Program and Grants Committee
March 6, 2015
10:00am

Via Teleconference and Webinar
888-537-7715
52045398#
https://attendee.gotowebinar.com/register/1587711648086418946

AGENDA

1. Welcome and Introductions

2. Consent Agenda:
   a. Local Partnership Budget Reallocation Requests (ACTION ITEM)
   b. Partnership and Program Accountability Standards for FY 16 (ACTION ITEM)
   c. Summary: First Steps' Local Partnership Survey 1.27.15
   d. Early Head Start-Child Care Partnership Update
   e. BabyNet Mid-Year Report
   f. 4K Mid-Year Report

3. Kindergarten Entry Assessment – The North Carolina Experience
   Cindy Bagwell, NC Department of Public Instruction

To: First Steps Program and Grants Committee
From: Debbie Robertson, Chief Partnership Officer
Dan Wuori, Deputy Director
Date: March 6, 2015
RE: Consent Agenda : Program and Grants Committee – March 6,2015

1. **ACTION ITEM: Local Partnership Budget Reallocations**:
County Budget Spending Plans (BSPs) are approved as part of the grant renewal process at the beginning of each fiscal year. Changes to a Partnership BSP during the year due to the addition of a NEW PROGRAM require State Board approval through the Program and Grants Committee. Reallocations of budgets where the reduction to one program is greater than 15% of the total program budget are to be brought to the Program and Grants Committee as information only.

STAFF RECOMMENDATION: After thorough review, staff recommends approval of new strategies for Oconee and Cherokee as reflected in the summary document attached. In addition, reallocation requests are presented as information only for Laurens and Union.

2. **ACTION ITEM: FY 16 Partnership and Program Accountability Standards**:
Each year the Program and Grants committee is responsible for reviewing and recommending changes to the Partnership and Program Accountability Standards to the full board. With feedback from local directors, staff recommends the changes as reflected in "track changes" on the attached document. These changes have been carefully reviewed and reflect improvements based on Act 287 and local program implementation experience. Changes include:

- Submission of current board roster and board minutes as per legislation
- Certification of carry-forward for state funds and submission of justification for carry-forward greater than 15% of total allocation to the State Board
- Modifications to home visiting programs (PAT, PCH, Early Steps) to align First Steps standards with those of the standards developed for each model
- Addition of 3 risk factors for targeting clients at risk of school failure for all programs
- Expanding scope of Early Identification and Referral from birth to five years of age (previously 36 months)
- Clarification of referral process for IDEA Part B (children older than 34.5 moths)
- Alignment of Child Care On-Site Technical Assistance description with evidence based best practice language, including specific definitions for 'Consultation' and 'Mentoring'
- Requirement that follow up technical assistance for Child Care Training Programs be documented in the First Steps online Data System
- "Non-prevalent" strategies will now be referred to as "Other" strategies to avoid confusion with the "Prevalent Program" definition in Act 287 (i.e. programs receiving > 10% of total program funds state wide)

STAFF RECOMMENDATION: Staff recommends approval of the FY16 standards document as amended.

3. **INFORMATION ITEM: Local Partnership Survey Summary**
On January 27, 2015, following the monthly partnership webinar, SC First Steps staff distributed an electronic survey designed to solicit feedback on current and future technical assistance needs of local partnerships and gather feedback about ways the state office can best serve local needs. The survey closed on February 6, 2015. The attached summary reflects the input of the 26 local directors who participated. (Note: All questions were optional, leading to a range in the number of responses per questions). Several local directors have volunteered to work with SC First Steps staff on plans for 2015-16.

4. **INFORMATION ITEM: Early Head Start – Child Care Partnerships Grant Update**

In late January, SC First Steps staff held a negotiation call with the federal Office of Head Start (OHS) related to the grant award. Based on feedback from OHS, First Steps has made a request for $500K in additional startup grant funds designed to:

- Support necessary physical renovations at partnering child care facilities, and
- Hire a temporary Start Up Planning Consultant.

At the request of OHS, First Steps has also submitted modifications to its proposed budget designed to increase the "cost per child" to $14,000 – bringing First Steps' grant in line with national Early Head Start cost per child averages. (OHS expressed concern that the original proposed amount, $11,000 was too low to meet EHS standards and asked that we begin grant funding with a focus on "quality over quantity.") Assuming approval, this will reduce the number of slots funded to 254. Based on feedback from our OHS program officer, we are awaiting an updated award letter reflecting these proposed changes in coming weeks.

5. **INFORMATION ITEM: BabyNet Update**

Each year states are required to submit an annual grant application to the US Department of Education for Part C funding. In advance of submission this application must be posted for public review and comment for a period of 30 days. BabyNet's pending application has been posted to the First Steps website and can be reviewed at:

http://scfirststeps.org/wp-content/uploads/2014/02/South-Carolina-Part-C-Application-Draft-for-FFY-2015.pdf

In conjunction with this posting, First Steps has scheduled regional public hearings which will be held on the dates listed below. We invite you to join us for any or all of these meetings.

MONDAY, MARCH 23, 2015 4:00p.m. – 7:00 p.m. Florence County Library 509 Dargan Street, Florence, SC 29506

WEDNESDAY, MARCH 25 4:00 – 6:00 p.m. Orangeburg County Library 510 Louis Street, Orangeburg, SC 29115

MONDAY, MARCH 30 4:00 p.m. – 7:00 p.m. Greenwood County Library 600 Main Street South, Greenwood, SC 29646

TUESDAY, MARCH 31 6:00 p.m. – 8:00 p.m. Walterboro County Library 600 Hampton Street, Walterboro, SC 29488

The BabyNet Interagency Coordinating Council (ICC) will meet Monday (9-4, SC School for the Deaf and the Blind, Columbia outreach office) to continue work on the State Systemic Improvement Plan. This interagency plan is focused on the needs of children with Autism. The meeting will be facilitated by Jim Henson of the national I.D.E.A. Data Center and is designed to engage the team in setting measurable outcome targets.

6. **INFORMATION ITEM: 4K Update**

State law identifies the second week of January as the beginning of 4K and 5K enrollment in SC public schools. First Steps is now accepting both provider and student applications for the 2015-2016 school year and is hosting regular informational webinars for prospective new providers. The next two webinars will be held Friday, March 13 (9am) and Friday, March 20 (1pm). We invite you to join us as your schedules permit. Full details can be found online at:

http://scfirststeps.org/first-steps-4k-provider/

Based on updated demographic data, we anticipate the eligibility of 64 SC school districts for 2015-2016, including three districts (Anderson 2, Anderson 5 and Kershaw) whose updated data will make them eligible in 2015-16 (pending approval by the SC General Assembly).

A copy of the provider webinar slides, including an updated district map is attached.

ITEM 1

FOR ACTION

New Partnership Strategies and Reallocations

SOUTH CAROLINA FIRST STEPS
Getting children ready for school.

First Steps County Partnerships
FY 2014 Reallocation of Budgets 15% and Greater

March 2015

The Programs and Grants Committee respectfully submits to the Board of Trustees the following counties' requests for the allocation of budgets and/or the re-allocation of budgets where the reduction is greater than 15% of the TOTAL program/strategy. The counties' requests for the allocation/reallocation of PUBLIC (state & EIA appropriated) and/or PRIVATE (state-level) AND Federal (TANF) budgets/funds are presented to the Board of Trustees for information only and/or need approval. (*The SC First Steps Chief Program Officer has reviewed and preliminarily approved these budget adjustments.)*

COUNTY PARTNERSHIP	FUNDING SOURCE	*FROM* PROGRAMS AND AMOUNTS	*TO* PROGRAMS AND AMOUNTS	JUSTIFICATION
RE-ALLOCATIONS (Information Only)				
Laurens	55	6012 Child Care Quality Enhancement (QE): $8,669.00	6052 Child Care Training	Laurens had to terminate their Child Care Technical Assistant in November 2014. As a result, the partnership decided to suspend QE for the remainder of 2014-15 and increase efforts in child care training for former QE centers. The partnership is exploring other possibilities for child care quality support, including joining Spartanburg's Quality Counts initiative.
Union	55	9092- Early Identification/Referral- $13,616.98	6052 Child Care Training- $10,704.98 and 2131 Early Steps- $2,912	Because the EI&R strategy isn't ready to be implemented & because a new director was hired, the money will be distributed to two strategies where the director is currently spending the majority of her time.
NEW ALLOCATION OF PENDING FUNDS (P&G Committee Approval Required)				
NEW STRATEGIES (B.O.T. Approval Required)				
Oconee	55	3141 Full-day 4K: $80,000	7032 Child Care Scholarships: $34,875	Oconee First Steps has historically funded one 4K classroom in a rural, underserved elementary school. In 2014-15, the Oconee School District received state 4K expansion funding for the first time. Working with SCFS, Oconee First Steps solicited a proposal from the local school district to use these funds in a manner that would not supplant state 4K funding. The proposal that was submitted by the school district could not be funded based on supplantation and other concerns, so the local partnership board began a needs and resource assessment process with local partners to determine the best use of this funding. Child care scholarships, health and parenting programs emerged as the top priorities. So, the board voted to establish a pilot child care scholarship program for the final 3 months of the fiscal year, which will be continued into 2015-16 if successful. Included in the budget for 2014-15 is sufficient funds for 25 full-time scholarships. The partnership is inviting all centers and group homes in Oconee County that are a B level or higher and have 2 or fewer outstanding licensing violations to participate, and is conducting interviews with each provider. This strategy will follow the First Steps Program Standards for Scholarships. In addition, parents/guardians of children receiving scholarships will be required to attend monthly health-related trainings, receive a developmental screening and be evaluated for participation in OCFS's home visitation program (Principles of Parenting Successfully-POPS) by POPS home visitors and, if needed, receive a scholarship to attend intensive 6-week parenting training offered by local partner, Heath's Haven. Heath's Haven will also deliver the monthly health trainings for parents. The remaining 3141 funds will be carried forward to FY16 to support Oconee County's participation in Nurse-Family Partnership and potentially expand the POPS home visitation program.

PREPARED BY: Russell Brown

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COUNTY PARTNERSHIP	FUNDING SOURCE	*FROM* PROGRAMS AND AMOUNTS	*TO* PROGRAMS AND AMOUNTS	JUSTIFICATION
Cherokee	55	703-1 Child Care Scholarships: $14,200	406-2 Count Down To Kindergarten: $14,200	Cherokee County will begin the school transition program Count Down To Kindergarten this summer. They plan to serve 30 children targeting 3 high needs elementary schools.
NEW STRATEGIES (Information Only)				

PREPARED BY: Russell Brown

ITEM 2

FOR ACTION

Revised Partnership Accountability Standards (FY16)

SC First Steps to School Readiness
FY16 Partnership and Program Accountability Standards

Effective July 1, 2015 – June 30, 2016

This document outlines the standards, or expectations, of local First Steps Partnerships with regard to all programmatic, operational, financial, and administrative activities of the partnership. This document will be attached to the 2015-16 grant agreement between local partnerships and South Carolina First Steps as a condition for receiving an annual funding allocation from the South Carolina First Steps Board of Trustees. It is the responsibility of the local partnership board and staff to comply with all partnership and program accountability standards (Section 19. Section 9-125-160(A)).

1. Partnership Accountability Standards:

Partnership standards are organized into the following sub-sections:

Governance and Operations

Fiscal Accountability

Collaboration/Community Engagement

Resource Development

Additionally, partnership standards reference the partnership's annual grant agreement with SC First Steps, the SC First Steps Operations Manual, First Steps legislation, local partnership by-laws and other important documents. It is the responsibility of the local partnership board and staff to be familiar with and comply with the terms and conditions, policies and procedures contained in these documents.

Partnership standards and supporting documents ~~should~~ shall be reviewed with board members and staff on at least an annual basis.

2. Program Accountability Standards:

Program standards apply to all local First Steps partnerships that operate the strategy in question, regardless of funding source. All strategies, whether operated by the partnership in-house or by one or more vendors or partners, must adhere to board-approved program standards. Program standards sub-sections include:

Parents as Teachers (also see Att. 1)

Parent-Child Home Program

Early Steps to School Success (also see Att. 2)

Nurse-Family Partnership

Dolly Parton Imagination Library

Family Literacy

Early Identification and Referral

Child Care Quality Enhancement

Child Care Training

Child Care Scholarships

Four-Year Old Kindergarten

Countdown to Kindergarten

~~Non-Prevalent~~ Other Strategies (*for all strategies not listed above*)

Program standards shall~~ould~~ be reviewed with board members and staff on at least an annual basis. Partnership staff should also review applicable standards with vendors on an ongoing basis as part of program monitoring.

Monitoring and Compliance:

On behalf of the First Steps Board of Trustees, ~~T~~he State Office of First Steps will monitor local partnerships on an ongoing basis throughout the year for compliance with partnership and program accountability standards (Section 19. Section 59-125-160(A)).

During the review of local partnership Renewal Plans, the State Office of First Steps will provide feedback in order for local partnerships to create **Continuous Quality Improvement (CQI) Plans** for the following program year (Section 11. Section 59-152-70(F)).

CQI Plans shall be developed with partnership board members, staff, vendors and other partners, with input from SCFS staff as needed.~~, with input from local partnership staff. These plans will be issued to **all** local partnerships at the beginning of the new program year.~~

Partnerships shall submit draft CQI Plans to their SCFS TA for review and endorsement, then present the plan to their local board for approval during a partnership board meeting. Approved CQI Plans are due to the partnership's SCFS TA by September 30. ~~Continuous Quality Improvement Plans may also be updated or modified by the State Office of First Steps (with notification to the local partnership board and staff),~~ as needed, if additional issues of monitoring or compliance arise during the program year.

Continuous Quality Improvement Plans may include:

Areas of Commendation

Areas in which the local partnership excelled or significantly improved during the program year.

Areas for Improvement

Areas of Improvement will include findings of non-compliance with Partnership Accountability Standards or Program Accountability Standards that, while not severe enough to be a Conditional Approval, are issues that need to be addressed by the local partnership.

Should the partnership not become compliant with one or more Areas for Improvement findings by the end of the program year, the finding(s) may become a Conditional Approval for the program or partnership for the subsequent program year.

Conditional Approvals

Conditional Approvals are findings of non-compliance, issued by the SC First Steps Board of Trustees upon recommendation by the State Office of First Steps, that the local partnership **must address by the end of the program year.** Conditional Approvals will also be attached to the partnership's grant agreement for the coming year as a contractual obligation.

Partnership CQI Plans must include ~~In addition to being presented to the local partnership board as part of the CQI Plan, partnership boards must also adopt~~ a Compliance Plan for each Conditional Approval~~ and implement their plan(s) successfully during the course of the program year~~.

Conditional Approvals may be issued due to:

- Areas of Improvement findings for which the partnership has not come into compliance with program or partnership accountability standards by the end of the program year, may result in a Conditional Approval for the subsequent program year.

- Non-compliance issues that are determined to have a significant negative impact on program implementation, partnership governance, or fiscal accountability. These issues include, but are not limited to:

  Program Accountability Standards:
  - Non-implementation of a program strategy that was included in the partnership's Renewal Plan
  - Serving less than 75% of projected clients, as proposed in the partnership's Renewal Plan
  - *Not meeting standards for client targeting
  - *Not meeting standards for staff qualifications
  - *Not meeting standards for intensity of services (i.e., home visits, technical assistance visits, program service delivery)
  - *Not meeting standards for screenings and assessments
  - *Not meeting standards for data collection and evaluation

  **For "Other"~~non-prevalent~~ strategies, the strategy information provided in the partnership's Renewal Plan pertaining to strategy objectives, client targeting, staff qualifications, service intensity, screenings and assessments, and data collection and evaluation will serve in place of program standards.*

  Partnership Accountability Standards:
  - Significant governance issues
  - Not meeting the matching funds percentage required by First Steps legislation; not submitting appropriate documentation for matching funds to the Regional Finance Manager
  - Not complying with deadlines for contractual or legislative requirements, or with fiscal deadlines relating to submitting reallocations, allocating carry-forward, submitting invoices, and providing requested information to partnership auditors (effective after July 1, 2014)

Partnerships failing to correct Conditional Approvals – or receiving Conditional Approvals for the same strategy area or partnership standard in consecutive years – may be subject to penalties up to and including the suspension of grant funds at the discretion of the First Steps Board of Trustees.

SECTION 1:

FIRST STEPS PARTNERSHIP ACCOUNTABILITY STANDARDS

FIRST STEPS PARTNERSHIP ACCOUNTABILITY STANDARDS GOVERNANCE AND OPERATIONS

REQUIREMENTS FOR FY16:

1. The local partnership board shall exercise leadership with its local and state Early Childhood partners through a functional and effective board. The Board as the governing body shall:

a) Adhere to local partnership By-Laws and Operating Procedures and the First Steps Legislation.
b) Implement program strategies in accordance with SC First Steps Program Accountability Standards, exercise due diligence when selecting program strategies and, when establishing new program strategies, commit to allowing sufficient time for successful implementation (min. 2 years recommended).
c) Comply with the terms and conditions contained in the local partnership's annual grant agreement with South Carolina First Steps.
d) Maintain, at a minimum, ~~an Executive and Finance Committee~~ two committees for assessing and implementing responsibilities of the Local Partnership Board. Committee and board member rosters shall be published and all meetings are subject to FOIA requirements.
e) Implement the current strategic plan approved by the SC First Steps Board of Trustees.
f) Maintain all current approved policies/procedures/standards, board minutes, and records of all meetings (e.g. notices, sign-in-sheets, and documentation of conflict of interest as well as Freedom of Information Act).

2. The local partnership board members shall:

a) For new members, ~~R~~receive a board orientation that addresses, at minimum, membership responsibilities; the mission/vision, structure, policies/procedures/standards for operation; and program strategies. Partnership boards shall participate in an annual review of key documents to include, but not limited to, the partnership's grant agreement with SCFS; partnership and program standards; partnership-by-laws; and First Steps legislation.
~~a)~~b) Participate in ongoing board development.
c) Maintain a current term on the board not to exceed ~~6~~8 years (2~~3~~ consecutive four~~two~~-year terms) and regularly attend meetings in accordance with local partnership By-Laws.
d) Hold annual elections for partnership board officers. Officer terms are for one year. Partnership board chair terms cannot exceed 4 years (4 consecutive, one-year terms).

3. Conduct and submit an Annual Report ~~Operations Self-Assessment~~ annually by ~~the published deadline~~October 1 (Section 11. Section 59-152-70(A)(8)).

4. The local partnership board and staff shall exercise appropriate stewardship by adhering to the practices and procedures outlined in the SC First Steps Operations Manual.

5. Data shall be collected and entered timely in the First Steps Data Collection System for all programs/strategies, according to the First Steps Program Accountability Standards for that strategy. Partnerships must complete program and vendor registration for all funded strategies, enter projected to serve numbers for each strategy, and begin data entry by September 1 of each program year. Partnership and vendor staff are expected to adhere to the deadlines for timely data submission: within 30 days of the date of service. Data may be used to evaluate overall program performance and sustainability.

6. An equitable work environment that is supportive of organizational productivity, diversity, and stability shall be provided by the local partnership board and staff.

7. The local partnership board and staff shall not unlawfully discriminate against any person or category of persons for services or employment.

8. The local partnership board and staff shall prohibit preferential treatment and nepotism with regard to hiring, supervision, and promotion. The partnership board shall adopt, and review annually, the conflict of interest policy contained in the partnership's grant agreement with SCFS.

9. The local partnership board and staff shall comply with all contractual and legislative deadlines for submitting documents to the State Office of First Steps.

10. Local partnerships shall maintain a current local board roster with email contact information on file with SCFS (Section 11. Section 59-152-60(A)).

11. Local partnerships shall submit signed, electronic copies of board minutes for the prior fiscal year to SCFS, on behalf of the state board, by the deadline for submitting partnership Annual Reports (Section 11. Section 59-152-70(A)(8)).

FIRST STEPS PARTNERSHIP ACCOUNTABILITY STANDARDS FISCAL ACCOUNTABILITY

REQUIREMENTS FOR FY16:

1. The local partnership board and staff shall exercise appropriate fiscal stewardship by adhering to the policies and procedures outlined in the SC First Steps Operations Manual.

2. The local partnership board and staff shall monitor on an ongoing basis the financial condition of the partnership, to include but not limited to: revenue, expenditures and balances within all strategy areas, budget codes and funding sources.

3. The local partnership board and staff shall ensure that funds granted to the partnership by the SC First Steps Board of Trustees are spent in a timely manner in service to children pre-birth to school entry within the partnership's service area. ~~Beginning in FY15, the state board will~~ Starting in FY16, the SC First Steps Finance Office will certify available carry-forward per partnership by October 15. Partnerships whose carry-forward funds from FY15 exceed 15% of their FY16 SCFS allocation must submit a written justification to their SCFS TA along with a plan to reduce their amount of carry-forward to 15% or lower by the following fiscal year (FY17). Partnerships whose carry-forward exceeds 15% for two or more fiscal years will be subject to conditional approval and potential withholding of grant funds at the discretion of the First Steps Board of Trustees. ~~and shall issue terms for its use. Local partnership boards shall document reasons for carry-forward funds, and propose plans to the board for approval by January 1.~~

4. The local partnership staff should process vendor invoices for payments upon receipt, obtain board member signature if applicable and immediately forward to the Regional Finance Manager for payment. Fees and/or penalties due to late payments are unacceptable.

5. Financial reports should be presented at all local partnership board meetings.

6. The local partnership board and staff should review internal financial controls annually.

7. The local partnership board and staff shall adhere to the fiscal calendar deadlines outlined in the SC First Steps Operations Manual.

8. The local partnership board and staff shall respond in a timely manner to all requests from Regional Finance Managers and partnership auditors.

FIRST STEPS PARTNERSHIP ACCOUNTABILITY STANDARDS COLLABORATION/COMMUNITY ENGAGEMENT

REQUIREMENTS FOR FY16:

1) The local partnership board shall participate in and document efforts to mobilize communities and other early childhood agencies/organizations to focus efforts on providing enhanced services to support families and their young children to reach school ready to learn.

2) The local partnership board shall develop ~~and submit~~ an annual Community Education and Outreach Plan ~~by the published deadline~~.

3) The local partnership board will annually submit its needs and resource assessment as a basis for community-wide planning efforts to support at-risk children. This document shall be made public in the service area of the local partnership and shall be on file with SCFS. ~~the partnership technical assistant at the state office.~~Partnerships must update their Needs and Resources Assessment every three years (Section 11. Section 59-152-70(A)(5)).

FIRST STEPS PARTNERSHIP ACCOUNTABILITY STANDARDS RESOURCE DEVELOPMENT

REQUIREMENTS FOR FY16:

1) The local partnership board shall engage in resource development responsibilities that include:

- Develop and submit an updated Resource Development Plan annually as part of the local partnership's Renewal Plan, which includes shared responsibility for resource development by board members and staff.
- Assurance of adequate resources to support the local partnership board's strategies/programs.

2) The local partnership board shall conduct fundraising activities in an ethical and fiscally responsible manner. A written process shall be developed to address the handling and acknowledgement of contributions and respect for donor confidentiality requests.

3) The local partnership board shall:

- Accurately describe the purpose for fundraising activities.
- Expend funds for the purpose they were solicited.
- Maintain accounting segregation for restricted funds.
- Raise funds in accordance with applicable local, state, and federal requirements.

4) The local partnership board will seek opportunities to collaborate with other partnerships and/or agencies/organizations to raise funds to meet the needs of at-risk children.

5) The partnership board and staff shall document in-kind contributions to the partnership in the format specified in the SC First Steps Operations Manual, and provide timely submission of in-kind documentation to the Regional Finance Manager.

SECTION 2:

FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS

FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS PARENTS AS TEACHERS (201)

REQUIREMENTS FOR FY16:

First Steps' parent home visitation strategies are designed to equip adult clients with the knowledge and skills necessary to promote the school readiness, healthy development and long-term success of their preschool-aged children. Partnerships funding these strategies shall ensure vendor compliance with each of the following:

Partnerships funding Parents as Teachers shall work in collaboration with SC First Steps (in its capacity as South Carolina's State Office for Parents as Teachers) to ensure full compliance with national model guidelines. Fidelity of implementation in SC includes meeting the 17 Essential Requirements of the Evidence Based Model along with a few SC-specific additions. The following standards include a mix of both; however, the expected Measurement Criteria for PAT National Center is attached for clarity.

1) TARGETING:

a) Targeting Clients At-Risk Of Early School Failure

At least 60% of home visitation clients shall be identified on the basis of two (2) or more of the readiness risk factors below (with 100% of client families possessing at least one risk factor at the time of enrollment):

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment
- Teenage mother/primary caregiver (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.

- English is not the primary language spoken in the home, when combined with one or more additional risk factors
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless

b) Targeting By Age (Early Intervention)
At least 70% of newly enrolled client households shall contain an expectant mother and/or a child under thirty-six months of age. In the event that unique and/or emergency circumstances warrant, Partnerships may enroll additional clients aged three-years or older with the provision of written justification to SC First Steps.

c) Client Retention
In order for home visitation to be effective, it is critical that client families remain in the program long enough to benefit from the planned intervention. Each partnership will be required to demonstrate its successful, long-term retention of 75% of its home visitation clients across nine or more months of program participation. Pursuant to national model guidelines PAT affiliates must plan to provide at least two full years of service to eligible families.

2) SERVICE DELIVERY:

Fidelity to a published, research-based model
In order to ensure the delivery of high quality services and the validity of agency-wide evaluation efforts, vendors shall ensure that each First Steps-funded parenting/family strengthening strategy is implemented with fidelity to its published, research-based model. "Fidelity" is defined as complying with model specifications relating to:

a) Home Visit Intensity and Delivery:

- Programs shall match the intensity of their service delivery to the specific needs of each family and case load of families per Parent Educator, with no client being offered less than 2 visits monthly. Clients identified as possessing two (2) or more board-approved risk factors shall receive home visitation up to weekly as the needs and availability of the family dictate. (For purposes of grant renewal, conditional approvals may be issued to Partnerships averaging fewer than 2.0 visits per family, per month. For each family served, 1.8 average is considered the minimal threshold for visits per month, 2.0 is the targeted expectation, and 2.5 and above is considered outstanding intensity.)
- First Steps funded PAT programs shall maintain formal affiliate status via the Parents as Teachers National Center. SC First Steps will continue hosting regular Technical Assistant conference calls to assist vendors with tracking and meeting all model requirements.
- All Affiliate Programs should complete a minimum of 24 visits per year, per family, as is required from the National PAT Center.
- In households in which two or more preschool-aged children reside, vendors are permitted – but not required – to conduct separate visits designed to address the development of individual children. Alternately, curriculum information relating to the needs of each child may be combined into a single visit of greater duration.
- While PAT is ideally suited for delivery within the home (and home-based visitation expected as the primary method of service delivery), visits may be approved for delivery at an alternate location (a childcare center, family resource center, etc) as either the documented needs of the family or safety of the visitor dictate. The alternative location must be suitable to delivery of parenting services such that integrity of the session and confidentiality of clients is maintained. Regardless of location, all visits must be one-on-one (First Steps-funded PAT visits may not be delivered in group settings), entail the use of PAT-specific lesson plans and last at least 45 minutes.
- Data on each home visit shall be entered into the FSDC client database system within 14 days of completion. In the event that the Partnership has identified an individual responsible for all client data entry, vendors shall formally submit this information to the Partnership within this same 14 day window for subsequent entry.
- No parent educator may carry a caseload of more than twenty (20) active families. Smaller case loads may be necessary based upon the intensity of services provided (ex: weekly home visits) or as determined by individual family needs. **One Full time Parent Educator should serve no less than 15 families unless specifically**

discussed and approved by South Carolina First Steps TA Team.

b) Group Connections:

- At least one parent education group meeting will be offered each month (per vendor or area of service if large program) shall be offered, for a total of 12 per program year.

c) Screenings and Referrals:

- Parenting vendors shall document the completion of all model-related health and developmental screenings to include hearing, vision, use of milestone checklists, dental checks, etc.
- Vendors shall seek to ensure that each participating client family is connected with a pediatric medical home and other community services as appropriate.
- Each client child shall be assessed using the ~~an~~ age-appropriate developmental screening tools ~~(e.g.~~ Ages & Stages 3 and~~,~~ Ages and Stages SE. ~~, Brigance, DIAL-3, etc.).~~ In the event that a developmental screening (conducted in association with any First Steps-funded program) indicates a possible developmental delay, the vendor shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child's pediatric care provider, *and* (b) either BabyNet (ages 0-3) or the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation. Vendors shall maintain (within the First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral.
- Partnerships and their funded vendors shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that appropriate connections have been established. Active and sustained efforts to connect client families to pediatric medical homes shall be a priority.

d) Family Assessment and Goal Setting:

- First Steps PAT vendors shall adhere to national model requirements pertaining to use of the Life Skills Progression (LSP), an approved family needs assessment tool. It is completed every six months on the focus parent/caregiver and is used for Parent Educator Information only. All LSP items shall be entered into the First Steps Data System.

- All parenting and family strengthening vendors shall develop well-documented Family Goal Plans between the home visitor and families (using the PAT Goal Setting form) within 3 months of the enrollment of each within the program, and subsequently update these plans at least semi-annually to gauge progress and goal attainment.

e) Integrated Service Delivery and Referrals:

- Partnerships shall utilize the Life Skills Progression and/or other formal and informal needs assessments to refer/ link families to additional interventions as necessary and beneficial – either simultaneously or as part of a planned, multi-year service continuum. All referrals to other services shall be entered into the First Steps Data System.

- Each PAT Affiliate shall convene an advisory committee at least twice yearly. These meetings shall incorporate community stakeholders in an effort to identify service gaps, and increase collaborative service referrals. This committee also advises, provides support for and offers input to the affiliate program for planning and evaluation purposes.

f) Staff Qualifications and Training:

- All Parent educators and Supervisors in SC must possess at least a two-year degree in early childhood education or a closely related field and document successful completion of/initial certification in PAT's *Foundational and Model Implementation Training*. Educators whose caseloads include children aged 3-5 must also maintain the *Foundational 2 (3-5)* certification.
- Each PAT program shall be overseen by one or more individuals certified as PAT Supervisors. Supervisors are expected to be certified in the Foundational Curriculum as well as Model Implementation.
- Each parent educator in a First Steps-funded program shall successfully complete

(as part of his/her annual recertification and regardless of his/her individual funding source) at least three hours of professional development preferably around early literacy and document the successful completion of all national model requirements related to ongoing professional development hours. Annual training and/or recertification (for both the program and individual staff members) must be documented on-site by each vendor.

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

g) Ongoing Program Quality Improvement and Professional Development

- Each PAT vendor shall participate in the PAT affiliate National Quality Endorsement process every 4th year and make ongoing use of the *PAT Parent Evaluation* (annually), *Parent Educator Performance Evaluation* (annually), *Parent Educator and Supervisor Self-Evaluations* (annually), *Program Evaluation by Parent Educators* (annually) and *Peer Mentor Observation* (optional). Each program must submit an Affiliate Performance Report to PAT and South Carolina First Steps by July of each year. All Performance Measurement Reports generated by PAT National and State Offices are to be used to develop Continuous Quality Improvement Plans.
    - Each participating First Steps Partnership PAT program shall convene a monthly staff meeting of all pertinent program/vendor staff (to include those staff members providing both supervision and direct service to families) to review recruitment, standards compliance, programmatic data and other issues related to strategy success. A minimum of 2 hours of staff meetings per month for full-time Parent Educators and a minimum of 1 hour of staff meetings for part-time Parent Educators.
    - Full-time Parent educators shall participate with their supervisor in individualized reflective supervision meetings at a minimum of 2 hours per month . No less than 18 hours of individualized reflective supervision during the program year is expected. Part-time Parent Educators shall participate at a minimum of one hour of reflective supervision per month.

3) ASSESSMENT AND DATA SUBMISSION:

- All First Steps-funded vendors shall complete, at minimum, baseline and post assessments of the *primary adult client* identified within each enrolled case using the Keys to Interactive Parenting Scale (KIPS). The initial KIPS should be completed within 45 days of enrollment if the child is older than 2 months; if less than 2 months old at enrollment, the initial KIPS should be done immediately after (not before) the child's 2-month birthday.
    - Thereafter, KIPS should be done at the following intervals during the first program year of enrollment: A 2nd KIPS should be done before the current year's data deadline if the case was enrolled by December 31 AND the child was age-eligible for KIPS by December 31. If not, then a 2nd KIPS is not required for data compliance, but highly recommended if there is any reason to believe the family may leave the program before the next program year starts.
    - For the 2nd and subsequent years of enrollment, KIPS needs to be scheduled for the beginning and end of the program year (prior to the data deadline), IF the case only received one KIPS during the first year of enrollment. If the case received 2 or more KIPS during the first year of enrollment, only one KIPS is required per year thereafter.
    - Regardless of how long a family has been served, or how long it has been since the family last received a KIPS, it is important to assess the family one final time within 30 days of exiting the program, if possible. ~~A baseline KIPS assessment shall be completed within 45 days of each client's initial enrollment, with a post assessment conducted 6-9 months later, at each 12 month interval thereafter and/or within 30 days of planned program completion.. Partnerships shall ensure that each KIPS assessor is currently certified by the authors and shall include all costs associated with this assessment within their budget spending plans.~~
- In addition to the KIPS, each family containing children aged ~~2½ - 5~~30 months or older shall have their interactive literacy behaviors assessed by a trained evaluator using the Adult-Child Interactive Reading Inventory (ACIRI). Each family educator making use of the ACIRI shall document his/her attendance at a First Steps sponsored training on the instrument. An

initial ACIRI shall be performed within 45 days of enrollment if the child is 30 months or older; if less than 30 months old at enrollment, the initial ACIRI should be done immediately after (not before) the child's 30-month birthday.

- Thereafter, ACIRI should be done at the following intervals during the first program year of enrollment: A 2nd ACIRI should be done before the current year's data deadline if the case was enrolled by December 31 AND the child was age-eligible for ACIRI by December 31. If not, then a 2nd ACIRI is not required for data compliance, but highly recommended if there is any reason to believe the family may leave the program before the next program year starts.
- For the 2nd and subsequent years of enrollment, an ACIRI needs to be scheduled for the beginning and end of the program year (prior to the data deadline) IF the case only received one ACIRI during the first year of enrollment. If the case received 2 or more ACIRIs during the first year of enrollment, only one ACIRI is required per year thereafter.
- Regardless of how long a family has been served, or how long it has been since the family last received a ACIRI, it is important to assess the family one final time within 30 days of exiting the program, if possible. ~~(pre- and post-, with the initial assessment conducted within 45 days of a child within the household reaching 30 months of age) by a trained evaluator making use of the Adult-Child Interactive Reading Inventory (ACIRI). Each family educator making use of the ACIRI shall document his/her attendance at a First Steps sponsored training on the instrument.~~

- SC First Steps may conduct randomized KIPS/ACIRI reliability monitoring. Sample client videos may be requested for confidential scoring review and shall be maintained on site for potential review for a period spanning four months from the date of original administration.
- Note that both the KIPS and ACIRI are utilized as assessments of adult behaviors and thus need not be completed with each adult-child pairing in the household. Post assessments should, however, assess the interactions of the same adult-child pairing observed during the baseline assessment.
- Client demographic, program referrals, connections to services, screening and family needs assessment data shall be collected within the First Steps Data Collection System (FSDC).

SEE ATTACHMENT 1 FOR A TABLE OF PAT ESSENTIAL REQUIREMENTS AND ASSOCIATED MEASUREMENT CRITERIA.

FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS
PARENT-CHILD HOME PROGRAM (206)

REQUIREMENTS FOR FY16 :

First Steps' parent home visitation strategies are designed to equip adult clients with the knowledge and skills necessary to promote the school readiness, healthy development and long-term success of their preschool-aged children. Partnerships funding these strategies shall ensure vendor compliance with each of the following:

Partnerships funding the Parent-Child Home Program shall work in collaboration with SC First Steps to ensure full compliance with national model guidelines. Fidelity of implementation in SC includes meeting PCHP requirements along with additional SC-specific additions. The following standards include a mix of both; however, the inserted PCHP fidelity requirements are included for clarity.

1) TARGETING:

a) Targeting Clients At-Risk Of Early School Failure

At least 60% of home visitation clients shall be identified on the basis of two (2) or more of the readiness risk factors below (with 100% of client families possessing at least one risk factor at the time of enrollment):

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment
- Teenage mother/primary caregiver (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications
- English is not primary language spoken in the home, when combined with one or more additional risk factors
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless

b) Targeting By Age (Early Intervention)

PCH is designed for children aged 16-48 months of age. At least 70% of newly enrolled PCH client households shall contain a child between 16-36 months of age. The model is designed for use only once within a family unit. Exceptions to this "one time" rule may be sought by providing a detailed justification to SC First Steps

c) Client Retention

In order for home visitation to be effective, it is critical that client families remain in the program long enough to benefit from the planned intervention. Each partnership will be required to demonstrate its successful, long-term retention of 75% of its home visitation clients across two years of program participation.

2) SERVICE DELIVERY:

Fidelity to a published, research-based model

In order to ensure the delivery of high quality services and the validity of agency-wide evaluation efforts, vendors shall ensure that each First Steps-funded parenting/family strengthening strategy is implemented with fidelity to its published, research-based model. "Fidelity" is defined as complying with model specifications relating to:

a) Home Visit Intensity and Delivery:

- Parent Child Home (PCH) programs shall be designed to incorporate visits twice weekly for a minimum of 23 weeks or 46 home visits annually across a period of two years (46 weeks/92 visits total).
- While home visitation models are ideally suited for delivery within the home (and home-based visitation expected as the primary method of service delivery), PCH visits may be approved for delivery at an alternate location (a childcare center, family resource center, etc.) as either the documented needs of the family or safety of the visitor dictate. The alternative location must be suitable to delivery of parenting services such that integrity of the session and confidentiality of clients is maintained. Regardless of location, all visits must be one-on-one (PCH may not be delivered in group settings), entail the use of PCH-specific lesson plans and last at least 30 minutes apiece
- Data on each home visit shall be entered into the FSDC client database system within 14 days of completion. In the event that the Partnership has identified an individual responsible for all client data entry, vendors shall formally submit this information to the Partnership within this same 14 day window for subsequent entry.
- No PCH home visitor may carry a caseload of more than sixteen (16) active families. Smaller caseloads may be necessary based upon the intensity of services provided (or as determined by individual family needs). ~~In determining minimum caseload, programs shall take per-visit cost allocation (detailed in Section 4 below) into account.~~

b) Screenings and Referrals:

- Parenting vendors shall document the completion of all developmental screenings. ~~model-related health and developmental screenings to include functional hearing checks, functional vision assessments, use of milestone checklists, dental checks, etc.~~
- Vendors shall seek to ensure that each participating client family is connected with a pediatric medical home and other community services as appropriate.
- Each client child shall be assessed using an age-appropriate developmental screening tool (e.g. Ages & Stages, Brigance, DIAL-3, etc.). In the event that a developmental screening (conducted in association with any First Steps-funded program) indicates a possible developmental delay, the vendor shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child's pediatric care provider, *and* (b) either BabyNet (ages 0-3) or the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation. Vendors shall maintain (within the First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral.
- Partnerships and their funded vendors shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that appropriate connections have been established. Active and sustained efforts to connect client families to pediatric medical homes shall be a priority.

c) Staff Qualifications and Training:

- All PCHP Home Visitors must possess at least a two-year degree in early childhood education or a closely related field and document successful completion of 16 hours of training prior to their first home visit.. Each PCHP educator shall meet the minimum education requirements above and be trained and supervised by a site coordinator approved by the PCHP National Center.
- PCHP vendors must each employ at least one Site Coordinator trained by the PCHP National Center or a certified local trainer (with sites serving 60 or more families employing a second Site Coordinator).
- Each home visitor shall successfully complete at least two hours of weekly professional development/training and supervision meetings from the site Coordinator. Each home visitor shall maintain annual re-certification in the Keys to Interactive

Parenting Scale (KIPS).

d) Ongoing Program Quality Assessment:

- PCHPvendors shall utilize *Parent and Child Together (PACT) Observations* to guide family goal setting and evaluate changes in parent behavior, as required, report all required data within the national PCHP Management Information System and administer the *Evaluation of Child Behavior Traits (CBT)* as required.
- Each participating PCHP program shall convene a supervisory meeting of all pertinent program/vendor staff (to include those staff members providing both supervision and direct service to families) no less than quarterly to review recruitment, standards compliance, programmatic data and other issues related to strategy success.

e) Family Assessment and Goal Setting:

- Partnerships or PCHP Vendors shall utilize the PCHP family-centered assessment and/or other formal and informal needs assessments to refer/ link families to additional interventions as necessary and beneficial – either simultaneously or as part of a planned, multi-year service continuum.
- All parenting and family strengthening vendors shall develop well-documented Family Goal Plans between the home visitor and families (using the SCFS-issued template if needed) within 3 months of the enrollment of each within the program, and subsequently update these plans at least semi-annually to gauge progress and goal attainment.

f) Integrated Service Delivery:

- Partnerships shall utilize the Life Skills Progression and/or other formal and informal needs assessments to refer/ link families to additional interventions as necessary and beneficial – either simultaneously or as part of a planned, multi-year service continuum.

3. ASSESSMENT AND DATA SUBMISSION:

- All First Steps-funded vendors shall complete, at minimum, baseline and post assessments of the *primary adult client* identified within each enrolled case using the Keys to Interactive Parenting Scale (KIPS). The initial KIPS should be completed within 45 days of enrollment if the child is older than 2 months; if less than 2 months old at enrollment, the initial KIPS should be done immediately after (not before) the child's 2-month birthday.
  - Thereafter, KIPS should be done at the following intervals during the first program year of enrollment: A 2nd KIPS should be done before the current year's data deadline if the case was enrolled by December 31 AND the child was age-eligible for KIPS by December 31. If not, then a 2nd KIPS is not required for data compliance, but highly recommended if there is any reason to believe the family may leave the program before the next program year starts.
  - For the 2nd and subsequent years of enrollment, KIPS needs to be scheduled for the beginning and end of the program year (prior to the data deadline), IF the case only received one KIPS during the first year of enrollment. If the case received 2 or more KIPS during the first year of enrollment, only one KIPS is required per year thereafter.
  - Regardless of how long a family has been served, or how long it has been since the family last received a KIPS, it is important to assess the family one final time within 30 days of exiting the program, if possible.
- In addition to the KIPS, each family containing children aged 30 months or older shall have their interactive literacy behaviors assessed by a trained evaluator using the Adult-Child Interactive Reading Inventory (ACIRI). Each family educator making use of the ACIRI shall document his/her attendance at a First Steps sponsored training on the instrument. An initial ACIRI shall be performed within 45 days of enrollment if the child is 30 months or older; if less than 30 months old at enrollment, the initial ACIRI should be done immediately after (not before) the child's 30-month birthday.
  - Thereafter, ACIRI should be done at the following intervals during the first program year of enrollment: A 2nd ACIRI should be done before the current year's data deadline

if the case was enrolled by December 31 AND the child was age-eligible for ACIRI by December 31. If not, then a 2nd ACIRI is not required for data compliance, but highly recommended if there is any reason to believe the family may leave the program before the next program year starts.

- For the 2nd and subsequent years of enrollment, an ACIRI needs to be scheduled for the beginning and end of the program year (prior to the data deadline) IF the case only received one ACIRI during the first year of enrollment. If the case received 2 or more ACIRI during the first year of enrollment, only one ACIRI is required per year thereafter.
- Regardless of how long a family has been served, or how long it has been since the family last received a ACIRI, it is important to assess the family one final time within 30 days of exiting the program, if possible.

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

~~**b)** In addition to the KIPS, each family containing children aged 2½ - 5 shall have their interactive literacy behaviors assessed (pre- and post-, with the initial assessment conducted within 45 days of a child within the household reaching 30 months of age) by a trained evaluator making use of the Adult-Child Interactive Reading Inventory (ACIRI). Each family educator making use of the ACIRI shall document his/her attendance at a First Steps sponsored training on the instrument.~~

- SC First Steps may conduct randomized KIPS/ACIRI reliability monitoring. Sample client videos may be requested for confidential scoring review and shall be maintained on site for potential review for a period spanning four months from the date of original administration.
- Note that both the KIPS and ACIRI are utilized as assessments of adult behaviors and thus need not be completed with each adult-child pairing in the household. Post assessments should, however, assess the interactions of the same adult-child pairing observed during the baseline assessment.
- Client demographic, program, referrals, connections to services, screening and assessment data shall be collected within the First Steps Data Collection System (FSDC).

FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS
EARLY STEPS TO SCHOOL SUCCESS (213)

REQUIREMENTS FOR FY16 :

First Steps' parent home visitation strategies are designed to equip adult clients with the knowledge and skills necessary to promote the school readiness, healthy development and long-term success of their preschool-aged children. Partnerships funding these strategies shall ensure vendor compliance with each of the following:

Partnerships funding Early Steps to School Success shall work in collaboration with SC First Steps to ensure full compliance with national model guidelines. Fidelity of implementation in SC includes meeting ESSS requirements along with a few SC-specific additions. The following standards include a mix of both; however, the inserted ESSS fidelity requirements are included for clarity.

1) TARGETING:

a) Targeting Clients At-Risk Of Early School Failure

At least 60% of home visitation clients shall be identified on the basis of two (2) or more of the readiness risk factors below (with 100% of client families possessing at least one risk factor at the time of enrollment):

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment
- Teenage mother/primary caregiver (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications
- English is not primary language spoken in the home, when combined with one or more additional risk factors
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless

b) Targeting By Age (Early Intervention)

ESSS home visitation is designed for expectant mothers and/or children under 36 months of age. Supplemental group meetings and transition activities may be incorporated for children older than 36 months.

c) Client Retention

In order for home visitation to be effective, it is critical that client families remain in the program long enough to benefit from the planned intervention. Each partnership will be required to demonstrate its successful, long-term retention of 75% of its home visitation clients across nine or more months of program participation. ESSS vendors shall provide services to families for 12 months in a program year.

2) SERVICE DELIVERY:

Fidelity to a published, research-based model

In order to ensure the delivery of high quality services and the validity of agency-wide evaluation efforts, vendors shall ensure that each First Steps-funded parenting/family strengthening strategy is implemented with fidelity to its published, research-based model. "Fidelity" is defined as complying with model specifications relating to:

a) Home Visit Intensity and Delivery:

- Programs shall match the intensity of their service delivery to the specific needs of each family, with no client offered less than 2 visits monthly. Clients identified as possessing two (2) or more board-approved risk factors shall receive home visitation 2 times per month. (For purposes of grant renewal, conditional approvals may be issued to Partnerships averaging fewer than 2.0 visits per family, per month.) For each family served, 1.8 average is considered the minimal threshold for visits per month, 2.0 is the targeted expectation, and 2.5 and above is considered outstanding service delivery.
- While the ESSS model is ideally suited for delivery within the home (and home-based visitation expected as the primary method of service delivery), visits may be approved for delivery at an alternate location (a childcare center, family resource center, etc.) as either the documented needs of the family or safety of the visitor dictate. The alternative location must be suitable to delivery of parenting services such that integrity of the session and confidentiality of clients is maintained. Regardless of location, all visits must be one-on-one (ESSS visits may not be delivered in group settings), entail the use of model-specific lesson plans, and last at least one hour per visit for 24 hours of home visits per program year.
- Data on each home visit shall be entered into the ESSS data system and the First Steps data system each week by the following Monday, close of business. Every home visitor is required to have 20 children enrolled per model standards. (Up to 30 additional children per home visitor may participate in the model's group meetings and transition activities (book bag exchange) for children older than 36 months.)

b) Group Meetings:

- At least one parent education group meeting shall be offered each month (12 per year, per vendor or area of service if large program) for parents receiving home visits and those participating in the three-year-old book bag exchange.

c) Screenings and Referrals:

- Vendors shall document the completion of the ESSS HOME assessment within 90 days of enrollment and at least annually thereafter
- Vendors shall seek to ensure that each participating client family is connected with a pediatric medical home and other community services as appropriate.
- Each client child shall be assessed using an age-appropriate developmental screening tool (e.g. Ages & Stages, Ages and Stages- SE, Brigance, DIAL-3, etc.). In the event that a developmental screening (conducted in association with any First Steps-funded program) indicates a possible developmental delay, the vendor shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child's pediatric care provider, *and* (b) either BabyNet (ages 0-3) or the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation. Vendors shall maintain (within each client file) referral records to include information on the outcome/disposition of each First Steps-initiated referral.
- Partnerships and their funded vendors shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that appropriate connections have been established. Active and sustained efforts to connect client families to pediatric medical homes shall be a priority.

d) Staff Qualifications and Training:

- Each home visitor in a First Steps-funded ESSS program shall successfully complete at least four hours minimum of professional development each month. This shall be documented and approved by Save the Children. Annual training (for both the program and individual staff members) must be documented on-site by each vendor.
- Each Home Visitor –shall maintain annual re-certification in the Keys to Interactive Parenting Scale (KIPS).

e) Ongoing Program Quality Assessment:

- ESSS vendors shall utilize the PPVT and HOME Inventory as prescribed by the Early Steps National Model and any other quality assessments as required for evaluation.
- Each ESSS program shall convene a supervisory meeting of all pertinent program/vendor staff (to include those staff members providing both supervision and direct service to families) no less than quarterly to review recruitment, standards compliance, programmatic data and other issues related to strategy success.

f) Family Goal Plans:

- All home visitors shall develop well-documented Family Goal Plans between the home visitor and families within 3 months of the enrollment and subsequently update these plans at least semi-annually to gauge progress and goal attainment.

g) Integrated Service Delivery:

- Partnerships shall utilize the ESSS HOME assessment and Risk and Resource assessment to refer/ link families to additional interventions as necessary and beneficial – either simultaneously or as part of a planned, multi-year service continuum.

3. ASSESSMENT AND DATA SUBMISSION:

- All First Steps-funded vendors shall complete, at minimum, baseline and post assessments of the *primary adult client* identified within each enrolled case using the Keys to Interactive Parenting Scale (KIPS). The initial KIPS should be completed within 45 days of enrollment if the child is older than 2 months; if less than 2 months old at enrollment, the initial KIPS should be done immediately after (not before) the child's 2-month birthday.
  - Thereafter, KIPS should be done at the following intervals during the first program year of enrollment: A 2nd KIPS should be done before the current year's data deadline if the case was enrolled by December 31 AND the child was age-eligible for KIPS by December 31. If not, then a 2nd KIPS is not required for data compliance, but highly recommended if there is any reason to believe the family may leave the program before the next program year starts.
  - For the 2nd and subsequent years of enrollment, KIPS needs to be scheduled for the beginning and end of the program year (prior to the data deadline), IF the case only received one KIPS during the first year of enrollment. If the case received 2 or more KIPS during the first year of enrollment, only one KIPS is required per year thereafter.
  - Regardless of how long a family has been served, or how long it has been since the family last received a KIPS, it is important to assess the family one final time within 30 days of exiting the program, if possible.
  - ~~**a)** All First Steps-funded vendors shall complete, at minimum, baseline and post assessments of the *primary adult client* identified within each enrolled case using the Keys to Interactive Parenting Scale (KIPS). A baseline KIPS assessment shall be completed within 45 days of each client's initial enrollment, with a post assessment conducted 6-9 months later, at each 12 month interval thereafter and/or within 30 days of planned program completion.. Local First Steps Partnerships shall ensure that each KIPS assessor (Home visitor) is currently certified by the authors and shall include all costs associated with this assessment within their budget spending plans.~~
- In addition to the KIPS, each family must be assessed with the HOME Inventory per ESSS model requirements.
- SC First Steps may conduct randomized KIPS reliability monitoring. Sample client videos may be requested for confidential scoring review and shall be maintained on site for potential review for a period spanning four months from the date of original administration.
- Note that the KIPS is utilized as an assessment of adult behaviors and thus need not be completed with each adult-child pairing in the household. Post assessments should, however, assess the interactions of the same adult-child pairing observed during the baseline assessment.
- Client demographic information, home visit dates and durations, developmental screening results and KIPS assessment data shall be collected within the First Steps Data Collection System (FSDC).

SEE ATTACHMENT 2 FOR A COPY OF ESSS STANDARDS.

FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS
NURSE-FAMILY PARTNERSHIP (214)

REQUIREMENTS FOR FY16:

Partnerships funding Nurse Family Partnership (NFP) strategies shall work in collaboration with SC First Steps (in its capacity as South Carolina's NFP sponsor agency) to ensure full compliance with national model guidelines. Fidelity of implementation includes, but is not limited to:

1) TARGETING: First time, low-income mothers (Medicaid eligible or a family income not to exceed 185% of the federal poverty definition).
2) DATA COLLECTION: Full client and visit data will be submitted via the NFP Efforts to Outcomes (ETO) system, per model guidelines.
3) TRAINING/PROFESSIONAL DEVELOPMENT: Nurses and supervisory staff will complete all required training, prior to the provision of service and participate in professional development as required by the NFP National Service Office.
4) CURRICULAR FIDELITY: Nurse Family Partnership services will be delivered with fidelity to each of the model's 18 model elements as defined by the Nurse Family Partnership National Service Office.

FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS
DOLLY PARTON IMAGINATION LIBRARY (212)

REQUIREMENTS FOR FY16:

1) 92% Books Rule
Partnerships administering an Imagination Library strategy must devote 92% or more of strategy funds to the procurement of books. Programs seeking a waiver of this 8% cap on non-book related spending must petition the State Board of Trustees, providing a detailed accounting of all strategy-related spending.

2) Use DPIL as a Supplement to More Comprehensive Interventions
Because the Imagination Library incorporates a low-intensity, passive service delivery model it should be used to supplement more comprehensive forms of service as possible. For the purposes of meeting the integration requirements established in other standards categories, however, the DPIL will not be considered an intervention to which parenting or scholarships may be linked for credit.

3) Solicitation of Community Support (50% Match Requirement)
A dollar-for-dollar, cash match is required for any state funds committed to the DPIL strategy. (e.g. No more than 50% of the Partnership's total DPIL budget may be derived from state funding.)

4) Data Collection
DPIL strategies are not required to enter case data into the First Steps Data Collection System (FSDC). Partnerships are expected to keep an electronic record of DPIL families with, at minimum, their contact information and beginning and ending dates of program participation.

FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS
FAMILY LITERACY MODEL (211)

REQUIREMENTS FOR FY16:

Partnerships supporting comprehensive Family Literacy models within public school district settings or other public or private settings shall ensure that each vendor delivers a four component Family Literacy Model, including: 1) Parent Education, 2) Adult Education, 3) Early Childhood Education and 4) Parent/Child Interaction. Qualified families shall participate in all four components.

1) TARGETING:

a) Targeting Clients At-Risk Of Early School Failure (Adult shall have one or more preschool-aged child or is pregnant and expecting a child during the current school year.

At least 80% of FL clients shall be identified on the basis of two (2) or more of the readiness risk factors below (with 100% of client families possessing at least one risk factor at the time of enrollment):

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment
- Teenage mother/primary caregiver (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications

~~*Additional FL Risk Factors:*~~

- English is not primary language in the home
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless

b) Client Retention

In order for a family literacy model to be effective, it is critical that client families remain in the program long enough to benefit from the planned intervention. Each partnership will be required to demonstrate its successful, long-term retention of 75% of its family literacy clients with both parent and child each receiving 120 hours of program participation. If one component is completed, such as the adult GED, in a shorter time span then the family shall continue to participate in the other three components for as long as needed (based on a family needs assessment.)

2) SERVICE DELIVERY:

Fidelity to a published, research-based model for Family Literacy

In order to ensure the delivery of high quality services and the validity of agency-wide evaluation efforts, vendors shall ensure that each First Steps-funded family literacy strategy is implemented with fidelity to a published, research-based model. "Fidelity" is defined as complying with model specifications relating to:

a) Parent Education:

- Programs shall match the intensity of their service delivery to the specific needs of each family

with a minimum of 2 contacts per month. This component shall be delivered using an approved, evidence-based parent education model. Approved models are EHS, PAT, PCHP, ESSS, Triple P, Incredible Years or another evidence based curriculum model. Clients identified as possessing two (2) or more board-approved risk factors shall receive services as the needs and availability of the family dictates with a minimum of 2 contacts per month.

- At least one parent education large group meeting/training shall be offered each month (per vendor or area of service if large program).

b) Adult Education:

- The adult/parent client(s) shall participate in an Adult Education Program recognized by the South Carolina Department of Education.
- Participation is desirable until the GED, High School Diploma or other educational goal is obtained.
- The adult/parent client shall work independently with guidance and support from an Adult Ed Teacher or staff that meets requirements of SCDE, within the classroom setting at an individualized pace.

c) Early Childhood Education:

- The preschool child client shall be enrolled in a quality early childhood education program (preferably on location where the adult education class is conducted). A quality early childhood education program is defined as a program that is DSS licensed and exceeds minimum licensing requirements (participating in the ABC quality Program at a level B or higher) or has a DSS waiver of approval. If a DSS waiver is granted then a quality environment rating assessment needs to be done as well by a trained ERS evaluator.

d) Parent/Child Interaction:

- The adult/child client pair shall participate in a planned monthly interactive literacy play session. This shall occur in the child's classroom, home, or family resource center at a regular time designated by early education staff for parents to come and interact with their child.
- Interactive sessions may include "child's choice of play" within the classroom learning centers. This open choice play shall last for approximately 30-45 minutes. The final 15 minutes shall include a planned literacy activity led by early education staff, librarian, community visitor, or parents and shall include such literacy activities as singing songs, finger-plays, stories, literacy games, etc. that is appropriate for the age of the child.

e) Developmental Screenings and Referrals:

- First Steps Partnership funding a Family Literacy Strategy shall ensure the completion of an age-appropriate developmental screening for each preschool child within the client family with results being shared with parents. This screening may be conducted by the partnership, the early education provider, the parent educator or other community partner as local needs and resources dictate. Examples of most commonly used tools for screening are Ages & Stages-3, Brigance, DIAL-3, etc.
- In the event that a developmental screening indicates a possible developmental delay, the vendor shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child's pediatric care provider, *and* (b) either BabyNet (ages 0-3) or the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation. Vendors shall maintain (within each client file) referral records to include information on the outcome/disposition of each First Steps-initiated referral.
- Partnerships and their funded vendors shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that appropriate connections have been established. Active and sustained efforts to connect client families to pediatric medical homes shall be a priority.

f) Family Assessment and Goal Setting:

- Family Literacy Vendors shall use a family needs assessment to determine the priority needs of the clients being served. The Life Skills progression is a preferred option; however a tool currently being used by a Family Literacy Program may be used.
- Vendors shall develop family service plans within 3 months of enrollment and subsequently update these plans every 6 to 12 months to gauge progress and goal attainment.

3) ASSESSMENT AND DATA SUBMISSION:

a) All First Steps-funded vendors shall complete, at minimum, baseline and post assessments of the *primary adult client* identified within each enrolled case using the TABE (Test of Adult Basic Education) and/or the BEST Plus (Basic English Skills Test). The testing schedule should align with adult education assessment policy as set by SCDE.

b) In addition to the TABE and/or the BEST plus each family shall be assessed using a nationally recognized parenting assessment within 45 days of enrollment. This should be conducted again after 6 to 9 months. Or, the program may opt to use the KIPS (Keys to Interactive Parenting Scale) to measure parenting behaviors.

c) Each focus child shall have their emerging literacy skills assessed (pre- and post-, with the PPVT (Peabody Picture Vocabulary Test). The assessment shall be conducted by a trained assessor. This is initially done when the child reaches 36 months old and then yearly thereafter. Or, the program may opt to use the ACIRI (beginning at 30 months) to assess the parent/child interactive literacy skills.

d) Client demographic and all assessment and screening data shall be collected within the First Steps Data Collection System (FSDC) when updated to capture this or kept at the county level where documented and reported at time of renewal.

e) Adult Outcomes for graduation with a GED, HS diploma or other educational achievement shall be documented within the FSDC as well.

FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS
EARLY IDENTIFICATION AND REFERRAL (909)

REQUIREMENTS FOR FY16:

First Steps' early identification and referral (EI&R) strategies serve families with young children with suspected delays in development as a local portal connecting them to community-based services they may need or desire to ensure the school readiness of their children. ~~are intended to produce measurable improvements in the number of infants and toddlers children screened for delays in development, as measured by 1) an increase in the number of children whose Initial IFSPs are developed within 45 days; 2) an increase in the number of *screened referrals* to the BabyNet Early Intervention System; and 3) an increase in the number of *follow-up referrals* to local early learning partners for children found ineligible for BabyNet services.~~

1) SERVICE POPULATION:

~~a.~~ Service Population for Early Identification and Referral:
~~b.~~a. Any child ages birth to ~~36 months~~five years with suspected delays in development, including:

- ~~American Indian infants and toddlers with disabilities~~children residing on a reservation
- ~~Infants and toddlers~~ children who are homeless
- ~~Infants and toddlers~~ children who are born prematurely
- ~~Infants and toddlers~~ children with prenatal exposure to drugs or alcohol
- ~~Infants and toddlers~~ children with substantiated child maltreatment
- ~~Infants and toddlers~~ children who are in foster care or who are wards of the state

~~c.~~b. Services shall be provided to any family regardless of their county of residence.

2) SERVICE DELIVERY:

a. Public Awareness for BabyNet Services (for children ages birth to 36 months only):
   i. With guidance from the state BabyNet office,
      1. Coordinate~~ing~~ dissemination of ~~public awareness and child find materials~~ BabyNet brochures and posters directly to families
      2. Coordinate~~ing~~ dissemination of ~~public awareness and child find materials~~ BabyNet brochures and posters for families through local primary referral sources
   ii. Primary Referral Sources
      1. Parents of infants and toddlers
      2. Boards of Disabilities and Special Needs
      3. Child care and early learning programs
      4. Department of Social Services, Child Protective Services and Foster Care
      5. Domestic violence shelters and agencies
      6. Early Head Start
      7. Family Practice physicians
      8. Health Departments
      9. Homeless shelters
      10. Hospitals
      11. Local Indian tribes, tribal organizations, and consortia
      12. Local school districts
      13. Maternal, Infant, and Early Childhood Home Visiting Program
      14. Neonatal Intensive Care Units
      15. Nurse-Family Partnerships
      16. Pediatricians
   iii. Public awareness and child find materials must be those developed by the BabyNet Division of South Carolina First Steps to School Readiness. ~~to include:~~
      ~~1. The availability of early intervention services~~
      ~~2. The procedures for making a referral to BabyNet~~
      ~~3. The availability of a central directory of early intervention services~~
      ~~4. The procedures for referring a toddler aged 34.5 months or older with suspected~~

~~delays in development to the local school district.~~

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

b. Screenings:

~~i. Participating Partnerships shall document the completion of all physical and developmental screenings to include functional hearing checks, functional vision assessments, use of milestone checklists.~~

i. Any child ages birth to ~~36 months~~5 years with suspected delays in development shall be screened using an age-appropriate developmental screening tool (e.g. Ages & Stages III, Ages and Stages SE, Parent Evaluation of Developmental Status, Battelle Developmental Inventory -2 Screener). Partnerships recognize that parents have the right to determine which provider of developmental screenings will conduct the screening for their child, including the BabyNet System Point of Entry (SPOE) Office.

ii. Any additional but not required physical and developmental screenings, including functional hearing and vison assessments and/or use of milestone checklists, shall be documented.

~~ii.~~iii. Data: Client demographic, health, and developmental screening results will be entered into the First Steps Data Collection System (FSDC).

c. Referrals:

~~iii.~~i. Children aged 0 to 34.5 months:

1. In the event that a developmental screening (conducted in association with any First Steps-funded program) indicates a possible developmental delay, the Partnership shall refer the family to the local BabyNet System Point of Entry Office. No consent is required to make the referral.

~~1.~~2. Partnerships are encouraged to refer children and families to other services, as appropriate.

~~2.~~3. Following determination of eligibility for BabyNet, the local BabyNet System Point of Entry Office, with parental consent, will notify the Partnership of each child's BabyNet eligibility status.

a. Children eligible for BabyNet: with the family's consent, Partnership staff who conducted the developmental screening will be included in development of the initial Individualized Family Service Plan as a representative of local early learning resources.

b. Children ineligible for BabyNet: Partnership staff shall contact the family to facilitate referral to appropriate local early learning resources, including but not limited to:

i. First Steps County Partnership
ii. Help Me Grow
iii. Early Head Start
iv. Use BabyNet Central Directory to identify service providers as resources to family and child

~~3. Partnerships may elect to arrange with the local BabyNet System Point of Entry Office to receive information on ALL children found ineligible for BabyNet within the partnership's service area, provided the family provides consent.~~

ii. Children 34.5 to 60 months:

1. In the event that a developmental screening (conducted in association with any First Steps-funded program) indicates a possible developmental delay, the Partnership shall refer the family to the local school district to determine eligibility for IDEA Part B services. No consent is required to make the referral.

2. Partnerships are encouraged to refer children and families to other services, as appropriate.

3. Following determination of eligibility for IDEA Part B services, the local school district, with parental consent, will notify the Partnership of each child's IDEA Part B eligibility status.

a. Children eligible for IDEA Part B services: With the family's consent, Partnership staff who conducted the developmental screening will be included in development of the initial Individualized Education Plan as a representative of local early learning resources.

b. Children ineligible for IDEA Part B servcies: Partnership staff shall contact the family to facilitate referral to appropriate local early learning

resources, including but not limited to:

i. First Steps County Partnership
ii. Help Me Grow
iii. Head Start
iv. Independent service providers (for example, speech therapists), notifying parents that the child may not qualify to receive such services as a part of IDEA Part B eligibility
v. Use BabyNet Central Directory and other resources to identify service providers as resources to family and child

iii. Partnerships are encouraged to arrange with the local BabyNet SPOE Office to receive information on ALL children found ineligible for BabyNet within the partnership's service area, if the family provides consent. Similarly, partnerships are encouraged to arrange with the local school district to receive information on ALL children found ineligible for IDEA Part B services and younger than five years of age within the partnership's service area, if the family provides consent.

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

3) STAFF QUALIFICATIONS AND TRAINING:

All Partnership staff involved in provision of developmental screening, referrals to BabyNet and the local school district, and participation in development of initial Individualized Family Service Plans and, for children three to five years of age, Individual Education Plans shall:

i. Possess the minimum qualifications of an Associate Degree and 3 years' experience (course work contributions i.e. p~~P~~sychology, sociology, data management, etc.)
ii. Successfully participate in training in use of developmental screening tool(s) through either South Carolina First Steps, ~~or~~ the Team for Early Childhood Solutions (TECS) at the USC School of Medicine, or other qualified personnel.
~~ii.~~ Successfully complete "BabyNet Basics", the online training course offered by TECS 2.0 of the University of South Carolina's Team for Early Childhood Solutions.
~~iii. Successfully complete the training content related to screening and development of Individualized Family Service Plans through the Team for Early Childhood Solutions, USC School of Medicine~~
~~iv.~~iii. ~~Attend local early intervention system meetings, also known as BabyNet Coordination Team (BNCT) meetings. A listing of these meeting dates is posted on the First Steps web site and intranet.~~ Work cooperatively with local SPOE offices, including attending regional coordination team meetings when available.

FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS
CHILD CARE QUALITY ENHANCEMENT (601)

REQUIREMENTS FOR FY16:

First Steps' child care quality enhancement (Q.E.) strategies are intended to produce measurable improvements in the quality of care provided young children, as measured by a program's advancement within South Carolina's existing quality infrastructure (the ABC system) and/or its improvement on an approved program quality measure.

1) TARGETING:

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

- Participating in the USDA Child and Adult Care Food Program and documenting that at least 30% of enrolled students qualify for free meals/snacks (130% of federal poverty), - OR -
- Located within the school attendance zone of (and/or enrolling primarily children attending) an

individual elementary school rated "Below Average" or "At Risk" (Unsatisfactory) during the preceding three-year period, - OR -

- In which 10% or more of enrolled students are ABC voucher recipients.
- Participating in a publicly-funding early care and education program (such as First Steps 4K)

Family and Group Child Care Homes may qualify under the criteria above or through their documentation that at least 30% of enrolled students have a family income of 130% of poverty or below.

Centers participating in First Steps-funded quality enhancement projects must permit the on-site delivery of "natural environment" services/therapies to children eligible under the Individuals with Disabilities Education Act.

Additionally, participant providers will be required to document the completion (or pending/planned completion within two semesters) of ECD 101 (or comparable coursework) by the director and 100% of lead classroom staff as a condition of participation.

2) SERVICE DELIVERY:

a) On-Site Technical Assistance (TA)

Technical Assistance (TA) is defined as "the provision of targeted and customized support by a professional(s) with subject matter and adult learning knowledge and skill to develop and strengthen processes, knowledge application, or implementation of service by recipients." This includes **consultation/ coaching** and **mentoring**. The goals of technical assistance are to provide the following: 1) individualized information and 2) personalized skill building opportunities in order to enhance child care providers' abilities to support the growth and development of young children.

Technical assistance includes mentoring and consultation/coaching which are described below:

> **Consultation** is defined as a collaborative, problem-solving process between an external consultant with specific expertise and adult learning knowledge and skills and an individual or group from one program or organization. Consultation facilitates the assessment and resolution of an issue-specific concern—a program-/organizational-, staff-, or child-/family-related issue—or addresses a specific topic. **Coaching** is defined as a relationship-based process led by an expert in early care and education and adult learning knowledge and skills, who often serves in a different professional role than the recipient(s). Coaching is designed to build capacity for specific professional dispositions, skills, and behaviors and is focused on goal-setting and achievement for an individual or group. Quality Enhancement strategies are **required** to provide consultation/coaching at least twice monthly as part of their technical assistance services, via employee or contracted staff who are certified as technical assistance providers with CCCCD.
>
> **Mentoring** pairs a new or less experienced EC professional with a peer in the same role, but who has a great deal more experience. The ideal match between a mentor and mentee is one that is agreed upon by both parties since establishing and maintaining a positive, trusting, and respectful relationship is one of the most important features of the mentoring process. The process is enhanced by establishing role clarity, setting goals, and having both planned contacts and unplanned contacts when needed by the mentee. The duration of this process in ongoing and should build on previous learning. Mentoring programs offer new EC professionals a practical and supportive way to learn and grow on the job. For experienced professionals, mentoring programs create an opportunity to advance their own skills, knowledge and career goals. Quality Enhancement strategies are ***encouraged*** to incorporate mentoring into their program services.

Partnerships implementing or contracting to fund quality enhancement strategies will develop a detailed Quality Improvement Plan in partnership with each participating provider - the minimum requirements of which shall be specified by SCFS and which must include on-site technical assistance (TA) as a central component. In all cases, technical assistance shall entail the incorporation of reflective practice principles and a best-practice curriculum model. Partnerships working with providers that are participants in First Steps 4K (formerly CDEPP) must develop the provider's Quality Improvement Plan and provide services in close coordination with the assigned SCFS 4K Technical Assistant.

Registered family home providers receiving First Steps QE funds shall document their voluntary completion of 15 hours of professional development annually, mirroring the DSS requirements for licensed, center-

based providers.

TA needs shall be determined by the providers' self-identified needs, regulatory deficiencies (if any) and/or the results of an approved environment and/or administrative assessment. First Steps-funded QE strategies shall incorporate on-site ~~technical assistance~~consultation/coaching at least bi-weekly (twice a month) to all participating centers. Partnerships unable to provide at least bi-weekly ~~TA~~ consultation/coaching due to staffing limitations shall reduce the number of QE-funded centers to ensure this level of support to each participating center.

~~Bi-weekly t~~Technical assistance visits (consultation, coaching and mentoring) shall be planned and purposeful and logged within the First Steps Data Collection (FSDC) System~~ shall be planned and purposeful – with summary data logged~~ no less than monthly. These visits, which may span several hours in duration and entail multiple individual classroom visits, may be supplemented (but not replaced) by additional phone consultation and/or shorter drop-in visits. Two or more visits to the same site on a single day shall be considered a single visit of increased duration. In the event that topical, on-site consultation may be appropriately considered for provider training credit through the CCCCD, TA staff shall take responsibility for the advanced submission of all appropriate training outlines.

First Steps Partnerships offering QE strategies may choose to provide limited, periodic TA to non-QE centers provided: 1) these services are supplemental to the standard QE programming described herein; 2) the consultation provided addresses the attainment of specific goals (such as NAEYC accreditation, maintenance of previous QE gains, etc.); 3) these services support First Steps 4K or other publicly-funded early care and education programs; and 4) no QE grant funds are provided to these centers.

b) Equipment and Materials Funds

Equipment/materials funding to centers, if provided, may not exceed $5,000 annually without the approval of SC First Steps. In all cases equipment/materials purchases must be aligned with classroom needs as indicated by the environment assessment and/or the center's current Quality Improvement Plan. Equipment/materials funds shall not be awarded independent of training and/or qualified technical assistance. Equipment/materials funding may not be used to support classrooms funded by the First Steps 4K program without approval by the First Steps 4K Administrator.

c) Coordination with Community Partners/ Integration with Child Care Training

In developing the Partnership's quality enhancement efforts, each will be required to explicitly coordinate their efforts with other state/community-level entities offering similar services in the county (example: Child Care Resource and Referral, Success by Six, etc.) including attending regional Technical Assistance Coordination Team meetings. Formal, county-wide (and/or regional) quality enhancement and training plans will be developed (and filed with SCFS) in an effort to ensure the maximization of resources and avoid duplication of effort.

Partnerships will plan and offer training for participating child care providers based on needs identified within each center's Quality Improvement Plan. As a condition of participation, the center director must participate regularly in the center's on-site visits and in at least 50% of staff training provided. Child care staff from QE centers shall be required to attend relevant training as a condition of their centers' participation. SCFS TA staff shall make every effort to register content-specific consultation as provider training as appropriate. Trainings offered to client providers shall be attended by the partnership's technical assistance provider(s).

Partnerships shall provide at least eight (8) hours of high-quality, certified training (stemming directly from the provider's Quality Improvement Plan) to each 601 center staffer. At least half of this training shall relate to a best-practice curriculum model (Creative Curriculum, High Scope, Montessori or other First Steps-approved curriculum).

d) Workforce Development

Each First Steps-funded QE plan shall incorporate a workforce development component. All participating staff shall be provided with information about the state's T.E.A.C.H. (Teacher Education and Compensation Helps) scholarship program and provide (and/or connected with) case management designed to assist each in his/her advancement along South Carolina's Early Childhood Career Lattice.

e) Certification of Technical Assistance Providers Via CCCCD

Each First Steps-funded technical assistance provider must demonstrate his/her professional competence through:

- Certification as a South Carolina Technical Assistance Provider through the Center for Child Care Career Development (CCCCD). TA shall be limited to the provision of types/categories of service for which they maintain current certification.
- Participation in ongoing professional development with a total of 30 clock hours of training every 3 years. Half of this training shall be in early education and half in technical assistance, i.e., reflective practice, Quality Improvement Plans, and Environment Rating Scales.

Additionally, each First Steps funded TA provider must document the completion of orientation to: 1) SC Childcare Licensing, 2) the ABC Quality Program, and 3) the South Carolina Child Care Inclusion Collaborative within the past two years.

3) ASSESSMENT AND DATA SUBMISSION:

Timely submission of technical assistance visits and assessments into the FSDC is expected of all QE strategies. Partnerships shall ensure the submission of complete center data for each focus provider within 30 days of program initiation, and maintain current center, enrollment, and staff information within the FSDC.

Each focus classroom (i.e., classrooms visited regularly by the TA provider) and/or home-based provider benefiting from First Steps QE funding shall receive a baseline assessment with the appropriate Environment Rating Scale (ERS) within 90 days of the initiation of technical assistance, with a post assessment conducted 6-9 months later (prior to the end of the program year), and annually thereafter (in the event that a single classroom or home-based provider is served across fiscal multiple fiscal years. In the event that technical assistance is provided on a center-wide basis (entailing three or more focus classrooms), at least 1/3 of all classrooms shall be assessed according to the timeline above.

Environment assessments must be conducted by assessors who have:

1) Completed at least 3 days of training from the Environment Rating Scale Institute (ERSI, Chapel Hill, NC) in the appropriate ER scale.
2) Participated as required in any ERS reliability measures established by SC First Steps.
3) Participated in bi-annual online ERS Refresher training or additional ERS training through the ERSI within the past three years.

Partnerships whose QE strategies entail assistance and/or coaching in the administrative arena shall likewise incorporate pre- and post- assessments using the Program Administration Scale (PAS).

FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS
CHILD CARE TRAINING (605)

REQUIREMENTS FOR FY16:

1) TARGETING:

First Steps-funded Child Care Training strategies shall, in all instances, be considered part of a larger quality enhancement effort and support providers in one or more of the following:

a. Advancement along the CCCCD career lattice,
b. Advancement within the ABC quality system,
c. Improvement on an approved measure of program quality, and/or
d. A topic-specific focus based on Regional TA Coordination meetings.

2) STRATEGY INTEGRATION:

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

a) The Partnership's own Quality Enhancement Strategy
Partnerships operating a 605 (training) strategy in conjunction with a 601 (quality enhancement) strategy shall explicitly integrate the two in order to maximize service intensity and affect demonstrable quality improvements. In this event, Partnerships shall provide at least eight (8) hours of high-quality, certified training (stemming directly from the provider's Quality Improvement Plan) to each 601 center staffer. At least half of this training shall relate to a best-practice curriculum model (Creative Curriculum, High Scope, Montessori or other First Steps-approved curriculum).

- AND/OR -

b) A regional/community-based quality enhancement effort.
Partnerships offering 605 (training) strategies in the absence of a 601 (quality enhancement) strategy shall be required to demonstrate their explicit integration of this strategy with the training and/or technical assistance offerings of a community partner organization, or one or more neighboring First Steps Partnerships, or in consultation with publicly-funded early care and education programs such as First Steps 4K. Formal integration plans shall be developed for submission to SCFS that demonstrate the parties' efforts to ensure maximization of resources and avoid duplication of effort.

- AND/OR –

c) A Training/Coaching Plan centered around a research-based curriculum or model, with SCFS approval.

- Trainer and coaches must be certified in proposed curriculum/model
- Reflective practice principles must be employed
- A training and coaching plan shall include pre- and post-assessments, individual goal setting and periodic reviews with all staff and centers participating in this training/coaching program.

3) SERVICE DELIVERY:

a) In all cases, Partnerships shall:

- Base training upon a local needs assessment process to include input derived from a local directors' network or - if none exists - a called, countywide directors meeting to assess need.
- Actively coordinate any funded training with other state and local entities providing training
- Emphasize multi-session trainings (as opposed to isolated, stand-alone workshops)
- Incorporate measurable training objectives and at least one form of follow-up. At minimum, partnerships shall conduct a follow-up post assessment questionnaire to each training participant

within one month following training, using a format obtained from the certified trainer or curriculum model. Other recommendations for training follow-up include:

- Director-guided technical assistance supported by the partnership
- Learning community of staff designed to discuss and support work in classroom
- On-site visits by original training provider
- Completion of interim assignments between meetings of multi-session trainings
- Visit to a model center exemplifying training principles

Partnerships should share information from training follow-up activities with the original trainer(s) to improve practice, arrange for additional training opportunities or refer to CCR&R for follow-up TA.

- Prioritize trainings linked to infant-toddler care and staff-child interactions
- Post all publicly available training opportunities on the CCCCD website and other widely accessible training calendars.

b) Certification by the Center for Child Care Career Development (CCCCD)
All training shall be, with the exception of health/safety topics, certified with the Center for Child Care Career Development (CCCCD).

c) Charging Participants for Training
If utilized, participant fees proposed in association with state-funded training opportunities shall be nominal and must be either: a) detailed in the partnership's renewal application, or b) approved in advance by SC First Steps.

d) Random Evaluation
In partnership with the SC Center for Child Care Career Development, SC First Steps may – on a randomized basis - distribute follow-up training evaluations to selected training participants.

4) DATA COLLECTION:
Child Care Training strategies are not required to submit participant data within the First Steps Data Collection system (FSDC). However, starting in FY16 partnerships ~~are encouraged to~~will use the FSDC to track follow-up visits and other consultation activities with child care providers.

At minimum, partnerships are expected to keep an electronic record of training attendees, their participation in training sessions and follow-up, and the child care providers they represent, and submit all required information to CCCCD for participants to receive DSS credit hours.

FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS
CHILD CARE SCHOLARSHIPS (703)

REQUIREMENTS FOR FY16:

Unlike federal child care vouchers designed to enable low-income parents to seek and maintain employment, First Steps-funded child care scholarships are granted in an effort to promote the healthy development and school readiness of participating children.

1) TARGETING:

a) Targeting Clients At-Risk Of Early School Failure
Each First Steps-funded scholarship client shall possess two or more Board-identified risk factors:

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)

- A preschool aged child with a developmental delay as documented by a physician or standardized assessment
- Teenage mother/primary caregiver (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications
- English is not primary language spoken in the home, when combined with one or more additional risk factors
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless

b) Clients participating in the Nurse Family Partnership strategy (in which participating mothers are selected during pregnancy) may be considered presumptively eligible for scholarship support with priority to clients with the lowest family incomes.

c) In the event that unique and/or emergency circumstances warrant, Partnerships may offer scholarships to children who do not meet the risk definition above, given prior written authorization from SC First Steps.

2) SERVICE DELIVERY:

a) Administration and Use
First Steps funded scholarships may be administered "in-house" by the Partnership or via DSS.

b) Non-Supplantation
First Steps funds shall not be used to supplant – or in place of – other forms of public funding available to clients' families for the provision of child care tuition. Current or transitional TANF clients must be referred to the SC Department of Social Services for enrollment the ABC voucher program. Age- and income-eligible clients shall be made aware of their service delivery options via Head Start, preschool programs available through the local school district, and the First Steps 4K program. ~~CDEPP and/or the EIA 4K program.~~

c) Developmental Screening
First Steps partnerships funding child care scholarships shall ensure the completion of the~~an~~ age-appropriate developmental screening Ages and Stages Questionnaire – 3rd Edition for each scholarship recipient – with results to be shared with parents. Additional screenings, such as health screenings and the ASQ:SE, are encouraged. ~~This~~ ~~S~~screenings may be conducted by the partnership, the child care provider, or another community partner as local needs and resources dictate. Children with suspected delays will be referred (as appropriate) to either BabyNet or their local school district for additional evaluation.

d) Monitoring

Partnerships operating in-house scholarships must:

- Collect daily attendance data from each center receiving scholarships, at least monthly, to determine if scholarship funds are being used appropriately;
- Conduct unannounced monitoring visits to each center to verify child enrollment and family eligibility at least monthly; and
- Set scholarship reimbursement rates consistent with the local market, not to exceed the maximum reimbursement rates of the ABC voucher program (unless authorization by SC First Steps is on file).

Partnerships contracting scholarships through DSS must:

- Review monthly scholarship reports from DSS to ensure all scholarship funds are being used and that qualified applicants are connected to a provider and receiving services in a timely manner (i.e., no "pending" scholarships);
- Conduct unannounced monitoring visits to each center to verify child enrollment and family eligibility at least monthly.

e) Eligible Providers

Given First Steps' readiness mission Partnership-funding scholarships shall be limited to use within high quality settings (independent of their chosen method of administration). These programs – to be selected via competitive process – are defined as meeting any one of the following criteria:

- Active participation in a First Steps quality enhancement strategy;
- Exceeding minimum licensing requirements (participation in the ABC Quality Program at Level B or higher); or
- An aggregate Environment Rating Scale rating of 4.0 or higher.

The Partnership Board may – upon the provision of written consent from SCFS - waive this requirement in the event that programs meeting this definition are geographically distant or unavailable to individual recipients.

f) Integration with Other Readiness Interventions

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

g) Parent Training

Child care scholarship parents/guardians shall receive at least one hour of training on the benefits of high quality child care.

3) DATA COLLECTION:

Regardless of whether partnerships operate child care scholarships in-house or through DSS, partnerships must enter client demographic data, scholarship and provider information, service dates, screenings, training attendance, and connections to other partnership or community services within the First Steps Data Collection system (FSDC).

FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS
FOUR YEAR OLD KINDERGARTEN

Full Day 4K (314), Half Day 4K (316), and Extended Day/Half to Full Day 4K (317)

REQUIREMENTS FOR FY16:

Independent of vendor, First Steps funded 4K classrooms shall adhere to the following student enrollment criteria during FY16 (2015-16 school year):

- Each student must be four-years-old on or before September 1, 2015.
- Each student must qualify for enrollment on the basis of at least one of the following factors:
    - Eligibility for free- or reduced-price school lunches;
    - Eligibility for Medicaid;
    - Qualification for services under IDEA Part B as the result of a documented disability or developmental delay

In the event that more students seek to enroll than available space permits, students qualifying for service on the basis of income (free- or reduced price lunch or Medicaid) shall be prioritized (at the time of acceptance) on the basis of family income as expressed as a percentage of the federal poverty guidelines, with the lowest family incomes given highest priority.

Public four-year-old kindergarten programs receiving First Steps funding shall be responsible for the entry of complete student data within the PowerSchool data system. Client data entry into the First Steps Data Collection system (FSDC) is not required.

FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS
COUNTDOWN TO KINDERGARTEN (406)

REQUIREMENTS FOR FY16:

Countdown to Kindergarten is a summer home visitation strategy designed to link incoming kindergartners and their families with the individual who serve as their kindergarten teacher during the coming year.

1) TARGETING:

Targeting Clients At-Risk Of Early School Failure

Countdown to Kindergarten (CTK) shall be targeted toward families of children most likely to experience early school failure. Given the program's unique role in supporting school transition, several additional risk factors are associated with eligibility for this service. (CTK-specific transition risk factors are noted in italic text in the list below, and do not extend to other First Steps-funded strategies.)

At least 60% of CTK clients shall be identified on the basis of two (2) or more of the readiness risk factors below (with 100% of client families possessing at least one risk factor at the time of enrollment):

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment
- Teenage mother/primary caregiver (at the time of the focus child's birth)

- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications
- English is not primary language spoken in the home, when combined with one or more additional risk factors
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless

Additional CTK Transition Risk Factors:

- *An incoming kindergartner who has had an older sibling retained in/before the 3rd grade*
- *An incoming kindergartner who has been recommended for service on the basis of significant social/emotional and/or behavioral difficulties – or those of an older sibling.*
- *An incoming kindergartner who has never been served within a full-time preschool program out of his/her home. (Note that this final factor may be considered in conjunction with one or more additional risks but may not be used to determine eligibility in isolation.)*

2) SERVICE DELIVERY:

a) Adherence to the Countdown to Kindergarten Curriculum

While the CTK curriculum offers substantial opportunity for personalization by individual teachers, each must adhere to its general format and ensure the delivery of each published lesson.

b) Placement within the Classroom of the Home Visitor

Countdown to Kindergarten is explicitly designed to connect children and families to the teachers with whom they will be working during the coming year. Accordingly, Partnerships must take steps to ensure the placement of CTK client children in the classrooms of their home visitors.

The CTK curriculum must – without exception – include a meeting with the child's teacher at the school where the child will be attending kindergarten.

c) Curriculum Training

Any teacher who has not attended training on the updated Countdown Curriculum (initially utilized during Summer 2009) must do so prior to the beginning of the program.

3) DATA SUBMISSION AND FISCAL ADMINISTRATION:

a) Outcomes and Data Requirements

The Partnership will be responsible for meeting all data requirements of SCFS within 30 days of receiving data from the teachers. CTK client and program information must be entered into the First Steps Data Collection system (FSDC).

b) Partnership Match Requirement

Partnerships agree to meet the SCFS match requirements for CTK.

c) Fiscal Administration and Teacher Payment

The Partnership will be responsible for ensuring that each CTK teacher adheres (in all regards) to his/her CTK Memorandum of Agreement.

Visits performed before July 1 must be invoiced no later than July 16. Visits performed on or after July 1 must be invoiced no later than August 20. In order to receive payment, teachers must submit all paperwork required by the Partnership and have completed the required number of home visits. If all home visits are not completed, the Partnership may adjust teacher payments accordingly, though teacher pay may not be docked as the result of an "attempted visit" in which the family was available for participation. The Partnership must clearly mark the last invoice as "FINAL". Payments will be made within 30 days after

invoice approval.

FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS
~~Non-Prevalent~~ Other Strategies

REQUIREMENTS FOR FY16:

In the event that a partnership wishes to propose a strategy not detailed herein, the following standards apply:

1. Strategy Approval:

a) The partnership will submit, ~~a non-prevalent strategy form~~ as part of its annual Renewal Plan submission to SCFS, ~~containing~~ a detailed explanation of the proposed strategy, chosen curriculum or program model, its rationale (why is the strategy is being proposed), research basis (as appropriate), projected per-client cost and proposed evaluation methodology. Strategies will be expected to follow chosen curriculum and program models with fidelity.
b) The partnership shall be provided individualized technical assistance upon request in an effort to support and strengthen the proposal, if needed.
c) If a new strategy, ~~T~~the Program and Grants Committee of the Board of Trustees shall conduct a programmatic review the proposal, and either: a) recommend the proposal for approval by the state board, or b) return the proposal to the partnership with recommendations for improvement.
d) Upon approval by the Program and Grants Committee, the strategy will be presented to the full Board for final approval.

2. Strategy Implementation:

Partnership non-prevalent strategies will be expected to meet the strategy's goals and objectives as stated in the partnership's Renewal Plan, using output and outcome data as specified in its board-approved Renewal Plan as evidence of achievement.

Additionally, partnerships shall ensure non-prevalent strategies meet the following criteria:

a) Target children most in need of services, using board-approved risk factors in absence of specific targeting criteria within the chosen program model

b) Deliver services with fidelity to the chosen curriculum or program model

c) Use qualified staff that meet the minimum education and training requirements of the chosen curriculum or program model

d) Maintain detailed data collection records, and enter timely data in the First Steps Data Collection System (FSDC), if required. The State Office of First Steps will notify partnerships ~~as part of their Quality Improvement Plan,~~ what data needs to be entered in the FSDC.

ATTACHMENT 1:

PAT Essential Requirements with Measurement Criteria

2014 Parents as Teachers Essential Requirements © 2014, Parents as Teachers National Center, Inc. ParentsAsTeachers.org Page 1

The following are the essential requirements for an organization to become and remain a Parents as Teachers affiliate with approval to implement the PAT model. Implementation and service delivery data that address the essential requirements are reported at the end of each program year on the Affiliate Performance Report (APR)[1]. New affiliates' intentions to comply with these requirements are initially demonstrated through the Affiliate Plan.

Essential Requirements	Measurement Criteria
1. Affiliates provide at least two years of services to families with children between prenatal and kindergarten entry.	Your affiliate is designed to provide at least two years of services to families with children between prenatal and kindergarten entry.
2. The minimum qualifications for parent educators are a high school diploma or GED and two years previous supervised work experience with young children and/or parents.	100% of your affiliate's parent educators (PEs) have at least a high school diploma, GED or equivalent degree in countries outside the US.
3. Each affiliate has an advisory committee that meets at least every 6 months (can be part of a larger committee, community network or coalition as long as the group includes a regular focus on the Parents as Teachers affiliate).	Your affiliate conducted 2 advisory committee meetings during the program year covered by the most recent APR.
4. Each month, parent educators working more than .5 FTE participate in a minimum of two hours of individual reflective supervision and a minimum of two hours of staff meetings and parent educators working .5 FTE or less participate in a minimum of one hour of reflective supervision and two hours of staff meetings. ☐*In order to support high quality services to families, this requirement includes supervisors who carry a caseload.*	100% of parent educators working more than .5 FTE who were employed the full program year received at least 18 hours of reflective supervision during the program year covered by the most recent APR. 100% of parent educators working .5FTE or less who were employed the full program year received at least 9 hours of reflective supervision during the program year covered by the most recent APR. At least 18 hours of staff meetings occurred during the program year covered by the most recent APR.
5. Each supervisor, mentor or lead parent educator is assigned no more than 12 parent educators, regardless of whether the parent educators are full-time or part-time employees. ☐*The number of PEs assigned to the supervisors is adjusted proportionately when*	100% of your affiliate's 1.0 FTE supervisors are assigned a maximum of 12 PEs.

the supervisor is not full-time. For example, a .75 FTE supervisor would have a maximum of 9 PEs; a .5 FTE would have a maximum of 6 PEs; a .25 FTE would have a maximum of 3 PEs.	
6. All new parent educators in an organization who will deliver Parents as Teachers services to families attend the Foundational and Model Implementation Trainings before delivering Parents as Teachers; new supervisors attend at least the Model Implementation Training.	100% of PEs and supervisors have attended the required PAT trainings.
7. Parent educators obtain competency-based professional development and training and renew certification with the national office annually.	100% of model affiliate PEs are up to date with their certification.
8. Parent educators complete and document a family-centered assessment within 90 days of enrollment and then at least annually thereafter, using an assessment that addresses the Parent as Teachers required areas.	At least 60% of families enrolled more than 90 days had an initial family-centered assessment completed within 90 days of enrollment during the program year covered by the most recent APR. At least 60% of families that received at least 1 personal visit had a family-centered assessment completed in the program year covered by the most recent APR.
9. Parent educators develop and document goals with each family they serve.	At least 60% of the families that received at least 1 personal visit had at least 1 documented goal during the program year covered by the most recent APR.
10. Parent educators use the foundational visit plans and planning guide from the curriculum to design and deliver personal visits to families.	PEs consistently used the foundational visit plans and planning guide from the curriculum to design and deliver visits to families.
11. Families with 1 or fewer high needs characteristics receive at least 12 personal visits annually and families with 2 or more high needs characteristics receive at least 24 personal visits annually.	At least 60% of families with 1 or fewer high needs received at least 75% of the required number of visits in the program year covered by the most recent APR. At least 60% of families with 2 or more high needs receive at least 75% of the required number of visits in the program year covered by the most recent APR.
12. Full-time 1st year parent educators complete no more than 48 visits per month during their first year and full-time parent educators in their 2nd year and beyond complete no more than 60 visits per month. ☐*The number of visits completed monthly is adjusted proportionately when a parent educator is part time. In addition, a number of factors need to be considered when establishing the maximum number of visits completed monthly, including parent educators' total responsibilities, travel time for visits, data collection responsibilities and program supports.*	Full time 1st year PEs complete no more than 48 visits per month in the program year covered by the most recent APR. Full time PEs in their 2nd year and beyond complete no more than 60 visits per month in the program year covered by the most recent APR.

13. Affiliates deliver at least 12 group connections across the program year.	Your affiliate delivered at least 9 of the 12 (75%) required group connections in the program year covered by the most recent APR.
14. Screening takes place within 90 days of enrollment for children 4 months or older and then at least annually thereafter (infants enrolled prior to 4 months of age are screened prior to 7 months of age). A complete screening includes developmental screening using PAT approved screening tools, along with completion of a health review that includes a record of hearing, vision, and general health status. Developmental domains that require screening include language, intellectual, social-emotional & motor development.	At least 60% of the children enrolled at age 4 months or older had a complete initial screening within 90 days of enrollment in the program year covered by the most recent APR. At least 60% of the of children enrolled prior to age 4 months and who reached 7 months of age before the end of the program year had a complete initial screening prior to 7 months of age in the program year covered by the most recent APR. At least 60% of children received a complete a screening in the program year covered by the most recent APR.
15. Parent educators connect families to resources that help them reach their goals and address their needs.	At least 60% of families that received at least 1 personal visit were connected by their PE to at least 1 community resource in the program year covered by the most recent APR.
16. At least annually, the affiliate gathers and summarizes feedback from families about the services they've received, using the results for program improvement.	Your affiliate gathered and summarized feedback from families about the services they have received at least once during the program year covered by the most recent APR and used the results for program improvement.
17. The affiliate annually reports data on service delivery and program implementation through the APR; affiliates use data in an ongoing way for purposes of continuous quality improvement.	Your affiliate submitted the most recent APR.

ATTACHMENT 2:

ESSS Program Standards

Save the Children has instituted the following standards to guide partners to implement effective, high quality ***Early Steps to School Success*** programs. To ensure continuous quality improvement, ***Early Steps*** sites are measured against these standards on a quarterly basis.

Early Steps is made up 2 components – the Pre-birth - 3 Home Visiting component and the 3-5 Book Bag Exchange that together provide early childhood education services to 50 children pre-birth to five years of age and education services to their parents and/or other caregivers. ***Early Steps*** services also include Parent-Child Groups, Transition Support, Community Collaboration, and Staff Training and Support.

<u>Pre-Birth - 3 Home Visiting Component</u>

- ☐ 20 children are enrolled in the Home Visiting component. This includes pregnant women and children ages birth to 3.
    - The youngest and the neediest children in the community have priority for enrollment. Early Steps defines "youngest" as pregnant women and children less than 12 months of age. Each program is encouraged to define "neediest" as it applies to its own community.
- ☐ Each family receives a minimum of 2 regularly scheduled home visits per month.
    - Home visits support the development of strong parent/child relationships that nurture language and learning.
    - Home visits typically last about an hour.
- ☐ Missed visits are expected to be made up. Each family is expected to receive an average of 2* visits per month in any given period. In any 2 month period, each family should receive 4* visits; in any 3 month period there should be 6* visits.
- ☐ All children participate in the Book Bag Exchange at each visit. Information regarding the number of times the child is read to or engaged in a literacy-based activity is collected at each visit.
- ☐ Early Steps is a full 12-month program. Home visits are provided on a year-round basis.

<u>3-5 Book Bag Exchange Component</u>

- ☐ 30 3-5 year olds are enrolled in the 3-5 Book Bag Exchange component.
    - Children transitioning from the Home Visiting component must be given priority for enrollment in the 3-5 Book Bag Exchange.
- ☐ The program partners with Head Start, preschool or community child care providers to provide the 3-5 Book Bag Exchange.

- ☐ A weekly exchange of book bags occurs throughout the entire school year for children enrolled in the 3-5 Book Bag Exchange. Book sharing and literacy activities done in the home is tracked.
- ☐ The Book Bag Exchange includes a weekly 'read aloud'.

"Transition to School" Support

- ☐ Coordinators actively engage parents in transition activities that connect children to the preschool or kindergarten they will attend and prepare children and parents for successful transition at 3 and again at 5.

Parent-Child Groups

- ☐ Monthly, Parent/child support and education groups led by trained early childhood staff are held in schools and community settings.

Community Connections

- ☐ Partnerships are established with community program, local schools and other community agencies to promote awareness and build local resource connections to support the program and families. Regular contacts are made to build and nurture these relationships.

Staff Training and Support

- ☐ STC provides Early Steps sites with ongoing, high- quality professional development including: 1-2 group trainings per year; regular coaching visits by an Early Childhood Program Specialist; monthly training calls and webcasts; regional trainings; and opportunities for pursuing early childhood degrees and certifications. Coordinators are expected to plan monthly site visits with the Early Childhood Specialist that include 1-2 home visits, a file review, recent training follow-up and a meeting with the Site Supervisor.

Supervisory Expectations for Partners

- ☐ Participate in orientation and training activities, site visits and program implementation support from Save the Children staff and its contractors, and in an ongoing program evaluation.

- ☐ Hire an Early Childhood Coordinator whose language reflects that of the population being served. Ex. An Early Childhood Coordinator who provides services to families who are monolingual Spanish, must be bilingual.

- ☐ Provide adequate space and supplies to the ECC. This must include:
    - A computer with wireless internet access
    - An accessible telephone and readily available telephone line
    - Space for parent/child group meetings/events
    - Adequate storage space
    - Access to purchasing appropriate infant/toddler supplies and materials within district guidelines and budget codes

- ☐ Provide an orientation to the Early Childhood Coordinator (ECC) upon hire that includes:
  - Information on school benefits including leave and health insurance
  - Information on completing time sheets
  - Information on submitting for mileage reimbursement monthly
  - Information on district policies for reporting child abuse and neglect

- ☐ Utilize the ECC for ESSS functions only. ECC responsibilities do not include acting as a substitute teacher at any given time during the school day, assisting with bus or lunch duties, running sports or other extra-curricular activities, using preparation/planning time for other non-early childhood activities (e.g., monitoring assemblies, assisting with non-early childhood related classroom activities).

- ☐ Provide an environment that provides the ECC with a flexible schedule to accommodate the needs of families with young children receiving services in a home-based environment. This may include making evening or weekend visits/groups and providing services on days that schools are closed.

- ☐ Provide ongoing supervision and support to the ECC that must include:
  - Regular meetings between the ECC and Site Supervisor
  - Observation by the Site Supervisor of at least 2 home visits per year conducted by the ECC
  - Observation by the Site Supervisor of at least 1 parent/child group per year conducted by the ECC
  - Regular meetings between Save the Children ESSS Program Specialist and Site Supervisor
  - An annual review of the ECC's performance completed by their supervisor.

- ☐ Conduct a quality check (*Parent Satisfaction Survey*) with **all** families semi-annually.

- ☐ Monthly, Site Supervisors will compare mileage reimbursement requests, and sign-in/sign-out logs with home visit documentation *(Family Planning Forms)* signed by parents.

- ☐ Notify Save the Children when there are changes or issues at the site that affect ongoing supervision, management, and/or continuity or quality of regular programming.

- ☐ Participate in a Program Quality Assessment (PQA) at the site at least every two years.

Initial: 2010
Reviewed/Revised: 2012, 2014, 1/30/2015

South Carolina First Steps- Standards Review for BOT Program Committee

Comparison of Risk Characteristics of Programs Funding EBHV, CTK and CDEPP

SCFS HV RF	PAT	ESSS	PCHP	NFP	SCFS CTK	SCFS CDEPP
Child abused	Referred due to suspected Child Abuse				Child abused	
Child neglected	Combined with mental illness in that it states that parent or child involved with mental health or social services				Child neglected	
Child in foster care	Court appointed legal guardian or foster care				Child in foster care	
SNAP, Free School lunches or 130% federal poverty level or below—TANF given priority (annual income at 50% of fed. Pov. Level or below	Low income Eligible for F&R lunch, Pub. Housing, CC subsidy, WIC, SNAP,TANF, HS/EHS and/or Medicaid	Below federal poverty level	Low income	SC Medicaid eligible	SNAP, Free School lunches or 130% federal poverty level or below—TANF given priority (annual income at 50% of fed. Pov. Level or below	Free or reduced lunch or Medicaid eligible
IDEA- eligible for part B or C	Child with disabilities (physical or mental) that limits life activities				IDEA- eligible for part B or C	
DD by physician or standardized assess.					DD by physician or standardized assess.	

South Carolina First Steps- Standards Review for BOT Program Committee
Comparison of Risk Characteristics of Programs Funding EBHV, CTK and CDEPP

Teen mom/primary caregiver at child's birth	Teen parent under age 20 in program service year	Teen Parent	Teen Parent		Teen mom/primary caregiver at child's birth	
Low education< HS at child's birth	Low education attainment < HS	Parent unable to read	Family -low literacy		Low education< HS at child's birth	
Substance abuse of parent/caregiver	Chemical dependencies	Drug or alcohol problems			Substance abuse of parent/caregiver	
Depression of parent/caregiver	Combined with mental health as stated below	Depression			Depression of parent/caregiver	
Mental Illness of parent/caregiver	Child or parent is involved with mental health or social services	Mental Health Issues			Mental Illness of parent/caregiver	
Intellectual Disability of P/CG	Parent with disability (physical or mental) that substantially limits one or more major life activities				Intellectual Disability of P/CG	
Domestic Violence in home		Domestic violence			Domestic Violence in home	
Low birth weight (under 5.5) with serious medical complications	Very low Birth weight (under 1500 grams or 3.3 lbs)				Low birth weight (under 5.5) with serious medical complications	
				Prenatal- Gestation at or		

South Carolina First Steps- Standards Review for BOT Program Committee
Comparison of Risk Characteristics of Programs Funding EBHV, CTK and CDEPP

				below 28 weeks. (Wait list priority is 16 week gestation and then up to 28 weeks).		
	Speakers of other languages/ELL (primary lang. in home is not English)	English not spoken	Language barriers that make connecting with school a challenge			
				First time mom (non- age specific) living in an NFP housed county		
	Single parent household and has need of other services	Single Parent	Single Parent or grandparent raising child			
	Transient/numerous family relocations and/or homeless	Housing- frequent moves, inadequate or unsafe, or risk of homelessness				
	Involvement with corrections system (parent incarcerated or on probation- restriction)					
	Death in immediate family (child,					

South Carolina First Steps- Standards Review for BOT Program Committee
Comparison of Risk Characteristics of Programs Funding EBHV, CTK and CDEPP

	parent or sibling)					
	Ongoing health problem of child, parent or sibling (serious enough to substantially limit one or more major life activities)	Chronic health problems				
	Military family (parent with orders for active duty from NG or any component of armed forces in US)					
		Inadequate child care				
		Inadequate food				
		Inadequate supervision				
		Inadequate transportation				
		Inappropriate or difficulty with discipline			Recommended due to significant social/emotional or behavioral difficulties or those of an older sibling	
		Loneliness				
		Low expectations for				

South Carolina First Steps- Standards Review for BOT Program Committee
Comparison of Risk Characteristics of Programs Funding EBHV, CTK and CDEPP

		children				
		Smoking				
		Unemployed				
			Older children in home qualified for remedial services		Incoming kindergartner with older sibling retained before 3rd grade	
			Multiple young children in home			
					Incoming kindergartner who has never been served in preschool or outside of home	
All HV models funded by FS—PAT, PCHP, ESSS and Scholarships	PAT High Need Characteristics named in 2012 Quality Assurance Guidelines (prenatal to kindergarten)	ESSS Family Risks and Resources Inventory (prenatal to age 3 or 36 months)	PCHP- Parents are at risk for low literacy (children age 2 and 3 or 24- 48 months)	Gestation at or below 28th week and is a first time mom living in a NFP county. Wait list goes to those at or before 16 weeks first and then up to 28 weeks.	CTK Standards for SCFS – child is going into kindergarten that fall	Family lives in the Trial or Plaintiff County named in Cooper Ruling- children are eligible for 4K
Determined by SCFS staff and Board of	Determined by Parents as Teacher's National	Determined by Save the Children and	Determined by individual Parent Child	Each state and local program makes decisions	Determined by SCFS staff and Board of	Determined by SC Legislation

South Carolina First Steps- Standards Review for BOT Program Committee
Comparison of Risk Characteristics of Programs Funding EBHV, CTK and CDEPP

Trustees	Office	ESSS National	Home Programs based on population and literacy needs (typically in school district areas that feed into the local school)	based on needs in community- SC is working on currently	Trustees	
				*Health related behaviors of mom that affect baby such as diabetes, hypertension, obesity, pregnancy intention , maternal smoking and environmental tobacco smoke.		
				*Other known risks that may affect outcomes in NFP are: teen preg., advanced age preg., marital status (unmarried), maternal race (changes in		

South Carolina First Steps- Standards Review for BOT Program Committee
Comparison of Risk Characteristics of Programs Funding EBHV, CTK and CDEPP

				racial composition), maternal education, socioeconomic status (poverty), Multiple gestations, maternal co-morbidities (as diabetes and hypertension during pregnancy), artificial reproductive technologies (ART)		

Key:
*indicated risks based on the NFP "Strategic Opportunities for Improving Pregnancy Outcomes in Guilford County, NC, May 2009.
Program criteria for enrollment
Program determinations

ITEM 3

FOR INFORMATION

Partnership Survey Summary

First Steps Partnership Feedback February 2015
Survey Summary
30 Respondents*
(*4 opened survey but did not enter any answers)

1. South Carolina First Steps has recently reconfigured our technical assistance function to provide expanded support to local partnerships. These changes include the addition of new TA staff, increased training and communication supports, and contracted communications/outreach partners. How have these efforts been helpful to you? What additional technical assistance do you need in 2015 and beyond?

My partnership does not seek technical assistance from the State Office.	The changes are a good start, but my partnership needs more help (I've added my ideas below).	The changes have been helpful to my partnership.	Greatly improved. The changes are very helpful to my partnership.
8% (2)	**44% (11)**	**36% (9)**	**12% (3)**

RESPONSES:

- Program development along with reviewing/strengthening current strategies
- Fundraising, grant writing, an increase in state allocation to poor rural counties.
- Local board development and training and finance training
- *Creating a renewal plan report that clearly defines partnership goals – easily understood by State Board*

2. Do you receive timely information from staff at the state office? In what ways can we be more responsive to your needs?

The state office is not responsive to my needs.	The state office is marginally responsive to my needs.	The state office is responsive to my needs.	The state office is very responsive to my needs.
4% (1)	**20% (5)**	**56% (14)**	**20% (5)**

3. If you could improve one thing about the state office, what would it be?

- County-focused leadership, more one-on-one with state office staff

- More candid conversation, be mindful of communication tactics and timeliness
- Grant funding, corporate partnerships for major funding statewide
- *Developing funding opportunities for smaller counties*
- *Streamlining some accounting practices and finance procedures*
- *Orientation for new ED's*
- *Simplification of data input and model codes*
- *Create a "Tips and Tools" for ED's to implement best practices*

4. What would you describe as the greatest strength or "value-add" of the state office?

- Committed, knowledgeable TA staff, experts
- Connection with legislators, ability to facilitate legislative contacts
- *Leadership*
- *Coordinating statewide training and networking opportunities*

"When you have 46 partnerships, it is extremely important to have a central communication system in place. I feel the state office offers an organized supportive approach to early childhood education that benefits all. It is important to note here that some officials just simply don't feel comfortable reporting to ANY central control agency, but would prefer to keep everything local. In my professional opinion, that does not benefit children. The state office does a fine job at encouraging all partnerships to exchange ideas, strategies, and interventions. This must not stop."

5. What do you consider to be your partnership's greatest technical assistance needs? As you and your board look ahead at the next 18 months, what are your top three needs as a partnership?

Greatest current TA need:

- Grant writing/resource development/fundraising/*marketing*
- Training: Board member training, clarification of legislative laws and changes to by-laws
- *Governance*
- Constructing reports *that satisfy state and federal guidelines*
- *W*orking on a new needs assessment
- *Strategic planning*
- *Board member recruitment*
- *Board development – including support by other state agencies*
- *Advocacy*
- *NFP Implementation*

- *Early Head Start*
- *Connections to 4k and BabyNet*
- *Quality Child Care TA*
- *For small counties who are working on state level programs – means of receiving in-kind*

Top three needs over the next 18 months:

- "Board Development, Technical Assistance with Data Analysis and MAPPING, Resource Development and Sustainability"
- "1) board training, 2) help with "evidence based programs" vs non prevalent programs 3) Fund Raising"
- "needs and resource assessment, assisting with development of longitudinal database to track participants, additional revenue (through more state funding or assistance with grants)"
- "Effective Fundraising, BSP and Governance, Specific training designed for new Executive Directors"
- *Reauthorize with no sunset*
- *Integration of BabyNet,4k,and other state run priorities into a seamless collection of offerings at the local level*

6. The First Steps Study Committee is exploring whether children and families receive services from First Steps "in the most effective way through coordination with other agencies that serve the same population." We discussed this at the November 20, 2014 ED meeting. What are ways First Steps can best coordinate with other agencies/organizations to meet the needs of our youngest children and their families and caregivers?

At the local level, First Steps can improve coordination by:

- Strengthening collaboration and coordination with other agencies – at the state level and local level (strong state-level collaboration = strong local-level collaboration
- Collaborate with the local directors, participants in events held by First Steps
- Monthly newsletter promoting partnerships
- *Recruit key partners as board members*
- *Sharing successes between counties within a region to encourage more collaboration*
- *Pursuing all avenues of funding*
- *Measuring outcomes*

At the state level, First Steps can improve coordination by:

- Collaboration, working relationships with the other agencies serving children, develop relationships with businesses

- Open dialogue and conversation
- *Assist with community assessment/framework for working together*
- *Facilitate coordinated funding of partners at local level*
- *Allow local partnerships to host statewide meetings occasionally*
- *Improving BabyNet referrals and services*

"Execute MOAs at the state level and advocate the same for local partnerships. Find ways to increase advocacy and improve communications and strengthen relationships with all state agencies and statewide organizations serving children and families. Convening a meeting with the Babynet staff and First Steps staff by Region to acquaint both parties with resources and services. This would also allow the staff to get to know each other and where their offices are located to be better able to make referrals, etc."

7. What would you describe as First Steps' greatest challenge and how might we work together at the state and local levels to address it?

- Brand recognition, staying focused on the initial/original legislative mission, being diligent of our continued reauthorization efforts
- Rebuilding trust with the state office, changing perception that the state offices doesn't "get along" well with other partners
- Funding
- Securing data –*to prove effectiveness of programs*
- *Advocacy and fundraising*
- *Serving birth to 3 population – regionalizing service delivery*
- *Include partnerships in local programs administered by the State Office*

8. In response to the recent Supreme Court ruling on Abbeville v SC, what are two ways that you feel First Steps could help?

- Focus on working with agencies and organizations to utilize resourceful TA
- " Selecting and organizing new Curricula and resources that can assist in leveling the playing field; and engaging all partnerships/school districts in supporting positive change [PR campaigns]"
- Provide research for EI and working with families with young children, use outcome data
- *More community outreach*
- *Broaden risk factors to target a wider net of children*
- *Convene local dialogs of stake holders (facilitate template for this)*
- *Make all school districts eligible for 4K*

9. On the scale below, how prepared is First Steps to meet the school readiness needs of children and families in 2015 and beyond?

First Steps is not prepared to meet the needs of families and children.	First Steps is marginally prepared to meet the needs of families and children.	First Steps is prepared to meet the needs, but more focus is needed.	First Steps is very prepared to meet the needs of families and children.
4.76% (1)	28.57% (6)	23.81% (5)	42.86% (9)

Is there anything we haven't asked that you would like to tell us so that we can plan to meet your local partnership needs in 2015-16?

- *We need state level fundraising*
- *Additional funding for locals, less funding for state office staff*
- *Request base cost to operate local partnerships with new mandates – need more resources*
- *Ensure development of EHS*
- *State office and board need to learn better what counties are doing*
- *Provide timely information and requests that are strategic so as to be proactive not reactive*

***10.* Please tell us about yourself.**
How many years have you been an Executive Director?

13.04 % (3) Less than 1 year

13.04 % (3) 1-3 years

13.04 % (3) 4-7 years

60.87% (14) More than 8 years

11. How many years of experience do you have in the field of early childhood education?

8.33% (2) Less than 5 years

45.83% (11) 6-15 years

29.17% (7) 15-24 years

16.67% (4) More than 25 years

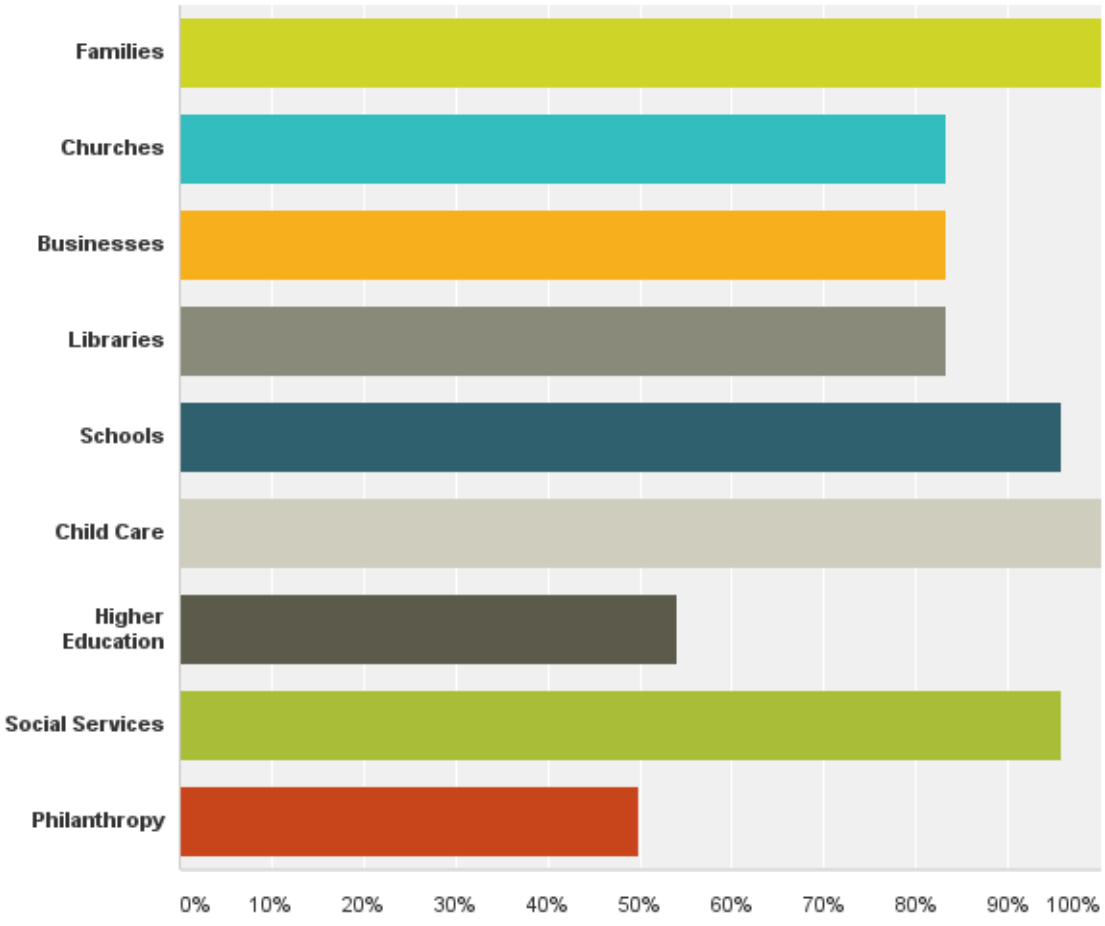
12. I consider my community:

69.57% (16) Rural

30.43% (7) Urban

Q13 Our partnership currently partners with the following (select all that apply)

Answered: 24 Skipped: 6



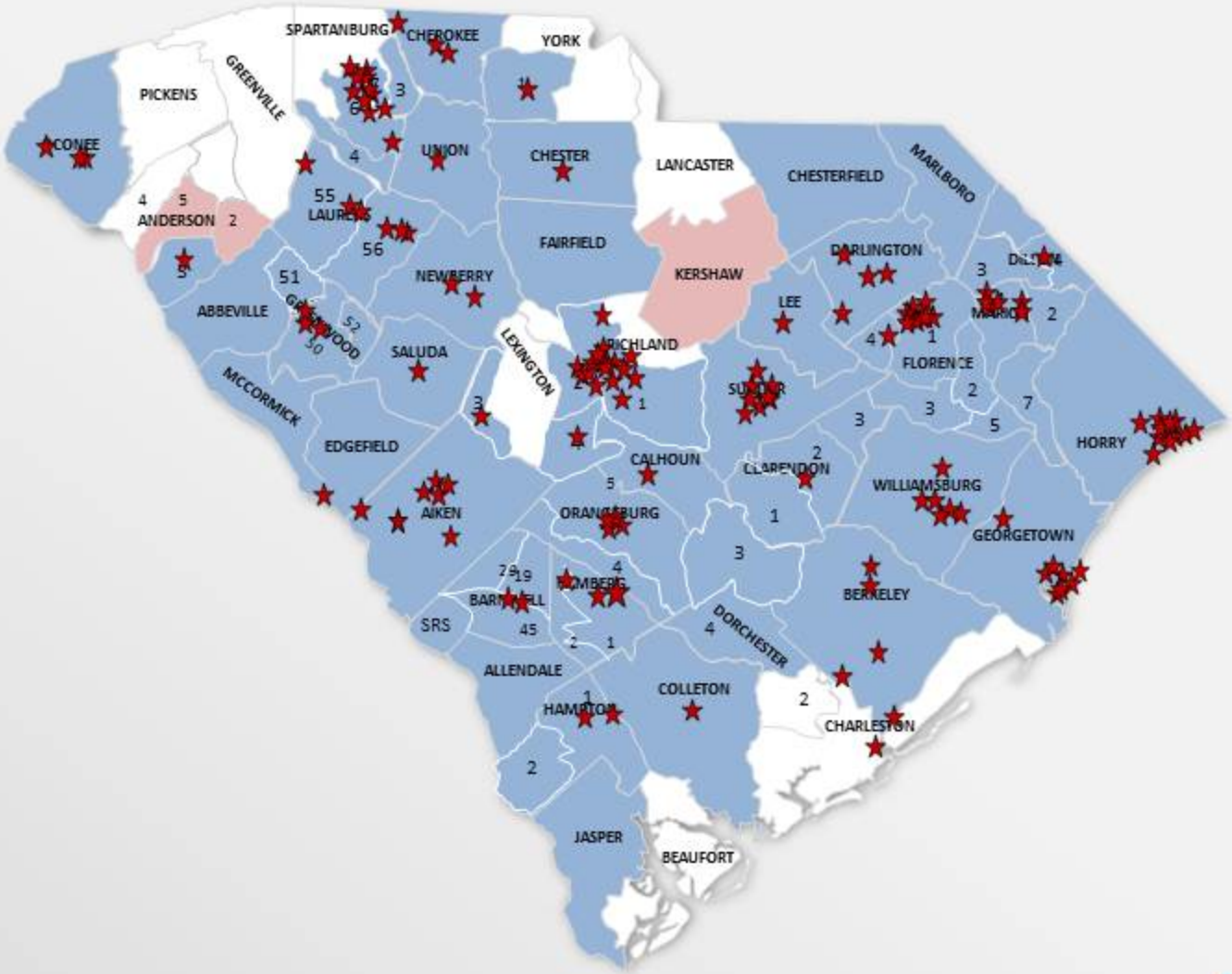
ITEM 4

FOR INFORMATION

4K Eligibility Map

New Provider Webinar Slides

First Steps 4K 2015-2016 - ANTICIPATED



FIRST STEPS
Getting children ready for school.
SOUTH CAROLINA

61 EXISTING PARTICIPANT DISTRICTS ANTICIPATED 2015-2016 EXPANSION DISTRICTS* (PENDING APPROVAL)

FIRST STEPS

Getting children ready for school.

SOUTH CAROLINA

First Steps 4K

Toll Free Information Call for Providers

888-537-7715

Participant Code 52045398#

To mute/unmute your line press *6

Welcome and Background

What is First Steps 4K?

- **In May 2006 the SC General Assembly created a pilot program, CDEPP, designed to expand four-year-old kindergarten in both public school district (SCDE) and private (First Steps) settings. After nine years, the pilot was codified as permanent law in June 2014.**

- **Parental choice**

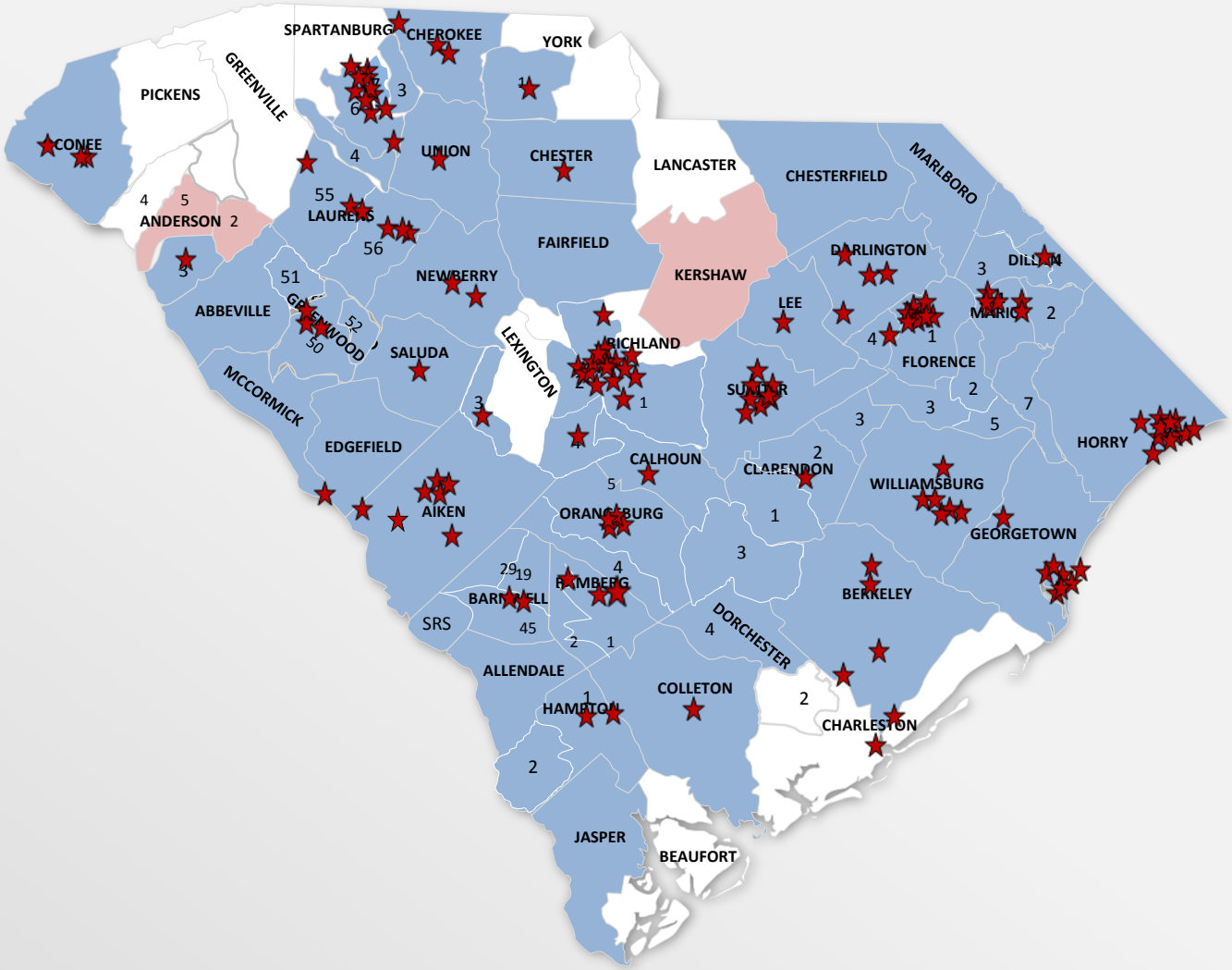
- **Matching requirements:**
  - **Research-based curriculum**
  - **Qualified staff**
  - **Student screening and assessment**

Where is First Steps 4K?

- **Initially: 37 trial and plaintiff districts**
- **Currently: 61 total districts at 70% poverty or greater**

- **3 NEW DISTRICTS for 2015-2016?**

First Steps 4K 2015-2016



FIRST STEPS
Getting children ready for school.
SOUTH CAROLINA

61 EXISTING PARTICIPANT DISTRICTS ANTICIPATED 2015-2016 EXPANSION DISTRICTS* (PENDING APPROVAL)

What Makes a Child Eligible to Participate:

AGE ELIGIBLE: Participating children must be 4 years of age on or before Sept. 1st of the school year. (Born between Sept. 2, 2010 – Sept. 1, 2011)

INCOME ELIGIBLE: Participating children must qualify for the free or reduced-price lunch program (family income is 185% of the federal poverty margin or below) or be Medicaid eligible.

GEOGRAPHICALLY ELIGIBLE: Participating children must reside in one of the 64*school districts specified as eligible by the SC General Assembly.

What Makes a Provider Eligible to Participate?

- **Center Based**
- **DSS Regulated (Licensed, Registered, Approved)**
- **In Good Standing (No significant pending violations or provisional licenses)**
- **In operation for one full year**

What Makes a Provider Eligible to Participate?

- **Serve at least 10 four-year-old children in a classroom setting (can be a combination of First Steps-funded and tuition paying)**
- **Agree to First Steps 4K Guidelines, includes regular monitoring and technical assistance**
- **Written application and site visit (application online at scfirststeps.org/4K)**
- **Providers need not be located in an eligible district, they must serve *geographically eligible children***

Tuition and Transportation

TUITION: Tuition Rate is $4,218 per child.

- **First Steps pays tuition for 6.5 hours daily, 180 days.**
- **ABC vouchers and/or parent pay may be accepted for wrap around care only. No registration fees.**

TRANSPORTATION: Transportation Rate is $550 per child.

- **Transportation is optional**
- **Must adhere to Jacob's Law**

MATERIALS & EQUIPMENT: Initial materials and equipment grants of up to $10,000.

Days of Service, Class Size, Ratio

DAYS/HOURS OF SERVICE:

- **Five (5) days a week, for 180 instructional days**
- **6 ½ hours daily**
- **Follow calendar of the school district in which you are located**

CLASS SIZE/RATIO:

- **At least ten 4-yearolds, 1:10 ratio (do not all have to be FS funded)**
- **No more than 20 4-year-olds**
- **35 square feet per child, maximum class size linked to physical space**

Lesson Plans, Rest, Snack/Meals

LESSON PLANS:

- **Written lesson plans required for 5.0 hours per instructional day**

REST TIME:

- **Opportunity for a brief rest time daily.**

MEALS/SNACKS:

- **All First Steps-funded students shall be offered breakfast, lunch and a snack meeting USDA requirements daily.**

Approved Curricula

Creative Curriculum
Montessori
High Scope

Waiver Process: Supported by published, peer-reviewed research.

Also: Developmental Screening, mClass Circle Early Literacy Assessment

Classroom Equipment and Environment

CLASSROOM ENVIRONMENT:

- **The provider shall maintain appropriate classroom space, equipment, materials and supplies.**

OUTDOOR EQUIPMENT:

- **Outdoor play areas and play equipment must adhere – at minimum – to SC DSS requirements.**

MATERIALS AND EQUIPMENT GRANTS

Staff Qualifications

LEAD TEACHER:

- **Lead teacher must possess, at minimum, a two-year degree in early childhood education or a related field and must be enrolled and demonstrating progress toward the completion of a teacher education program within four years.**
- **Lead teachers may not serve dual work roles within the center.**

INSTRUCTIONAL ASSISTANT:

- **Minimum high school diploma or its equivalent and two years of documented experience working with children under five years of age. Instructional assistants must complete the Early Childhood Development Credential (ECD) 101.**

Professional Development

- **Minimum 15 hours of professional development required annually for all staff. (DSS Requirement)**

- **Additional professional development trainings will be required by First Steps for lead teachers, instructional assistants and directors throughout the program year. Trainings are certified through CCCCD.**
  ***Curriculum and Early Literacy**
  ***ASQ-3**
  ***Conscious Discipline**
  ***Children from Poverty**

QUESTIONS?

For more information

www.scfirststeps.org/4K

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