

SC First Steps to School Readiness FY15 Partnership and Program Accountability Standards

Effective July 1, 2014 – June 30, 2015

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 2014-15 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.

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 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
Parent-Child Home Program
Early Steps to School Success
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 Strategies (for all strategies not listed above)

Program standards should 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:

The State Office of First Steps will monitor local partnerships on an ongoing basis throughout the year for compliance with partnership and program accountability standards.

During the review of local partnership Renewal Plans, the State Office of First Steps will create **Continuous Quality Improvement (CQI) Plans**, with input from local partnership staff. These plans will be issued to all local partnerships at the beginning of the new program year.

CQI Plans must be presented to local partnership boards during a partnership board meeting. 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.

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)
- *Not meeting standards for screenings and assessments
- *Not meeting standards for data collection and evaluation

**For 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 FY15:

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 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) Receive a board orientation that addresses, at minimum, membership responsibilities; the mission/vision, structure, policies/procedures/standards for operation; and program strategies.
- b) Maintain a current term on the board not to exceed 6 years (3 consecutive two-year terms) and regularly attend meetings in accordance with local partnership By-Laws.

3. Conduct and submit an Operations Self-Assessment annually by the published deadline.

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 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.

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.

FIRST STEPS PARTNERSHIP ACCOUNTABILITY STANDARDS FISCAL ACCOUNTABILITY

REQUIREMENTS FOR FY15:

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 certify available carry-forward per partnership by October 15 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 FY15:

- 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 the partnership technical assistant at the state office.

FIRST STEPS PARTNERSHIP ACCOUNTABILITY STANDARDS RESOURCE DEVELOPMENT

REQUIREMENTS FOR FY15:

- 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.
 - 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 FY15:

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:

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

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, with no client to receive less than 2 visits monthly. Clients identified as possessing two (2) or more board-approved risk factors shall receive home visitation up to weekly as the needs and availability of the family dictate. (For purposes of grant renewal, conditional approvals will be issued to Partnerships averaging fewer than 2.0 visits per family, per month.)
- First Steps funded P.A.T. programs shall maintain formal affiliate status via the Parents as Teachers National Center. SC First Steps will continue hosting regular conference calls to assist vendors with tracking and meeting new model requirements. 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.

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 an age-appropriate developmental screening tool (e.g. Ages & Stages 3, 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. .
- All parenting and family strengthening vendors shall develop well-documented Family Service Plans between the home visitor and families (using the PAT Goal Setting form) within 3 months of the enrollment of each within the program, and subsequently update these plans at least semi-annually to gauge progress and goal attainment.

e) Integrated Service Delivery:

- Partnerships shall utilize the Life Skills Progression and/or other formal and informal needs assessments to refer/ link families to additional interventions as necessary and beneficial – either simultaneously or as part of a planned, multi-year service continuum.
- Each 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 P.A.T. educators must possess at least a two-year degree in early childhood education or a closely related field and document successful completion of/initial certification in P.A.T.'s *Foundational and Model Implementation Training*. Educators whose caseloads include children aged 3-5, must also be maintain the *P.A.T. (3-5)* add-on certification.
- Each P.A.T. program shall be overseen by one or more individuals certified as PAT Supervisors.
- Each parent educator in a First Steps-funded program shall successfully complete (as part of his/her annual recertification and regardless of his/her individual funding source) at least three hours of 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 Assessment:

- Each P.A.T. vendor shall participate in the PAT affiliate quality validation every 4th year and make ongoing use of the *PAT Parent Evaluation* (annually), *Parent Educator Performance Evaluation* (annually), *Parent Educator and Supervisor Self-Evaluations* (annually), *Program Evaluation by Parent Educators* (annually) and *Peer Mentor Observation* (optional). Each program must submit an Affiliate Performance Report to PAT and South Carolina First Steps by July of each year.

- Each participating First Steps Partnership shall convene a monthly supervisory meeting of all pertinent program/vendor staff (to include those staff members providing both supervision and direct service to families) to review recruitment, standards compliance, programmatic data and other issues related to strategy success.
- Parent educators shall participate in individualized reflective supervision meetings with their supervisors monthly.

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 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.
- c) 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.
- d) 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.
- e) Client demographic, program, connections to services, screening and assessment data shall be collected within the First Steps Data Collection System (FSDC).

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

REQUIREMENTS FOR FY15 :

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:

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

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

d) Ongoing Program Quality Assessment:

- P.C.H. vendors shall utilize *Parent and Child Together (PACT) Observations* to guide family goal setting and evaluate changes in parent behavior, as required, report all required data within the national PCHP Management Information System and administer the *Evaluation of Child Behavior Traits (CBT)* as required.
- Each participating 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 PCH Vendors shall utilize the PCHP family-centered assessment and/or other formal and informal needs assessments to refer/ link families to additional interventions as necessary and beneficial – either simultaneously or as part of a planned, multi-year service continuum.
- All parenting and family strengthening vendors shall develop well-documented Family Service Plans between the home visitor and families (using the SCFS-issued template 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:

- 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.
- c) 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.
- d) 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.
- e) Client demographic, program, 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 FY15 :

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:

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

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 to receive less than 2 visits monthly. Clients identified as possessing two (2) or more board-approved risk factors shall receive home visitation up to weekly as the needs and

availability of the family dictate. (For purposes of grant renewal, conditional approvals will be issued to Partnerships averaging fewer than 2.0 visits per family, per month.) While the ESSS model is ideally suited for delivery within the home (and home-based visitation expected as the primary method of service delivery), visits may be approved for delivery at an alternate location (a 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 45 minutes

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

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 family-centered assessment within 90 days of enrollment and at least annually thereafter
- Vendors shall seek to ensure that each participating client family is connected with a pediatric medical home and other community services as appropriate.
- Each client child shall be assessed using an age-appropriate developmental screening tool (e.g. Ages & Stages, 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 (as part of his/her annual recertification and regardless of his/her individual funding source) at least three hours of annual professional development and document the successful completion of all national model requirements related to ongoing professional development hours. Annual training (for both the program and individual staff members) must be documented on-site by each vendor
- Each parent educator 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 Service Plans:

- All parenting and family strengthening vendors shall develop well-documented Family Service Plans between the home visitor and families within 3 months of the enrollment of each within

the program, and subsequently update these plans at least semi-annually to gauge progress and goal attainment.

g) Integrated Service Delivery:

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

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 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 must be assessed with the HOME Inventory per ESSS model requirements. .
- c) 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.
- d) 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.
- e) Client demographic information, home visit dates, developmental screening results and KIPS assessment data shall be collected within the First Steps Data Collection System (FSDC).

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

REQUIREMENTS FOR FY15:

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 FY15:

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 FY15:

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

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 FY15:

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

1) SERVICE POPULATION:

- a. Service Population for Early Identification and Referral: Any child ages birth to 36 months with suspected delays in development, including:
 - American Indian infants and toddlers with disabilities residing on a reservation
 - Infants and toddlers who are homeless
 - Infants and toddlers born prematurely
 - Infants and toddlers with prenatal exposure to drugs or alcohol
 - Infants and toddlers with substantiated child maltreatment
 - Infants and toddlers who are in foster care or who are wards of the state
- b. Services shall be provided to any family regardless of their county of residence.

2) SERVICE DELIVERY:

- a. Public Awareness:
 - i. With guidance from the state BabyNet office,
 1. Coordinating dissemination of public awareness and child find materials directly to families
 2. Coordinating dissemination of public awareness and child find materials 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 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.
 - ii. Any child ages birth to 36 months with suspected delays in development shall be screened using an age-appropriate developmental screening tool (e.g. Ages & Stages III, Ages and Stages SE, Parent Evaluation of Developmental Status, Battelle Developmental Inventory -2 Screener).
 - iii. Data: Client demographic and developmental screening results will be entered into the First Steps Data Collection System (FSDC).
- c. Referrals:
- i. 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.
 - ii. 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.
 - 1. 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.
 - 2. Children ineligible for BabyNet: Partnership staff shall contact the family to facilitate referral to appropriate local early learning resources, including but not limited to:
 - a. First Steps County Partnership
 - b. Help Me Grow
 - c. Early Head Start
 - d. Use BabyNet Central Directory to identify service providers as resources to family and child
 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.
 - iii. 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 participation in development of initial Individualized Family Service Plans shall:

- i. Possess the minimum qualifications of an Associate Degree and 3 years' experience (course work contributions i.e. Psychology, 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, USC School of Medicine, or other qualified personnel.
- 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. 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.

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

REQUIREMENTS FOR FY15:

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)

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

Bi-weekly technical assistance visits logged within the First Steps Data Collection (FSDC) System shall be planned and purposeful – with summary data logged no less than monthly. These visits, which may span

several hours in duration and entail multiple individual classroom visits, may be supplemented (but not replaced) by additional phone consultation and/or shorter drop-in visits. Two or more visits to the same site on a single day shall be considered a single visit of increased duration. In the event that topical, on-site consultation may be appropriately considered for provider training credit through the CCCCDC, 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 CCCCDC

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

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 FY15:

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 CCCCDC 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, partnerships are encouraged to 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 FY15:

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

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, CDEPP and/or the EIA 4K program.

c) Developmental Screening

First Steps partnerships funding child care scholarships shall ensure the completion of an age-appropriate developmental screening for each scholarship recipient – with results to be shared with parents. This screening may be conducted by the partnership, the child care provider, or another community partner as local needs and resources dictate. Children with suspected delays will be referred (as appropriate) to either BabyNet or their local school district for additional evaluation.

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) 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, 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 FY15:

Independent of vendor, First Steps funded 4K classrooms shall adhere to the following student enrollment criteria during FY15 (2014-15 school year):

- Each student must be four-years-old on or before September 1, 2014.
- 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 FY15:

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

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 Strategies

REQUIREMENTS FOR FY15:

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.
- c) 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.