Evidence-Based and Evidence-Informed Programs Supporting School Readiness: An Initial Guide for South Carolina First Steps to School Readiness

A Report By The
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Introduction

South Carolina First Steps to School Readiness (SCFS) is a quasi-governmental state agency devoted to preparing children in the 0-5-age range to be ready for school. School readiness is multi-faceted; the ability of a young child to be receptive to educational efforts rests on being healthy, having an adequate home and family environment, and having access to necessary services and supports.

The activities of the SCFS State office and local county-based partnerships are guided by legislation. The SC First Steps Board of Trustees oversees the efforts of the state office and of local partnerships, supporting these entities in their efforts to create healthy, resilient, happy children who are ready for school.

To achieve these goals, local partnerships offer programs in one or more of the following service areas: family strengthening, early education, childcare, health, school transition, and early intervention. Section 59-152-100 requires that "*at least seventy-five percent of state funds appropriated for programs must be used by the local partnership for evidence-based programs. Not more than twenty-five percent of state funds appropriated for programs to a local partnership may be used for evidence-informed programs.*" The goal is to assure that quality programs are provided to support the school readiness of children in the 0-5-age range.

This report is meant to be an initial guide to partnership offices to support program selection in the SCFS program areas of family strengthening, childcare quality enhancement, health, school transition, and early care and education, as these represent the largest expenditures of First Steps funds at the state and local level. This initial guide is based primarily, but not exclusively, on programs currently being delivered by local partnerships in these specific areas. General childcare training, the provision of childcare scholarships, and early intervention activities are not included in this guide. General childcare training is a broad category and includes a wide range of training efforts that cannot be specifically categorized. Likewise, because childcare providers deliver programs of varying quality and intensity, lacking any specific program model, the provision of childcare scholarships is not considered for categorization at this time and may best be considered a supplement to another evidence-based program (rather than a program unto itself). Lastly, because early intervention services are, by design, highly individualized and typically consist of multiple components, they are not included in this review.

Here the terms "evidence-based" and "evidence-informed" are defined.

Evidence-based programs refer to those programs that are grounded in published empirical research and have demonstrated positive impact on outcomes related to school readiness. Outcomes related to school readiness include social, emotional, and behavioral outcomes for children, improvements in academic readiness or academic skills for children, improvements in parent or family functioning, or improvements in adult skills and abilities related to school readiness in children (e.g. improved fidelity in program delivery).

As a minimum standard, for a program to be considered *evidence-based* there must be at least one *well-conducted* research study using a randomized controlled trial design that has been published in a peer-reviewed journal for that particular program. Alternately, for a program to be considered evidence-based there may be findings of significant impact on school-readiness related outcomes from meta-analytic studies (where the results of multiple single studies are quantitatively combined) published in the peer-reviewed literature. With regard to implementation, the staff delivering an evidence-based program at the local level must be specifically trained and qualified to implement the program, and during implementation staff are monitoring program delivery to ensure fidelity to the program model. Staff delivering the program must also have support of supervisors or consultants with opportunity for continual professional development activities. Finally, as no one program or service can meet all needs that a child and family may present with, local partnerships must have the ability to make linkages to other community services as needed and as appropriate during the time of program delivery.

Evidence-informed programs have a strong theoretical basis that is grounded in empirical research on factors relevant for school readiness at the child, family, or organizational level. Evidence-informed programs may also be supported by research, but the research does not meet the criteria set forth for that of evidence-based programs. Thus, evidence-informed programs are defined as those having at least one empirical study demonstrating positive impact on outcomes related to school readiness. Such studies may be found in technical reports, published in non peer-reviewed outlets (including doctoral-level dissertations), or presented in white papers or unpublished manuscripts. Ideally, such studies demonstrate change through measurement of relevant factors both before and after program delivery. Such studies may be single group designs (i.e. not having a comparison group), quasi-experimental designs, time-series designs, or well-controlled single case studies. Some evidence of staff training in model delivery, evidence of organizational/supervisory support for model delivery, and linkages with other community services are also expected.

Importantly, the strength of the evidence for the majority of human service interventions varies from weak to strong, and changes over time. Thus, programs that at one point in time are considered “evidence-based” may be altered and no longer meet the criteria for “evidence-based”;

conversely, programs that are “evidence-informed” may, over time, become “evidence-based”. Thus, it is expected that this guide will be revised at least annually, and that mechanisms are established by SCFS for local partnerships to review additional information on existing programs or information on new programs for consideration as appropriate and necessary.

As use of evidence-based programs has become a requirement by many states, agencies, and funders, a large number of lists of evidence-based programs have become available. Criteria for program inclusion vary significantly from list to list; thus, caution is warranted when researching programs. Some of the most common lists at present include:

1. National Registry of Evidence-Based Programs and Practice (NREPP) (www.samhsa.gov/nrepp)
2. Home Visiting Evidence of Effectiveness (http://homvee.acf.hhs.gov/Models.aspx)
3. California Evidence-Based Clearinghouse for Child Welfare (www.cebc4cw.org),
4. Blueprints Program for Healthy Youth Development (www.blueprintsprograms.com)
5. Collaborative for Academic, Social, and Emotional Learning (www.casel.org)

In addition to these publicly available resources, there are program specific websites (provided here with program descriptions), research publications (included in the References section), and comprehensive program reviews from other entities such as the Smart Start Resource Guide of Evidence-Based and Evidence-Informed Programs and Practices North Carolina Smart Start Report (Howse et al., 2013). The interested reader is encouraged to examine these rich sources of information prior to making program investments at the local level.

FAMILY STRENGTHENING PROGRAMS

A wide range of family strengthening programs are currently being offered or supported by local First Steps partnerships. Many of these programs are well established at the national level and have clear guidelines and support for training and implementation, as well as mechanisms for ongoing quality assurance. However, a number of programs currently being provided by First Steps Partnerships are local variants that are similar to national models, or that may include elements of well-established programs. Such local programs are typically categorized by First Steps by program type (e.g. fatherhood program, family literacy program) and typically have not been subject to empirical research. Therefore, these strictly local program variants cannot be classified as evidence-based or evidence-informed at this time (and therefore are not included in this report).

For the parenting programs that follow, information will be provided regarding the program name, program website, current program categorization (evidence-based or evidence-informed), and whether or not the program is included in the SCFS Partnership and Program Accountability Standards. In addition, the following information is briefly summarized for each program.

1. **What is the intervention and whom does it target?**
2. **What does the intervention look like?**
3. **What outcome areas does the intervention impact?**
4. **What are key implementation issues to consider?**

Partnerships interested in particular programs will need to contact programs directly for the detailed information necessary for program implementation.

Program Name: Early Steps: Early Steps to School Success
Program Website: www.savethechildren.org
Current Program Categorization: Evidence-Informed
Included in SCFS Partnership and Program Accountability Standards: Yes

What is the intervention and whom does it target?
Early Steps to School Success (Early Steps) is a school readiness program developed by Save the Children and targets parents with children in the 0-5 age range. The program includes home visits, book exchanges, and parenting groups.

What does the intervention look like?
The home visit portion of the Early Steps program focuses on parents with children in the 0-3 age range. During visits, parents are provided with information and advice regarding child

development and parenting, as well as age-appropriate activities. Children are screened and referred to community providers as necessary/appropriate. For children ages 3-5 a book bag exchange program is provided to increase child exposure to print materials and to encourage parents to read to children.

Parent education groups are offered at schools in order to support school-home connections and to foster the child's transition to school. Early Steps staff assist parents in connecting with their child's teacher before the child begins preschool or kindergarten.

What outcome areas does the intervention impact?
The program targets language development and pre-literacy skills. Children's receptive vocabulary is assessed as part of the program when children are ages 3 and 5 (using the Peabody Picture Vocabulary Test). Home literacy involvement by parents has also been found in prior research to predict children's cognitive and social emotional development and children's academic performance (e.g. Baker, 2013; Steiner, 2014).

What are key implementation issues to consider?
Delivering Early Steps involves adherence to Early Steps implementation requirements as well as additional SCFS requirements as noted in SCFS accountability standards. The curriculum for the Early Steps program has been developed by Save the Children and Zero to Three (ZTT): National Center for Infants, Toddlers, and Families. The program is delivered by paraprofessionals from the local community who are trained to implement the program. Program training and support is provided by Save the Children. However, in addition to program requirements, SCFS accountability standards require annual certification for each home visitor in an observational assessment measure, Keys to Interactive Parenting Scale (KIPS). Strong local connections are necessary for implementation in order to recruit paraprofessionals from the community as well as to create the network of referral resources needed to support child and family needs.

Program Name: Even Start
Program Website: http://www2.ed.gov/programs/evenstartformula/index.html
Current Program Categorization: Evidence-Informed
Included in SCFS Partnership and Program Accountability Standards: No

What is the intervention and whom does it target?
Even Start refers to an education program supported by federal funds for family literacy projects for low income families. The model includes early childhood education, adult literacy, parenting education, and parent-child literacy activities (see http://homvee.acf.hhs.gov/Model/1/Even-Start-Home-Visiting-(Birth-to-Age-5)/30/2Program). The program targets children ages 0-7 and

their families. The assumption behind this model of program delivery is that child and family outcomes can be strengthened by participation in all four program components.

What does the intervention look like?
Each Even Start project may have a unique combination of programs that comprise the four categories of services (i.e. early childhood education, adult literacy, parenting education, and parent-child interactive literacy activities). No specific program models within these categories of service are specified. As such, the evidence base for the Even Start model itself cannot be directly assessed.

What outcome areas does the intervention impact?
Even Start goals include improving parenting literacy skills, involving parents in their children's education, and supporting skill development in children to support their academic success. While research supports important school-readiness outcomes for program components (e.g. early childhood education, interactive reading (Reese & Cox, 1999) behind family literacy programs such as Even Start, a randomized trial of families participating in Even Start found no significant impact on child or parent literacy or on parent-child interactions as compared to control group families who could participate in programs of their own choosing (St. Pierre, Ricciuti, & Rimdzius, 2005).

What are key implementation issues to consider?
Even Start is no longer federally funded. Implementation support is not available.

Program Name: Family Literacy
Program Website: N/A
Current Program Categorization: Evidence-Informed
Included in SCFS Partnership and Program Accountability Standards: Yes

What is the intervention and whom does it target?
Family literacy programs are intergenerational, multi-component programs that focus on the family as the unit to enhance children's academic readiness and functioning. These programs are based on the premise that improving caregiver literacy skills and support for children's emergent literacy and literacy will have a positive impact on school readiness in young children.

What does the intervention look like?
Per SCFS Program Accountability Standards, as well as by accepted definitions in the field (e.g. Caspe, 2003), family literacy programs are comprised of four components: parent education, adult education, early childhood education, and parent-child interactive literacy activities.

What outcome areas does the intervention impact?
The primary focus of family literacy programs is on literacy development (emergent literacy and literacy) in children (Caspe, 2003). These skills are important for success in school. Home literacy involvement by parents has also been found to predict children's cognitive and social emotional development and children's academic performance (e.g. Baker, 2013; Steiner, 2014).

What are key implementation issues to consider?
SCFS Program Accountability Standards sets requirements for each of the four elements of family literacy interventions. These include a requirement for the chosen parent education component to be evidence-based or evidence-informed, for the adult education component for the caregiver to be involved in a program recognized by the SC Department of Education until a GED, High School Diploma, or other educational goal is met; that the child participates in a quality early educational program licensed by SCDSS (ABC Quality Program rating of B or higher), and that there are monthly interactive literacy play sessions between parents and children. Families are expected to participate in all four components.

Program Name: Fatherhood Programs
Program Website: N/A
Current Program Categorization: N/A
Included in SCFS Partnership and Program Accountability Standards: No

What is the intervention and whom does it target?
Fatherhood programs refer to a broad category of interventions designed to promote responsible fatherhood through interventions directed toward fathers or through policy-level interventions.

What does the intervention look like?
Fatherhood programs vary widely in target population, scope, and focus. Examples include state level randomized trials of economic policies (e.g. Cancian et al., 2008) or parenting interventions with incarcerated fathers (Landreth & Lobaugh, 1998). One quasi-experimental study examined an intervention to increase father involvement and parenting skills of fathers of children enrolled in head start. The intervention was adapted from Head Start parent-involvement activities and increases in measures of father involvement were seen; the strength of the outcomes were positively impacted by the amount of time fathers were involved in the program (Fagan & Iglesias, 1999).

What outcome areas does the intervention impact?
Outcomes from responsible fatherhood programs typically include one or more of the following: economic self-sufficiency, well-being, financial support of children, or father involvement (Avellar et al., 2011). Parenting skills, the relationship between parents (co-parenting, interpersonal violence), and child outcomes may also be targeted by fatherhood programs. However, identifying strong, evidence-based fatherhood interventions is a challenge given the current state of this field of research. For example, based on a comprehensive review of 90 studies of fatherhood programs, only 15 were designated as moderately or well-conducted; the remainder of studies were of low methodological quality or could not be rated (Avellar et al., 2011).

Program Name: Imagination Library
Program Website: imaginationlibrary.com
Current Program Categorization: Evidence-Informed
Included in SCFS Partnership and Program Accountability Standards: Yes

What is the intervention and whom does it target?
Imagination Library is a program devoted to increasing exposure to print materials for young children, which has been demonstrated to have an impact on early literacy skills through family reading activities.

What does the intervention look like?
Age-appropriate books are mailed to participants once per month from the time of enrollment through child age 5.

What outcome areas does the intervention impact?
Two quasi-experimental studies have been conducted examining the impact of the Imagination Library program. One study examined length of program enrollment and found increases parent-reported daily reading to children as length of program participation increased (Ridzi, Sylvia, & Singh, 2014). In a separate study, positive impact on children's early language and math scores was found in a sample of children newly enrolled in kindergarten who had been involved with the Imagination Library program as compared to newly enrolled kindergarten children from the same elementary schools who had not been involved with the program (Samiei, Bush, Sell, & Imig, 2016).

What are key implementation issues to consider?
As the Imagination Library program only provides books for the children and the books are sent directly to family homes, staff training is not necessary. Regional Directors are available to support the launch of new programs; initial contact requests should be submitted through the

Imagination Library website (http://usa.imaginationlibrary.com/start_a_program.php#.V9bw9xArJEI).

Program Name: Healthy Families America
Program Website: http://www.healthyfamiliesamerica.org
Current Program Categorization: Evidence-based
Included in SCFS Partnership and Program Accountability Standards: No

What is the intervention and whom does it target?
Healthy Families America (HFA) is a program of Prevent Child Abuse America designed to support parents who may be experiencing a range of current or past challenges, including single parenthood, low income, a history of maltreatment, substance abuse, mental health concerns, or domestic violence. HFA is designed as a prevention program; thus, families must enroll during pregnancy or at the time of birth.

What does the intervention look like?
HFA is an intensive home visitation model consisting of at least one 60-minute home visit per week for 6 months after the child's birth. After the first 6 months, visits may be less frequent and may continue until the child is 3 to 5 years old.

What outcome areas does the intervention impact?
HFA focuses on outcomes including reducing child maltreatment, increasing use of prenatal care, improving parent–child interactions, and supporting school readiness. Outcome areas that have been documented in multiple (12) randomized research studies to be impacted by the HFA program include improved maternal and child health, prevention of injuries, improved school readiness, and increased use of community resources such as health care utilization. A summary table of relevant studies can be found at www.healthyfamiliesamerica.org; a summary of research findings can be found at http://static1.squarespace.com/static/55ccef2ae4b0fc9c2b64f3a1/t/56d9a0d8a3360cb115e2904c/1457103066425/HFA+Rigorous+Evidence.r9.30.15.pdf.

What are key implementation issues to consider?
All training and technical assistance is provided by the HFA national office. Core training for direct service staff and supervisors is required; advanced supervisor and wraparound training (for home visitors) is also available (http://www.healthyfamiliesamerica.org/core-training/). Ongoing access to high quality supervision is also necessary to support program delivery.

Program Name: Healthy Start
Program Website: http://mchb.hrsa.gov/maternal-child-health-initiatives/healthy-start
Current Program Classification: Evidence-Informed
Included in SCFS Partnership and Program Accountability Standards: No

What is the intervention and whom does it target?
Healthy Start is a federally-funded, community based program designed to reduce infant mortality and to support maternal and child health at no cost to program recipients. The program targets pregnant women and lasts until the child's second birthday. Federal Healthy Start grants support program activities.

What does the intervention look like?
Each Healthy Start grantee works with their local community and service system array to support continuity of care for mothers, infants, and families. All funded programs are required to include 9 core components, 5 related to services (outreach and recruitment, case management, health education, interconception care, perinatal depression screening) and four components related to service systems: consortia, local health systems action plan, coordination and collaboration with Title V, and a sustainability plan (Drayton, Walker, Ball, Donahue, & Fink, 2015, p. 1293). Support for local initiatives related to these areas may also occur. However, the Healthy Start EPIC center that supports grantees maintains lists of evidence-based practices that can be used within Healthy Start programs (see http://healthystartepic.org/resources/evidence-based-practices/).

What outcome areas does the intervention impact?
Target outcome areas at the family level include improving birth outcomes, improving maternal and child health, and supporting community capacity to reduce health disparities (Drayton et al., 2015, p. 1293). Additional family level outcome areas include supporting and strengthening families by engagement of fathers, reduction of intimate partner violence, screening and support for perinatal depression, and encouraging reading to children. Outcomes at the community level include enhanced community collaboration and advocacy. One recent cross-site evaluation of implementation and outcomes for Healthy Start programs found a positive relationship between program implementation of all 9 core program components was associated with better intermediate and long term outcomes (birth outcomes of low birth weight and infant mortality). However, only 55% of the projects evaluated implemented all 9 components (Drayton et al., 2015).

What are key implementation issues to consider?
Healthy Start programs are federally funded; application to receive these funds from the US Department of Health and Human Services, Health Resources and Services Administration, is

required (see http://www.hrsa.gov/grants/apply/assistance/healthystart/ for more information). Work is ongoing to establish minimum standards for Health Start programs and research to assess program outcomes. Healthy Start grantees can access training and technical assistance through the Healthy Start Epic Center (healthystartepic.org). Implementation of Healthy Start programs includes systematic, ongoing monitoring of program performance. Implementation of all 9 required components of the program does appear to be a challenge for grantees.

Program Name: Incredible Years Series (IY)
Program Website: incredibleyears.com
Current Program Classification: Evidence-Based
Included in SCFS Partnership and Program Accountability Standards: No

What is the intervention and whom does it target?
The IY Series are interventions designed to increase social and emotional competence and prevent, reduce, and treat behavioral and emotional problems in children up to age twelve. IY interventions target parents and teachers working primarily with children in the 3 to 8 year old age range, as well as children directly.

What does the intervention look like?
The IY series includes three types of interventions: a parent training program, a child program, and a teacher training program. All IY interventions are delivered in a group format, and can occur at a variety of community settings including clinics and schools. IY has been delivered and evaluated in Head Start settings (Webster-Stratton, Reid, & Stoolmiller, 2008).

The IY Series has two parent programs, BASIC and ADVANCE. The BASIC program lasts 12-14 weeks and teaches parents a variety of strategies to promote prosocial behaviors and to effectively manage misbehavior (Webster-Stratton, 2001). There are four different versions based on child age (infants, toddlers, preschoolers, and school-age). The ADVANCE program supplements the BASIC program by addressing a range of additional parent and family risk factors for conduct problems such as depression, lack of support, and marital discord, and also lasts 12 weeks (Webster-Stratton, 2001). Thus, if both the Basic and Advanced Programs are offered, the intervention would consist of 2-3 hour sessions over approximately 12 to 20 weeks.

The teacher training program also occurs in groups, delivered in group workshop format. The child program has two versions; one is a selective intervention delivered by classroom teachers and consisting of curriculum for children (Dinosaur or Dina Curriculum) to enhance social, emotional, and behavioral functioning and is delivered in schools over an over an 18-22 week period (Webster-Stratton, 2001). A second version of the child program is a 22-week small group therapeutic program (Webster-Stratton & Herman, 2010).

What outcome areas does the intervention impact?

Outcomes for the parenting intervention include improved child behavior and child social and emotional competence or prosocial behavior, as well as improved parent-child interactions (Menting, Orobio de Castro, & Matthys, 2013; Webster-Stratton, 2001; Webster-Stratton et al., 2008). IY programs have also been demonstrated to be effective with low-income minority families (Reid, Webster-Stratton, & Beauchaine, 2001). Initial feasibility of IY has been established for parents of children with developmental delays (McIntyre, 2008) and application to parents of children with ADHD has been explored (Trillingsgaard, Trillingsgaard, & Webster Stratton, 2014).

The teacher and child training programs have been demonstrated to positively impact teacher classroom management strategies and improved social and emotional functioning among young children when used as a universal prevention approach (Webster-Stratton et al., 2008). Importantly, the teacher training program has been evaluated with children enrolled in Head Start; positive impact on child on-task and prosocial behaviors and reduced aggression was seen in classrooms of teachers who received the training (Morris et al., 2014; Reid et al., 2001) Similar effects were seen in Head Start, kindergarten, and first-grade settings for the IY-TT intervention combined with the IY child dinosaur classroom curriculum (Webster-Stratton et al., 2008).

What are key implementation issues to consider?

On-site training and ongoing technical support is available for the IY series programs; contact can be made regarding training, materials, and support through the Incredible Years website.

A second consideration that while the parent programs are a core aspect of the IY Series, there is evidence that outcomes for children may be strengthened when multiple components of IY are used simultaneously (e.g. parent, teacher, and/or child programs together) (Pidano & Allen, 2015). Implementation of the teacher program and the classroom-based child program would need to occur in collaboration with schools; implementation of the therapeutic child program would collaboration with individuals trained to work clinically with young children (e.g. trained mental health professionals).

Program Name: Motheread/Fatheread
Program Website: www.motheread.org
Current Program Categorization: Evidence-Informed
Included in SCFS Partnership and Program Accountability Standards: No

What is the intervention and whom does it target?

Motheread/Fatheread is grounded in research that focuses on promoting literacy in adults and children, and includes a number of curriculum for specific audiences including both parents and

teachers. Specific literacy skills are taught within the curriculum, including strategies for listening, speaking, reading and writing.

What does the intervention look like?
A number of separate curriculum are available through Motheread, Inc. to promote literacy. The Motheread/Fatheread curriculum consists of 29 lessons delivered in a group format. The Birth and Beginning Years (B.A.B.Y.) curriculum is 21 lessons and is designed for expectant and new parents. Additional curriculum is available for early childhood educators, individuals preparing for the U.S. citizenship test, incarcerated fathers, and for adults with developmental disabilities.

What outcome areas does the intervention impact?
A number of evaluation studies have been conducted documenting improvements in adult (parent) and child reading skills, frequency of reading to or telling stories to children, children's reading comprehension skills, and adult identification of literacy goals for themselves and their children (see Measuring Success-Review of Research and Evaluation, available at http://www.motheread.org/research-and-public-information/).

What are key implementation issues to consider?
All curriculum materials and training are available only from Motheread, Inc.

Program Name: Nurse Family Partnership
Program Website: http://www.nursefamilypartnership.org/
Current Program Categorization: Evidence-Based
Included in SCFS Partnership and Program Accountability Standards: Yes

What is the intervention and whom does it target?
The Nurse Family Partnership (NFP) program is designed for low-income first time mothers and provides support from pregnancy until the children turn two years of age (www.nursefamilypartnership.org/). NFP is designated as an evidence-based early childhood home visitation model by the U.S. Department of Health and Human Services (http://homvee.acf.hhs.gov/Models.aspx). Mothers are enrolled through the end of the second trimester of pregnancy and receive services until the child's second birthday.

What does the intervention look like?
NFP services are delivered in client homes by nurses using a reflective model of practice (Beam, O'Brien, & Neal, 2010). Standard delivery is 8 nurse home visitors serving 25 families each (see http://www.nursefamilypartnership.org/communities/local-implementing-agencies). Families receive 64 home visits over a 2.5 year period

What outcome areas does the intervention impact?
Enrollment during pregnancy is designed to improve prenatal health and child functioning, as well as to improve family functioning and economic self-sufficiency and prevent child maltreatment in the first two years of life (Olds, 2008). Research has supported significant short term benefits, including improved maternal health, increases in responsive parent-child interactions, reduced injuries and emergency room visits, reductions in child maltreatment (Olds, 2006, 2007, 2008). Long-term impacts include reductions in maltreatment as well as youth involvement in the juvenile justice system (Olds, 2007). Program impact appears to be greatest for those families at greatest risk (Olds, 2007).

What are key implementation issues to consider?
The NFP National Service Office works with organizations and communities interested in implementing NFP. Interested agencies/communities must be able to serve 100 families. Extensive partnerships and training are required to deliver NFP with fidelity; the NFP National Service Office sets the standards and maintains oversight of program delivery. NFP is delivered by nurses; extensive local collaboration with healthcare delivery settings and with the NFP National Service office is necessary to plan and deliver NFP.

Program Name: Parents as Teachers (PAT)
Program Website: http://www.parentsasteachers.org/
Current Program Categorization: Evidence-based
Included in SCFS Partnership and Program Accountability Standards: Yes

What is the intervention and whom does it target?
Parents as Teachers (PAT) is a home visitation program focusing on parents to support child development and school readiness, and is designated as an evidence-based early childhood home visitation model by the U.S. Department of Health and Human Services (http://homvee.acf.hhs.gov/Models.aspx). PAT aims to (a) increase parent knowledge of early childhood development and improve parenting practices, (b) provide early detection of developmental delays and health issues, (c) prevent child abuse and neglect, and (d) increase children's school readiness and school success.

What does the intervention look like?
PAT consists of four components: home visits, group sessions, developmental screening for children, and resources for families.

What outcome areas does the intervention impact?
While there are several studies of outcomes using PAT, one large scale study conducted in Missouri (of 5721 children from schools that were randomly selected to be representative of

public schools in Missouri) provided clear evidence of program impact. Improved school readiness as well as academic achievement was found in a multi-cohort study of PAT impact conducted by Zigler and colleagues (Zigler, Pfannenstiel, & Seitz, 2008). Using a randomly selected number of schools, Zigler and colleagues demonstrated significant association between participation in PAT and school readiness as well as academic performance in third grade.

In a randomized trial of the Born to Learn© Curriculum, a parent education curriculum designed to improve children's school readiness skills, at a 24 month follow-up children from low SES families evidenced significant impact on children's cognitive development, and mastery motivation (Drotar, Robinson, Jeavons, & Lester Kirchner, 2009) . Children from both high and low SES families evidence improved mastery motivation at 36 months (Drotar et al., 2009).

What are key implementation issues to consider?

Adherence to PAT essential requirements are necessary to become a PAT affiliate program with ability to implement the model (www.parentsasteachers.org). In order for local partnerships to deliver PAT, SCFS accountability standards require formal affiliate status with the Parents as Teachers National Center. Becoming a PAT affiliate includes two years of service to families, having an advisory committee, and having parent educators who meet basic educational requirements (high school diploma or GED plus 2 years of supervised work experience). Monthly individual supervision and staff meetings are required; supervisors can work with no more than 12 parent educators.

Parent Educators must undergo initial Foundational and Model Implementation training; annual professional development and training is needed for certification. In terms of program delivery, parent educators must complete family-centered assessments and establish goals for each family according to program guidelines. The frequency of required family visits varies based on the level of family need and there are limitations regarding the number of home visits that parent educators can provide per month. In addition to individualized contact with families, PAT affiliates are required to deliver 12 group meetings per year and to support families in connecting to necessary resources. Annual reports on service delivery and implementation are required

Program Name: Parent Child Home
Program Website: www.parent-child.org
Current Program Categorization: Evidence-Informed
Included in SCFS Partnership and Program Accountability Standards: Yes

What is the intervention and whom does it target?

Parent Child Home (PCH) is a home visitation program that focuses on promoting child cognitive and emotional development through enhancing parenting skills and parent-child verbal

interactions. The program was designed for low-income parents with limited education who have children in the 2-3 year old age range.

Of note, PCH is not designated as an evidence-based early childhood home visitation model by the U.S. Department of Health and Human Services (http://homvee.acf.hhs.gov/Models.aspx). Lack of a well-designed randomized trial prevents PCH from attaining the categorization of "evidence-based" for this report at this time. While references are made to a control group in several publications, the control group consists of 15 families that were randomized to a comparison condition for a study that was never completed. The small size of the control group limits the ability to make strong causal inferences regarding program outcomes (Levenstein, Levenstein, Shiminski, & Stolzberg, 1998).

What does the intervention look like?

Home visitors work with families twice per week for up to two years providing instruction and modeling skills for promoting child development using books and toys, as well as providing information and referrals for additional services when necessary. This intervention has been described as having an "unusual method" (Levenstein, Levenstein, & Oliver, 2002) that does not involved a set curriculum. Instead, home visitors are to build a positive, friendly relationship and model for parents how they can include conversation in play with their children (Levenstein et al., 2002, p. 333-334).

What outcome areas does the intervention impact?

The focus of PCH is on the parent-child relationship enhancing child verbal communication skills and abilities (an important component of school readiness and success). Research on PCH has documented changes in the quality of the parent-child interaction and of the home environment, as well as both parent and child behaviors (Gfellner, McLaren, & Metcalfe, 2008). One long-term outcome study examined high school dropout rates; participants in one community who completed the program were significantly less likely to have dropped out of high school than a small number of participants who were randomized to a control condition (Levenstein et al., 1998). However, when more rigorous statistical methods were used in this same study, the program benefit on high school dropout rates was no longer statistically significant. Increases in IQ scores are reported from earlier studies of the program, and examination of one group of preschool students who participated in PCH in South Carolina demonstrated impact on school readiness as assessed by the Cognitive Skills Assessment Battery; however, this study did not include random assignment which limits the strength of the design (Levenstein et al., 2002).

What are key implementation issues to consider?
Contact with the Parent-Child Home Program National Center is required for locations wishing to become a PCH replication site; SCFS program standards also include additional SC specific implementation requirements. Becoming a PCH replication site requires two full years of program implementation before the site certification process can begin. Site coordinators must complete a three-day training and one day of follow up training by the National Center within the first year of implementation; home visitors must complete at least 16 hours of training by the site coordinator before they can begin home visits. Home visitors in the PCH model must have completed a high school education; a higher degree is not necessary. For a summary of implementation requirements see http://homvee.acf.hhs.gov/Implementation/3/Parent-Child-Home-Program-Training-to-Support-Implementation/15/3.

Program Name: Parent-Child Interaction Therapy (PCIT)
Program Website: www.pcit.org
Current Program Categorization: Evidence-Based
Included in SCFS Partnership and Program Accountability Standards: No

What is the intervention and whom does it target?
PCIT is designed for parents of children ages 2-7 with externalizing behavior challenges such as defiance and aggression. The intervention focus is on improving parenting skills in order to enhance the parent-child relationship and positively impact child social, emotional, and behavioral functioning.

What does the intervention look like?
The goal of PCIT is to increase child pro-social behaviors and strengthen family functioning. PCIT is typically delivered in clinic settings; both parents and their children participate in the intervention together.

Therapy involves two phases and usually requires about 15 sessions. The first phase is Child-Directed Interaction and is designed to strengthen the parent-child interaction. Using a client-centered model of play, parents are taught skills including attending to their children and encouraging appropriate talk and play. The second phase is Parent-Directed Interaction and focuses on providing parents with skills for managing misbehavior. The length of the intervention is determined by parent attainment of specific competencies and not on a fixed number of sessions (Schuhmann, Foote, Eyberg, Boggs, & Algina, 1998).

What outcome areas does the intervention impact?
PCIT outcomes include improvements in parent-child interactions, and reductions in child behavior problems and parenting stress (Eyberg et al., 2001; Schuhmann et al., 1998);

intervention gains can be maintained over time, especially among families who complete the intervention (Boggs et al., 2004; Hood & Eyberg, 2003). Improvements have been noted with PCIT for parents and young children (ages 3-6) with intellectual disabilities and oppositional defiant disorder as well as for mothers of young children born prematurely (Bagner & Eyberg, 2007; Bagner, Sheinkopf, Vohr, & Lester, 2010).

What are key implementation issues to consider?
PCIT requires delivery by individuals who have at least a master's degree (or higher) who are licensed to practice independently or who have a master's degree and are under the supervision of an individual who is licensed. Thus, this intervention requires a professional workforce to deliver. Training in PCIT takes approximately 12 months and demonstrated competence in delivering the intervention is required (see competency doc, ref here). Importantly, a number of mental health centers in the state have therapists trained to deliver PCIT; partnerships are advised to contact the local mental health center serving their specific catchment area.

Program Name: Raising a Reader
Program Website: www.raisingareader.org
Current Program Categorization: Evidence Informed
Included in SCFS Partnership and Program Accountability Standards: No

What is the intervention and whom does it target?
RAR is a family engagement program designed to support family and child literacy and is designed to target children in the 0-8 year old age range.

What does the intervention look like?
ROR consists of three components: two parent training sessions to support shared reading practices, children bringing home a weekly book bag, and connecting families to their local libraries.

What outcome areas does the intervention impact?
A large number of program evaluations have been conducted on RAR; however, the design and quality of these evaluations cannot be determined from information on these reports as available on the RAR website (the majority appear to be pre-post single group evaluation designs). Outcomes reported from these program evaluations include increased reading to children by families, increased number of books in the home, increases in children's receptive vocabulary, oral language, and print knowledge, increases in adult knowledge of the importance of literacy skills for children, and increased use of the library (e.g. visits, checking out books). Brief summaries of program evaluations are available at http://www.raisingareader.org/our-impact/measuring-our-results/independent-evaluations/.

What are key implementation issues to consider?
RAR staff support program dissemination; RAR can be contacted via: rarinquiry@raisingareader.org. Training by RAR is available and necessary for both agency-level coordinators and program implementers.

Program Name: Reach Out and Read
Program Website: www.reachoutandread.org
Current Program Categorization: Evidence-Based
Included in SCFS Partnership and Program Accountability Standards: No

What is the intervention and whom does it target?
Reach Out and Read (ROR) is a designed to improve literacy by promoting reading aloud to children through pediatric primary care providers.

What does the intervention look like?
During well child visits, participating physicians or other individuals in the office setting model reading out loud for parents of children ages 6 months to 5, and provide a book for the parent to take home (Needleman & Silverstein, 2004; Zuckerman, 2009). The ROR program is widespread and has generated significant research interest in the United States.

What outcome areas does the intervention impact?
A recent systematic review examined 4 randomized controlled trials and 7 quasi-experimental studies; outcomes associated with ROR include increased frequency of parents reading to their children, increased enjoyment of reading by parents, and several studies demonstrated impact on children's language skills (Yeager Pelatti, Pentimonti, & Justice, 2014). A number of quality improvement (implementation) studies have been conducted, e.g. see (Khandekar, Augustyn, Sanders, & Zuckerman, 2011; Thakur, Sudhanthar, Sigal, & Mattarella, 2016); while ROR may be relatively simple to implement, assuring integration of the program in pediatric practice settings appears to increase the rate of book distribution and number of parents who read to their children (Thakur et al., 2016).

What are key implementation issues to consider?
ROR is delivered in primary care settings serving parents of young children; thus, partnerships with physicians are required for program delivery.

Program Name: Triple P Positive Parenting Program (Levels 3 and 4)
Program Website: www.triplep.net
Current Program Categorization: Evidence-Based
Included in SCFS Partnership and Program Accountability Standards: No

What is the intervention and whom does it target?

The Triple P-Positive Parenting Program is a suite of evidence-based interventions designed to support parenting at a population level (Sanders, Kirby, Tellegen, & Day, 2014). Within this suite are two interventions that form the basis for supporting parents of young children ages birth to 12.

What does the intervention look like?

Level 3 Triple P is a narrow-focus parent training skills intervention for families of children with mild behavioral challenges and/or parents wanting support for managing typical developmental issues such as whining, fighting, bedtime routines, mealtime routines, and other similar concerns.

Level 4 Triple P is a broad-based parent training skills curriculum for families whose children have multiple behavior challenges that are interfering with the child's functioning across home and school or community settings. Level 4 Triple P can be delivered in 10 sessions for an individual family, or in group-based sessions over an 8-week period. Using a self-regulatory framework, parents are taught a wide range of strategies for promoting desirable behavior and for managing misbehavior.

Both Levels 3 and 4 are part of a broader system of Triple P interventions and both have been demonstrated to have positive and significant outcomes based on results of a recent meta-analysis (Sanders et al., 2014). When implemented as a system (which includes a universal communication component as well as specialty interventions for families needing additional, more intensive support) has been demonstrated to improve outcomes related to child maltreatment at a population level (Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009, 2016).

What outcome areas does the intervention impact?

A recent comprehensive meta-analysis has found significant and positive impacts on children's social/emotional and behavioral outcomes, parenting skills, parenting satisfaction and confidence, and the relationship between parents (Sanders et al., 2014).

What are key implementation issues to consider?

In order to deliver Triple P Interventions, providers must have a background in child development or family functioning, and have completed both training and accreditation in the program they wish to deliver (i.e. Level 3 or 4). All training and materials to deliver the program to parents must be obtained through Triple P America, the organization responsible for training

and dissemination of Triple P in the United States. The training and accreditation process takes approximately 6-8 weeks.

CHILDCARE QUALITY ENHANCEMENT

Programs designed to improve the quality of childcare settings include a variety of quality enhancement approaches. Under SCFS guidelines, these quality enhancement approaches include consultation, coaching, and mentoring (and fall under the SCFS category of on-site Technical Assistance).

Program Name: Consultation/Coaching
Current Program Categorization for Emergent Literacy Skills: Evidence-Based
Current Program Categorization for Social/Emotional/Behavioral Skills: Evidence-Informed
Included in SCFS Partnership and Program Accountability Standards: Yes (under on-site Technical Assistance)

What is the intervention and whom does it target?

According to SCFS Program Accountability Standards, "consultation is defined as a collaborative, problem-solving process between an external consultant with specific expertise and adult learning knowledge and skills and an individual or group from one program or organization. Consultation facilitates the assessment and resolution of an issue-specific concern...or addresses a specific topic. Coaching is defined as a relationship-based process led by an expert in early care and education and adult learning knowledge and skills, who often serves in a different professional role than the recipient(s). Coaching is designed to build capacity for specific professional dispositions, skills, and behaviors and is focused on goal-setting and achievement for an individual or group" (p. 29). Importantly, both consultation and coaching are multicomponent professional development activities.

What does the intervention look like?

Both coaching and consultation can include a wide range of behaviors including specific and direct feedback, action planning, modeling, reviewing, role-playing, and goal setting (Reinke, Stormont, Herman, & Newcomer, 2014, p. 157). SCFS Accountability Standards require that multi-hour consultant/coach visits to early childhood classrooms are required and that individualized contact can occur above and beyond these classroom visits.

What outcome areas does the intervention impact?

Coaching models have long been used in educational settings to support teacher use of strategies to promote student learning; examples include coaching to improve emergent literacy in children (e.g. McCollum, Hemmeter, & Hsieh, 2011).

Coaching models to support classroom based application of interventions to improve children's social and behavioral functioning have recently received greater attention given the current focus on implementation of evidence-based interventions in classroom settings (Reinke et al., 2014; Stormont, Reinke, Newcomer, Marchese, & Lewis, 2015). Core components of coaching include learning that is based in the natural environment which promotes stronger outcomes and supports collaboration between professionals (Hershfeldt, Pell, Sechrest, Pas, & Bradshaw, 2012). A recent comprehensive review of the literature concluded that "coaching to increase teacher's use of a variety of social behavior interventions appears to be effective" (Stormont et al., 2015), p. 79. However, questions remain about the exact nature of the coaching activities, how they are implemented, and what the impact is on student outcomes.

What are key implementation issues to consider?

Individuals who provide consultation/coaching are categorized by SCFS as TA providers. Per current SCFS standards, all TA providers must be certified through the Center for Childcare Career Development (CCCD), undergo an orientation to SCFS, and participate in 30 hours of professional development training every 3 years. Classroom visits are required to occur by TA providers and must be reported using the SCFS data system.

Program Name: Mentoring
Program Website: N/A
Current Program Categorization: Evidence-Based
Included in SCFS Partnership and Program Accountability Standards: Yes (under on-site Technical Assistance)

What is the intervention and whom does it target?

Mentoring is typically defined as a collaborative, supportive relationship between individuals in a given field in which an individual with more experience provides support to a less experienced colleague to increase their professional capacity (Lambert, Gallagher, & Abbott-Shim, 2015). SCFS Accountability Standards further elaborate that "the ideal match between a mentor and mentee is one that is agreed upon by both parties since establishing and maintaining a positive, trusting, and respectful relationship is one of the most important features of the mentoring process" (p. 29). Within this relationship, areas for skill improvement are identified and agreed upon; the mentor supports further skill development. Importantly, mentoring is valuable across the professional life course, and can be used with both new as well as more experienced professionals. While mentoring may be provided in a less structured way, more well defined mentoring programs exist. One example of a mentoring program developed specifically for early childhood classroom environments is the Individualized Learning Intervention (Lambert et al., 2015).

What does the intervention look like?

Mentors may use a range of activities, including observation, feedback, coaching, and modeling to help the mentee achieve their goals. The frequency and type of contact between mentors and mentees varies based on the mentor model being implemented; in general, stronger outcomes are associated with a greater intensity and duration of mentoring activities.

What outcome areas does the intervention impact?

Mentoring has been shown to impact outcomes including improved classroom quality and satisfaction with the mentoring relationship (Uttley & Horm, 2008). Mentoring has also been examined with licensed family childcare providers; in a quasi-experimental study providers involved in a mentoring program were found to improve the overall quality of childcare practices over time (Abell, Arsiwalla, Putnam, & Miller, 2014).

What are key implementation issues to consider?

Individuals who provide mentoring are categorized by SCFS as TA providers. Per current SCFS standards, all TA providers must be certified through CCCD, undergo an orientation to SCFS, and participate in 30 hours of professional development training every 3 years. Classroom visits are required to occur by TA providers and must be reported using the SCFS data system.

HEALTH

Health programs vary widely in scope and focus. It is well-established that child health has a significant impact on school readiness (e.g Kull & Coley, 2015). Thus, programs that support healthcare access and/or delivery are important for healthy child development but have not necessarily been subject to evaluation specifically with regard to school readiness as a measured outcome.

Backpack Programs

One specific type of program categorized in the Health area by SCFS are backpack programs. Backpack programs have risen in popularity as a response to hunger and aim to provide supplemental nutrition for children and youth. Backpacks are distributed to youth and typically consist of a range of easy to serve food items and typically provide enough food to stave off hunger over weekends for children enrolled in school (Fishbein, 2016). Backpack programs by Feeding America are the largest of the non-governmental food programs provided through schools and, through collaboration with dieticians, include food items that offer balanced meals and snacks (Fishbein, 2016). Many replica programs have developed that may or may not use the Feeding America guidelines. Studies appearing in the empirical literature are primarily descriptive or focus on program implementation; no randomized studies were located. There is wide diversity among backpack programs and variation in findings of primarily descriptive studies. Data regarding the impact of backpack programs is thus not conclusive (Fishbein, 2016). At this time, backpack programs fall into the category of evidence-informed.

TRANSITION TO SCHOOL

Program Name: Countdown to Kindergarten
Website: http://scfirststeps.com/school-transition/
Current Program Categorization: Evidence-Informed
Included in SCFS Partnership and Program Accountability Standards: Yes

What is the intervention and whom does it target?

Developed by SCFS, Countdown to Kindergarten (Countdown) is a home visitation program designed to support a positive transition into kindergarten for children and families with risk factors related to poor academic performance. The goal of the program is to strengthen home-school connections between teachers, parents, and children.

What does the intervention look like?

The Countdown program consists of six weekly home visits conducted by the teacher of the kindergarten class that the child is scheduled to enter. The program begins in the summer prior to kindergarten entry. A final end of summer celebration is held in collaboration with EdVenture Children's Museum in Columbia, SC.

What outcome areas does the intervention impact?

The Countdown program is designed to enhance the quality of the home-school connection, with an ultimate goal of improving children's academic performance.

What are key implementation issues to consider?

This program is delivered as a collaboration between SCFS state office, EdVenture Museum, local First Steps partnerships, and local school districts. Close coordination with schools and school districts is required in order to identify and train the kindergarten teachers who will implement the program. See the SCFS Program Accountability Standards for additional detail regarding the program and implementation.

EARLY CARE AND EDUCATION

A large number of early care and education programs exist. In this section, three of the most commonly used early care and education programs that are operated by or in conjunction with SCFS are reviewed, Head Start, Early Head Start, and community-based Pre-K programs. One early care and education intervention for classroom teachers, Conscious Discipline, is also included given the growing number of partnerships that are using this approach.

Program Name: Conscious Discipline
Program Website: https://consciousdiscipline.com/
Current Program Categorization: Evidence-Informed
Included in SCFS Partnership and Program Accountability Standards: No

What is the intervention and whom does it target?

Conscious Discipline (CD) is a classroom-based, self-regulation and behavior management intervention designed to foster social-emotional development within the context of everyday discipline and teacher guidance. The approach centers on safety, the development of interpersonal connections and social problem-solving. CD is designed to empower adults to consciously respond to daily conflicts in the classroom, transforming these into opportunities to teach key life skills.

What does the program look like?

CD is a multi-year, multi-component program that focuses on creating a school-wide positive approach for supporting the development of prosocial skills for both adults and children. Within this model, ECE teachers are trained to implement a relationship-based, community model for supporting children's social and emotional learning within ECE classrooms.

What outcome areas does the program target?

Recently included in the NREPP website, CD outcomes include improvements in student social functioning and competence as well as school readiness (Rain, 2014).

What are key implementation issues to consider?

The program centers on teacher training, coaching, and support to implement CD effectively. During the 2014-2015 school year, SCFS identified CD as one of its system-wide professional development priorities, underwriting days of pre-service and in-service training in the approach. Information on training is available on the program website: https://consciousdiscipline.com/.

Program Name: Head Start
Program Website: http://www.acf.hhs.gov/ohs
Current Program Categorization: Evidence-Based
Included in SCFS Partnership and Program Accountability Standards: No

What is the intervention and whom does it target?

Head Start programs, launched in 1965, were created to enhance the cognitive and social development of young children in poverty. In recognition of the far-reaching impacts of poverty, Head Start programs were designed to be comprehensive, including education, health, screenings, nutrition, and social services (https://eclkc.ohs.acf.hhs.gov/hslc/hs/about). Head Start is the largest publicly funded early education program, serving more than one million children in 2014 (https://eclkc.ohs.acf.hhs.gov/hslc/data/factsheets/2015-hs-program-factsheet.html. Head Start grant funding and oversight is managed by the Office of Head Start (OHS) within the federal Administration for Children & Families, U.S. Department of Health and Human Services. Head Start programs focus on children ages 3- 5 who are from low-income families.

What does the program look like?

Head Start programs offer a comprehensive array of services, including high quality childcare, parent education and support, and health and developmental screenings, and social services. The specific array of Head Start services may vary depending on the needs of the local community.

What outcome areas does the program target?

The length of time that Head Start has been in existence, the large number of Head Start programs, and the substantial federal investment in this program have contributed to the existence of a very large number of research studies regarding program effects. One important recent study (a meta-analysis, a statistical technique to allow findings from multiple studies to be summarized) examined Head Start cognitive and achievement outcomes across 57 Head Start evaluations conducted between 1965 and 2007 in which the comparison group was not assigned to another early childhood program (Shager et al., 2013). A significant, positive impact was found on children's short term (less than one year) cognitive and achievement outcomes (Shager et al., 2013, p. 89).

Fewer studies have examined social-emotional or health outcomes of Head Start. A recent Head Start CARES Demonstration reported the results of a national evaluation on three separate preschool classroom-based curriculum on children's social, emotional, and behavioral outcomes. Three interventions were examined: Preschool PATHS, Incredible Years, and Tools of the Mind-Play. All three resulted in changes in teaching practices; two of the three (PATHS and Incredible Years) had positive impact on children's social-emotional outcomes (Morris et al., 2014).

What are key implementation issues to consider?
Grant funding, oversight, training, and technical assistance (TA) for Head Start programs are provided by OHS. Training and TA are organized via OHS to occur at the national, regional, and grantee level. Furthermore, because of the holistic nature of Head Start programs, a number of evidence-based or evidence-informed approaches are likely to be used in combination within the services delivered.

Program Name: Early Head Start
Program Website: https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc
Current Program Categorization: Evidence-Based
Included in SCFS Partnership and Program Accountability Standards: No

What is the intervention and whom does it target?
Early Head Start (EHS) was established in 1994 with a reauthorization of the federal Head Start Act. EHS targets low income pregnant women, children below age 3, and their families. Early Head Start grant funding and oversight is managed by the Office of Head Start (OHS) within the federal Administration for Children & Families, U.S. Department of Health and Human Services. EHS Child Care Partnership and EHS expansion grants are available (see https://eclkc.ohs.acf.hhs.gov/hslc/grants/grant-toolkit/understanding.html for additional details of these grant opportunities).

What does the program look like?
EHS is a comprehensive program designed to support high quality early care and education, parenting and family support, and community-level supports and services for low income pregnant women, infants, young children, and their families. EHS programs are full-day, and may be offered in centers or family care settings. Families receive weekly home visits by EHS staff; two group meetings are held per month for enrolled parents and families.

What outcome areas does the program target?
In a randomized trial with 17 Early Head Start sites, significant and positive impacts were found for children's cognitive, language, and social-emotional development at ages 2-3 (but no significant impact on school achievement), as well as for parenting behaviors related to school readiness (e.g. support for literacy, daily reading, teaching activities) (Love, 2010).

What are key implementation issues to consider?
As with Head Start, grant funding, oversight, training, and technical assistance (TA) for Head Start programs are provided by OHS. Training and TA are organized via OHS to occur at the national, regional, and grantee level. Furthermore, because of the holistic nature of Head Start programs, a number of evidence-based or evidence-informed approaches are likely to be used in

combination within the services delivered.

Program Name: Community Based Pre-Kindergarten Programs
Program Website: NA
Current Program Categorization: Evidence-Based
Included in SCFS Partnership and Program Accountability Standards: No

What is the intervention and whom does it target?
A large number of states support public preschool programs for children who are 4 years of age, as well as children who are 3 years old and who may be at risk for negative academic outcomes.

What does the program look like?
Pre-K programs offer daily school or center-based services that support academic readiness.

What outcome areas does the program target?
One recent study using a randomly selected sample of schools as well as a randomly selected sample of 3 and 4 year old children from community based, publicly funded pre-kindergarten programs found gains in cognitive, receptive vocabulary, and social-emotional domains among 4 year old, but not 3 year old, children (Goldstein, Warde, & Peluso, 2013).

What are key implementation issues to consider?
Pre-kindergarten programs may be provided in public or private settings, based in schools or early care centers.

Recommendations and Application for Program Review

Given the rapidly evolving nature of social programs and the expansion of research across all SCFS program areas, it is expected that this guide will need to be revised annually. Furthermore, development of a standardized process to rapidly examine newly identified research on existing programs, or research on new programs or practices is recommended in order to further expand the range of options available to SCFS partnerships across program areas. To meet this goal, please see the Application for Program Review below. SCFS county partnerships who are considering programs for adoption and who want the program to be reviewed for categorization as evidence-based or evidence-informed should complete this form and submit it, along with the requested supporting documentation (if available) to the State Office of SCFS.

South Carolina First Steps Application for Program Review

Program Name:
Program Website:
Program Focus (circle one): **Family Strengthening**
Childcare Quality Enhancement
Health
School Transition
Early Care and Education

Brief Description of Program (Include types of services provided, who the program targets, program length, location of services, whether or not a manual or established curriculum exist):

List provider qualifications to deliver the program:

Describe how program fidelity can/will be monitored:

Describe anticipated funding sources for the program:

List here any publications or documents that detail the program and program outcomes:

Disclosure:

Cheri Shapiro, Ph.D., is a Consultant for Triple P America.

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