

# ***REPORT ON THE EVALUATION OF SOUTH CAROLINA FIRST STEPS***

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Continuing Steps to School Readiness  
Fiscal Years 2011-2014



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## LETTER FROM THE EXTERNAL EVALUATION PANEL

**March 16, 2015**

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

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

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

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

Sincerely,

The External Evaluation Committee

Dexter Cook

Jill Kelso

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## ABSTRACT

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

1. First Steps’ public-private structure and model of shared governance generate a high degree of value-added at both the state and local levels.
2. First Steps is finding and serving the state’s most high-need clients.
3. First Steps is meeting legislated goals.
4. First Steps has a statewide fiscal and programmatic accountability structure in place to guide and provide oversight to local partnerships. This structure supports the translation of state-level priorities into practice.
5. At the state and local levels, First Steps serves as the “battery” powering many of the state’s key early childhood conversations and practices.

## EXECUTIVE SUMMARY

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

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

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<sup>1</sup> SC Code §59-152-30

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and learning problems;

- Promote high quality preschool programs that provide a healthy environment that will promote normal growth and development;
- Provide services so all children receive the protection, nutrition, and health care needed to thrive in the early years of life so they arrive at school ready to learn; and
- Mobilize communities to focus efforts on providing enhanced services to support families and their young children so as to enable every child to reach school.

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

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

1. establishing internal evaluation policies and procedures for annual reviews of county partnerships' functioning, strategy implementation, and progress toward interim goals and benchmarks; and
2. contracting with an external evaluator for an in-depth state- and county-level program evaluation every three years to ensure that they are meeting the legislative goals and requirements. The evaluation is to be overseen by a three-member committee appointed by the First Steps Board, Pro Tempore of the Senate and Speaker of the House.

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

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

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<sup>2</sup> SC Codes §59-152-40, §59-152-150, and §63-11-1720

<sup>3</sup> SC Code §59-152-50

<sup>4</sup> SC Codes §59-152-160 and §63-11-1730

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

- providing guidance and information to the Board of Trustees on best practices, effective strategies, model programs, and making recommendations for awarding county grants;
- reviewing county partnership plans and budgets and providing technical assistance, support, and consultation to facilitate their success;
- submitting annual reports of progress, budget information, and recommendations for initiative implementation to the Board of Trustees;
- ongoing data collection and contracting for an in-depth performance audit every three years; and
- coordinating First Steps with other early childhood health and school readiness efforts by state, federal, and local public and private entities.

As part of the 2014 reauthorization of First Steps, the local partnerships will add **three common duties**, effective July 1, 2016. As enabled by Section 59-152-70, these are:

- 1) serve as a local portal connecting families of preschool children to community-based services they may need or desire to ensure the school readiness of their children;
- 2) serve as a community convener around the needs of preschool children and their families; and
- 3) support of state-level school readiness priorities as determined by the State Board.

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

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

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

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

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<sup>5</sup> SC Code §63-11-1740

<sup>6</sup> SC Codes §<sup>6</sup>59-152-50 and §59-152-150

<sup>7</sup> SC Code §59-152-60

<sup>8</sup> SC Code §59-152-70

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

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

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

## **PURPOSE OF THE EVALUATION**

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

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<sup>9</sup> SC Code §63-11-1750

<sup>10</sup> SC Code §59-152-110

<sup>11</sup> SC Code §59-152-90

<sup>12</sup> SC Code §59-152-110

<sup>13</sup> SC Code §59-152-70(B)

<sup>14</sup> SC Code §59-152-130(A)

<sup>15</sup> SC Code §59-152-70(E)

<sup>16</sup> SC Code §59-152-70(C)

<sup>17</sup> SC Code §59-152-70(C)

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

1. What is the nature and diversity of programming provided statewide? To what extent and how do investments vary statewide?
2. To what extent do programs target and enroll children and families most in need of services? To what extent does enrollment vary statewide, if at all?
3. To what extent are programs implemented with a high degree of fidelity to program models or guidelines (such as evidence-based practices)?
4. To what extent have program investments satisfied legislative requirements to:
  - Provide parents with access to the support they might seek to strengthen their families and to promote the optimal development of their preschool children?
  - Increase comprehensive services so children have reduced risk for major physical, developmental, and learning problems?
  - Promote high quality preschool programs that provide a healthy environment that will promote normal growth and development?
  - Provide services so all children receive the protection, nutrition, and health care needed to thrive in the early years of life so they arrive at school ready to learn? and
  - Mobilize communities to focus efforts on providing enhanced services to support families and their young children so as to enable every child to reach school healthy and ready to learn?
5. To what extent are local counties providing effective and efficient support services, such as transportation, connections to available health services, etc.?
6. What, if any, value-added has resulted from First Steps investments?

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

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

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## EVALUATION METHODOLOGY

### CIPP Model

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

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

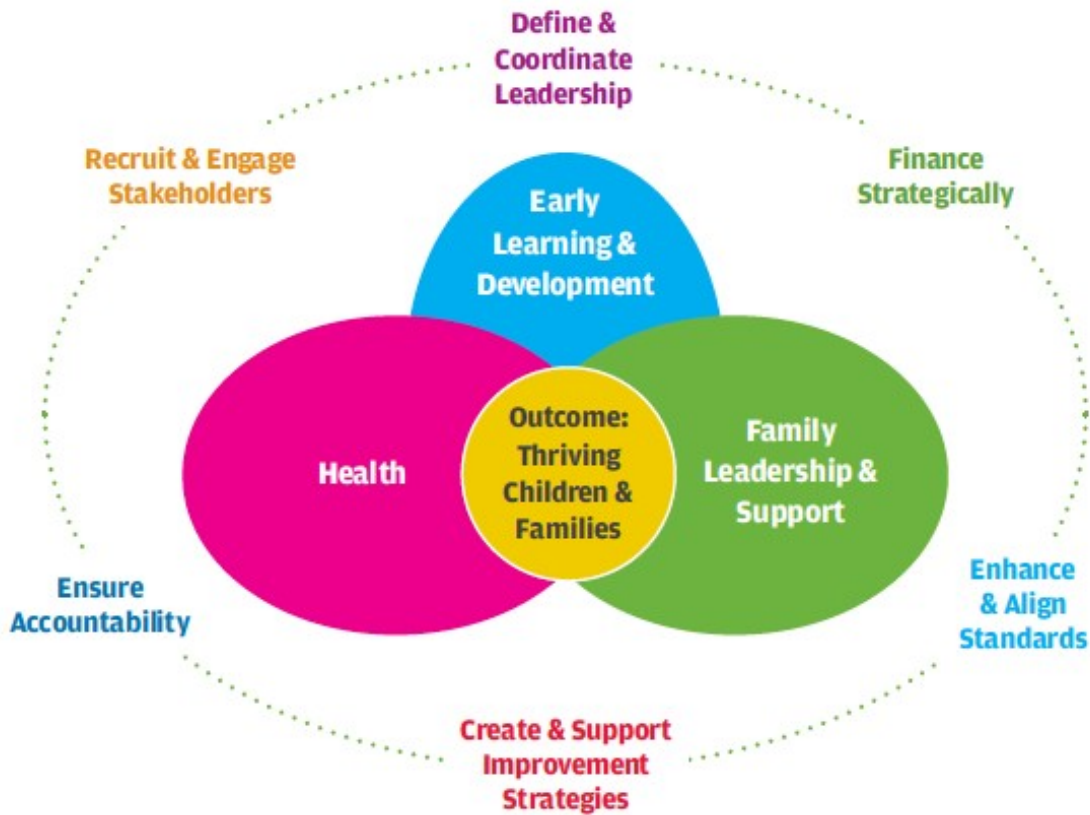
The Context-Input-Process-Product (CIPP) model offers a four-part framework for guiding the systematic assessments of a broad range of programs, projects, personnel, institutions, and systems (Stufflebeam, 2003, 2007). In general, there are two ways to think about the CIPP model: as four distinct types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

### Evaluation Design

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



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



## **DATA COLLECTION**

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

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

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## Data Analysis and Presentation

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

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

## Nature and Diversity of Investments

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

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

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

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

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

## **Implementation**

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

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

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

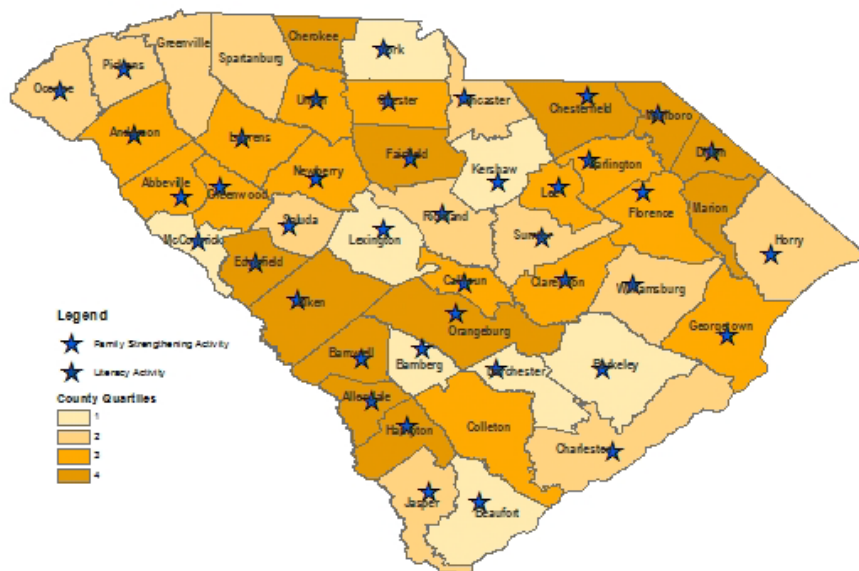
established the criteria that define high quality services. These standards are relatively rigorous, address multiple implementation elements, and easily conveyed to local partnerships. The standards represent a commendable and prudent investment by First Steps in an effort to standardize and ensure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

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

### FAMILY STRENGTHENING PROGRAMS

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

**Exhibit 2. Distribution of Locally Supported Family Strengthening Program 2013-14**



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## Home Visitation Programs

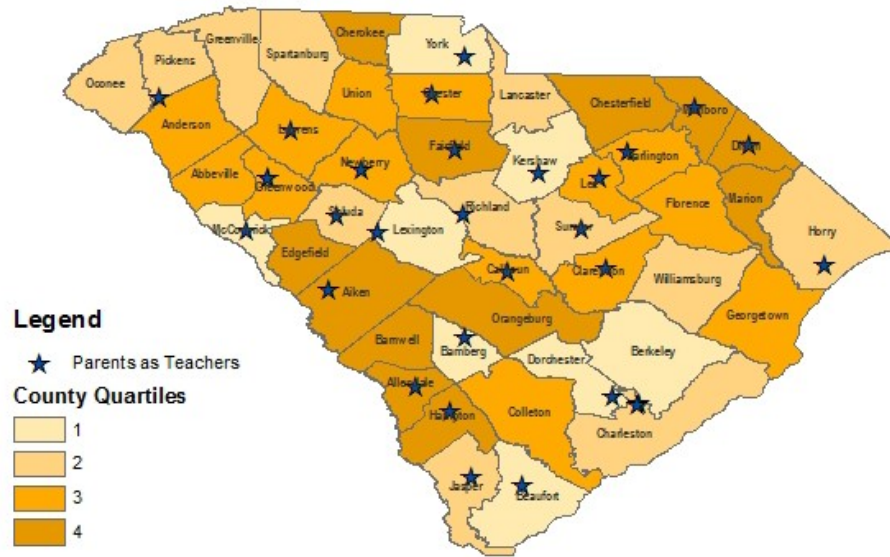
Parents as Teachers, a nationally recognized model for providing family and parenting support, is the most prevalent Family Strengthening program directly supported by local partnerships. Partnerships also support Parent Child Home, a variety of literacy programs, and Nurse-Family Partnerships (the latter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

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

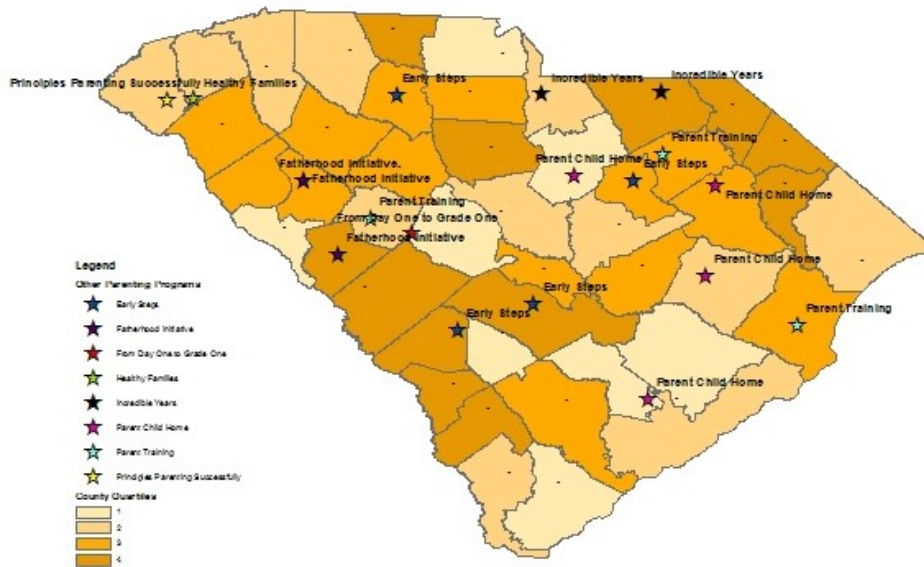
Parenting programs are a means of providing support to families with multiple risk factors, especially families that do not choose to use child care. Several partnerships noted that parents are a child’s first and best teachers—the support provided through parenting programs has the potential for lasting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

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

**Exhibit 3. Distribution of Parents as Teachers Programs 2013-14**



**Exhibit 4. Distribution of Other Parenting Programs 2013-14**



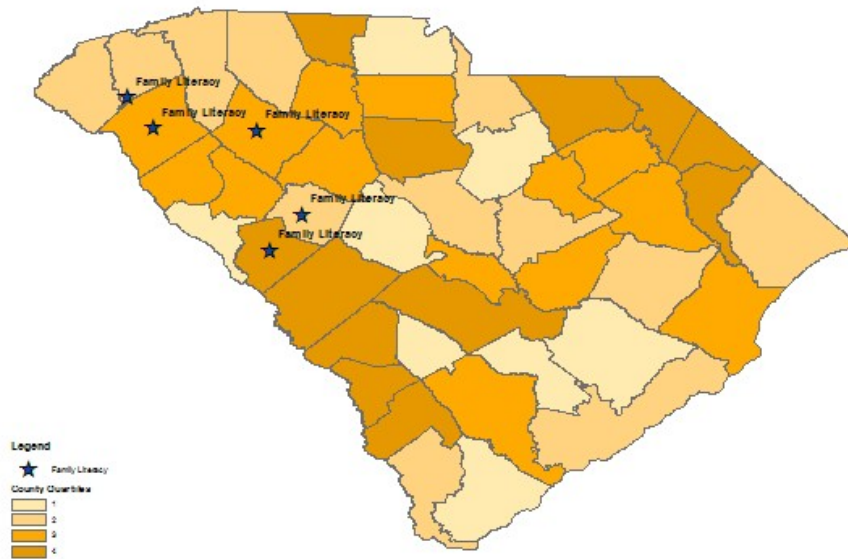
**LITERACY PROGRAMS**

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

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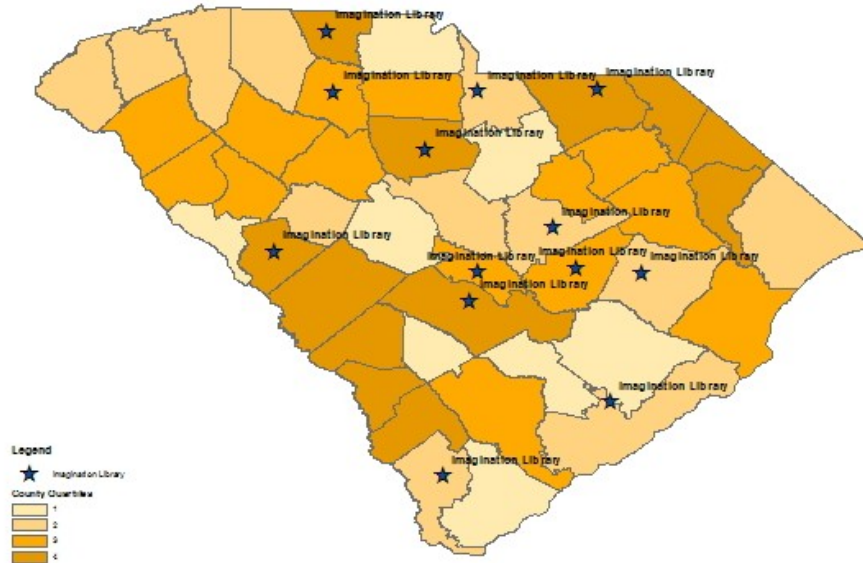
activities—which has the added benefit of promoting constructive parent-child interactions. For some partnerships, literacy is one component of a more comprehensive parenting program and provides ancillary or supportive services. Exhibit 5 and Exhibit 6 illustrate the distribution of literacy programs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

**Exhibit 5. Distribution of Literacy Programs 2013-14**



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## Exhibit 6. Distribution of Dolly Parton Imagination Library 2013-14



### NURSE FAMILY PARTNERSHIP

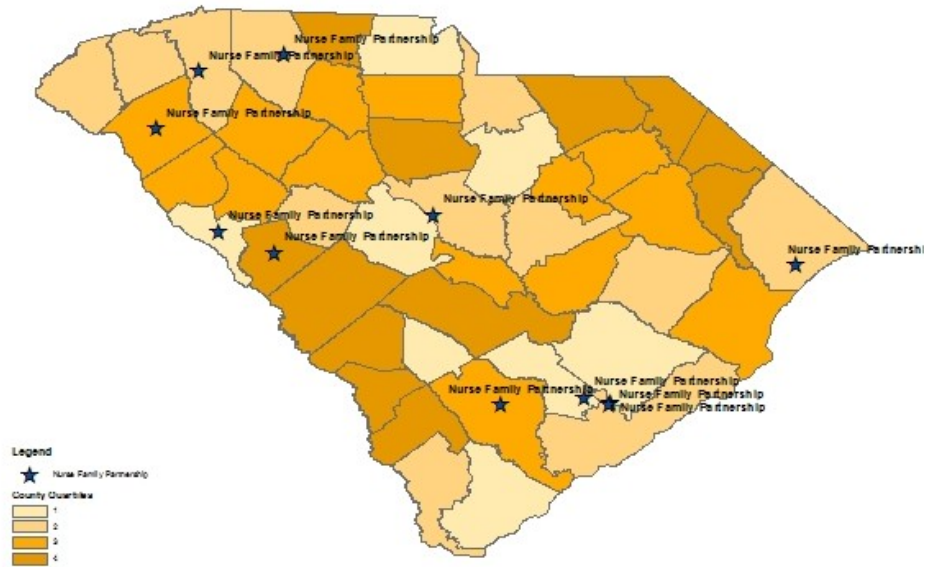
The Nurse Family Partnership (NFP) program, an evidence-based initiative, was established in South Carolina in 2007 as a partnership between First Steps and The Duke Endowment. Now entering its eighth year of implementation, NFP is a collaborative effort of multiple state and local partners including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

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



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## Exhibit 7. Distribution of Nurse Family Partnership Programs



## SCHOOL TRANSITION

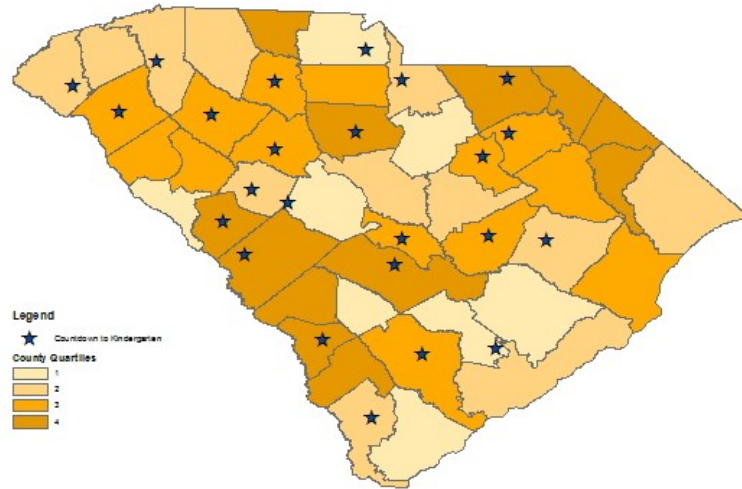
### Countdown to Kindergarten

Countdown to Kindergarten is South Carolina’s primary school transition program, designed to facilitate the transition into formal education (kindergarten) in the months directly preceding the start of the school year. The program was developed by SC First Steps in 2004 and was recognized by the National Governor’s association as a promising state practice in 2005. Countdown to Kindergarten home visits are conducted with families by teachers and are used to provide information to families, including information about the course of study and expectations for kindergarten students. Further, the home visits help teachers, children, and families get to know each other—another aid in the kindergarten transition process.

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

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## Exhibit 8. Distribution of Countdown to Kindergarten 2013-14



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

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

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

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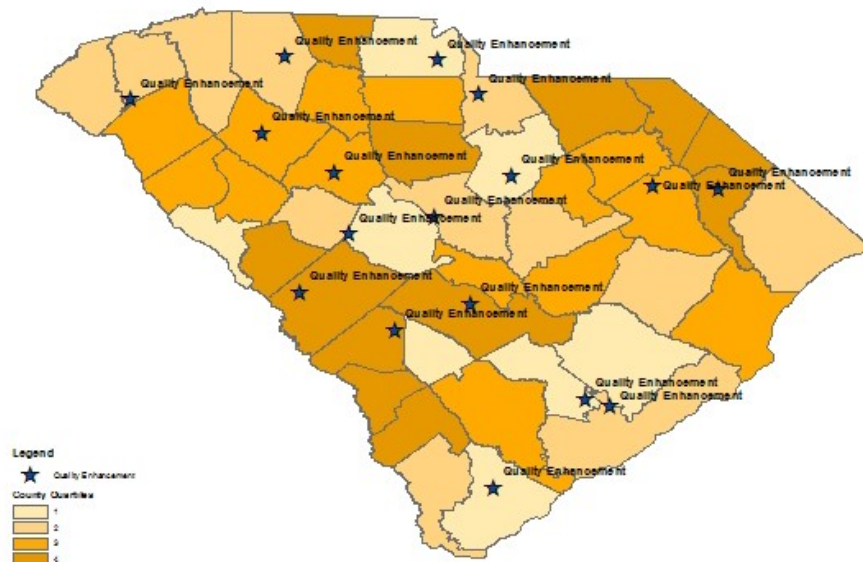
## QUALITY ENHANCEMENT PROGRAMS

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

- Participate in the USDA Child and Adult Care Food Program and document that at least 30% of enrolled students qualify for free meals/snacks (130% of federal poverty), or
- Be located within the school attendance zone of (and/or enrolling primarily children attending) an individual elementary school rated “Below Average” or “At Risk” (Unsatisfactory) during the preceding three-year period, or
- Ensure that 10% or more of enrolled students are ABC voucher recipients

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

**Exhibit 9. Distribution of Quality Enhancement Programs in 2013-14**

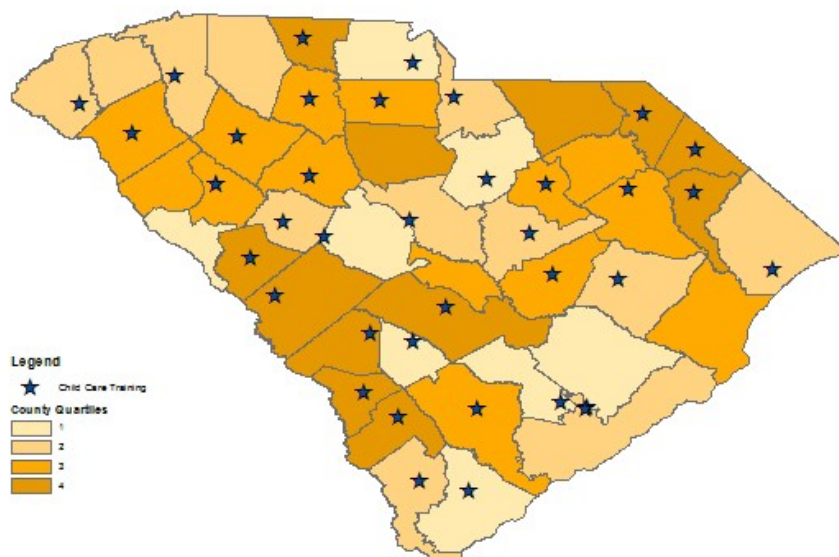


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## CHILD CARE TRAINING

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

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



## SCHOLARSHIPS

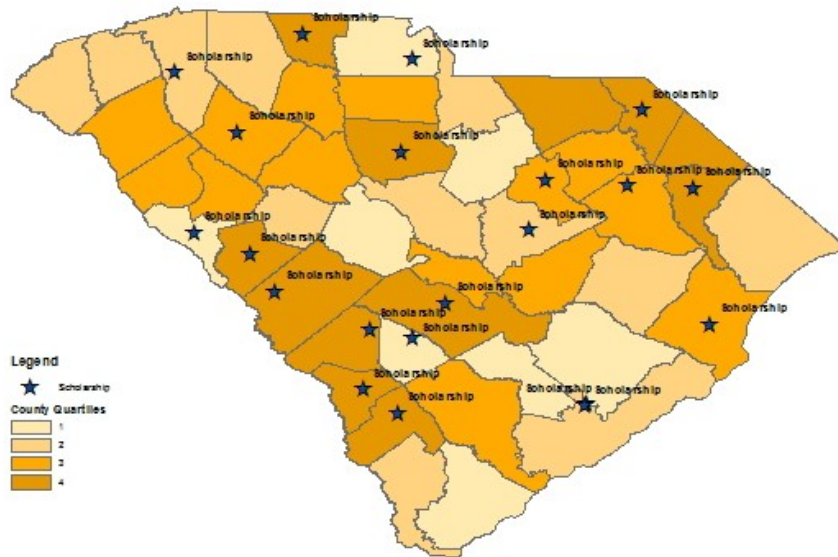
Scholarships are a means of helping interested and eligible families afford early education opportunities. When local partnerships invest in scholarships, First Steps requires the scholarships support and promote school readiness--scholarships must be used in centers exceeding the state's basic licensing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

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

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

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

**Exhibit 11. Distribution of Scholarship Programs in 2013-14**



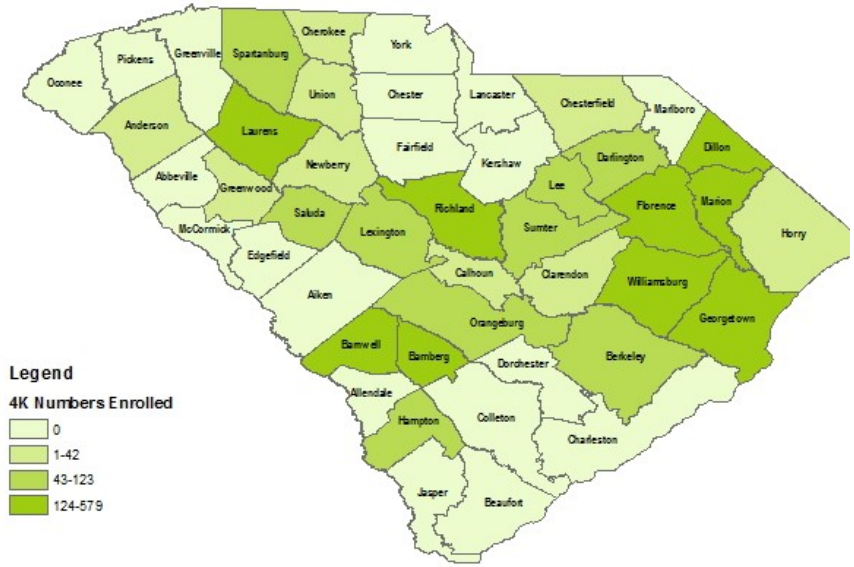
## EARLY EDUCATION

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

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

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

**Exhibit 12. Cumulative 4K/CDEPP Enrollment**

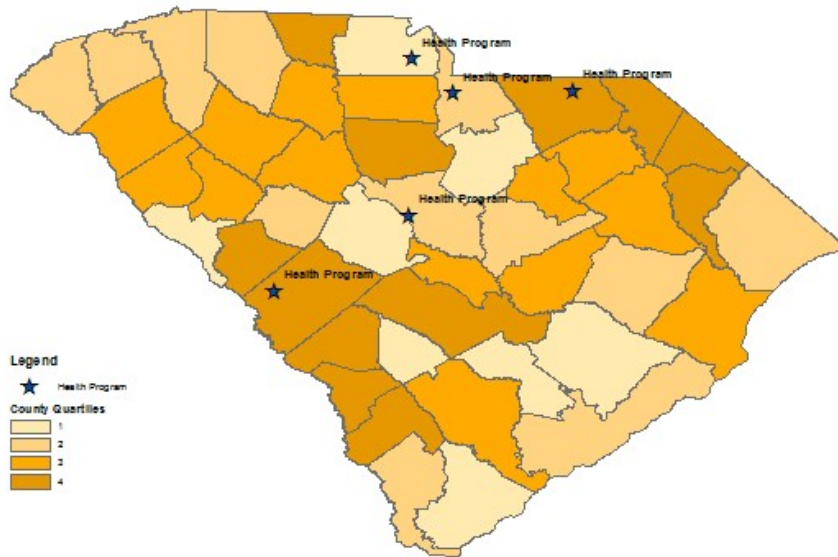


**Provide Services for Protection, Nutrition, and Health and to Reduce Risk for Major Physical, Developmental, and Learning Problems**

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

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### Exhibit 13. Distribution of Health Programs 2013-14



### EARLY IDENTIFICATION AND REFERRAL

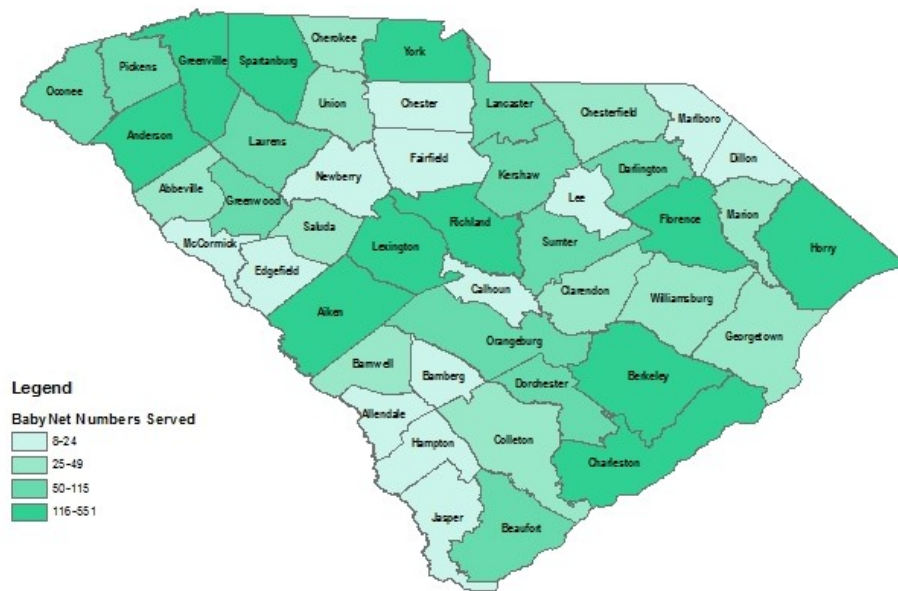
As of 2009, First Steps is the state’s lead agency for the federal Individuals with Disabilities in Education Act (IDEA) Part C early intervention program. First Steps configuration as a public-private partnership, the contributions and participation of state and local leaders and partner agencies, and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

#### BabyNet Participation

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

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## Exhibit 14. Children Served by BabyNet Services, 2013-14



### MOBILIZING COMMUNITIES

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

#### Local Partnership Collaborations with State Programs

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

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



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

### **Local Systems Development**

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

#### **DEFINE AND COORDINATE LEADERSHIP**

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

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

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

#### **STRUCTURING LEADERSHIP AROUND EARLY CHILDHOOD ISSUES**

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

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

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

## **FINANCE STRATEGICALLY**

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

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

## **DEVELOPING PRIORITIES AND RESOURCES FOR PROGRAMS**

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

## **ENHANCE AND ALIGN STANDARDS**

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

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

## **CREATE AND SUPPORT IMPROVEMENT STRATEGIES**

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

## **ENSURE ACCOUNTABILITY**

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

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

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

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## RECRUIT AND ENGAGE STAKEHOLDERS

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

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

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

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

## LEADERSHIP OPPORTUNITIES

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

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

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

## SHARED INVESTMENTS

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

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

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

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

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

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

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

## **EFFECTIVE AND EFFICIENT SUPPORT SERVICES**

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

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

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

## **VALUE-ADDED**

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

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

## **SUMMARY**

### **Methodological Limitations**

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

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

1. The evaluation did not randomly assign clients to treatment or control groups, important elements of experimental studies. Thus, the evaluation cannot establish causal links between specific programming and outcomes.
2. Without additional data on clients served it is impossible to know what confounding factors also might account for program outcomes. Some clients, for example, may have been involved in other initiatives or services that also may have contributed to an outcome. The nature of First Steps as a collaborative and integrated system of agencies and services confounds the isolation of specific program effects.
3. The evaluation team engaged in a data verification process that involved dialogue and data checking with both the state First Steps office and local partnership staff. In some cases, however, some data could not be fully verified by the evaluation team at the time data were aggregated and analyzed. Further, the use of available data means there were no opportunities for reliability checks and a limited ability to examine data quality.
4. The evaluation's design incorporated a comprehensive and individualized local partnership survey, which captured many of the contextual and systems values of interest. However, the team was limited to available data on implementation, output, and outcome metrics.
5. The evaluation team relied most heavily on the First Steps database. However, there were instances and evaluation questions for which the team used data generated from annual renewal plans—these data are used by First Steps to annually review local partnership progress. However, renewal plan data are submitted prior to the close of each fiscal year and, as such, do not contain a full year's data. The team supplemented renewal plan data with available annual plan data. However, there were instances in which renewal plan and annual plan data did not agree (which can be expected, given the timing of renewal and annual plans). Thus, findings based in renewal plan data are limited, as the data are considered estimates.

## PRIMARY FINDINGS

In brief, the evaluation team finds that:

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

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value-added at both the state and local levels.

2. First Steps is finding and serving the state’s most high-need clients.
3. First Steps is meeting legislated goals.
4. First Steps has a statewide fiscal and programmatic accountability structure in place to guide and provide oversight to local partnerships. This structure supports the translation of state-level priorities into practice.
5. At the state and local levels, First Steps serves as the “battery” powering many of the state’s key early childhood conversations and practices.

Findings are discussed in more detail, below.

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

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

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

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

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



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

### **3. First Steps is meeting legislated goals.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**5. At the state and local levels, First Steps serves as the “battery” powering many of the state’s key early childhood conversations and practices.**

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

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

## **RECOMMENDATIONS**

The evaluation team respectfully submits the following recommendations for consideration:

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

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

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

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## About Compass Evaluation and Research, Inc.

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

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

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