source: FSDC System and SCDE data (FY 2020-2024)

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